



Government of South Australia

Children, Youth and Women's
Health Service



DISABILITY ACTION PLAN

2007-2010

1. Introduction

- 1.1 *The Promoting Independence Disability Action Plans for South Australia* (2000) is the State Government's framework for all South Australian Government portfolios and their Agencies to develop Disability Action Plans.
- 1.2 The Department of Health has developed a Disability Action Plan to assist in the implementation of the requirements of the *Commonwealth Disability Discrimination Act 1992 (DDA)* and the South Australian Government's policy, *Promoting Independence: Disability Action Plans for South Australia* (2000).
- 1.3 The *DDA* recognises the rights of people with disabilities to have similar opportunities as other members of the community to access and participate in all facets of community life. It makes discrimination on the grounds of disability unlawful and protects the rights of people with disabilities and their associates to freedom from discrimination.
- 1.4 The *DDA* contains requirements for new building construction and renovations to existing buildings to be designed to accessible standards. The Act requires that the provision of goods or services that are available to the general public must also be accessible to people with disabilities. The *DDA* also covers effective communication with people with disabilities, eligibility criteria that may restrict or prevent access, and requires reasonable modifications of policies and practices that may be discriminatory.
- 1.5 The *DDA* provides for the independent investigation and conciliation or determination of complaints about discrimination by the Human Rights and Equal Opportunity Commission (HREOC). In the event of a complaint, HREOC is obliged to consider a Disability Action Plan or any other relevant factors or documents as part of a defence of unjustifiable hardship. However, an Action Plan must demonstrate a commitment to eliminate discrimination within a reasonable period of time and must be implemented. The mere existence of an Action Plan does not constitute a defence.
- 1.6 The purpose of this Action Plan is to provide direction for the Department of Health, the Health Regions and Health Units in developing strategies and actions to eliminate practices that discriminate against people with disabilities who use their services or are employed by them.

- 1.7 Accountability for the implementation of actions will occur at all levels across Health. This will include specific initiatives around strategies, which improve collaboration and integration in decision making processes and planning of services.

2. The Department of Health, Regions and Health Units

- 2 The Department of Health commenced operations on 1 July 2004 (along with the Department for Families and Communities) - both Departments having previously been known as the Department of Human Services.

- 2.1 The overarching objective of the Department of Health, Regions and Health Units is to enhance the quality of life for all South Australians and to respond to those in need. It does this through government and community partnerships promoting health and wellbeing, and the development of a sustainable community and quality living standards.

2.2 Roles

- The Department of Health has responsibility to provide the overall leadership in the implementation of State Government policy objectives, priorities and reform.
- The Regions have responsibility for the implementation of state-wide and regional strategies, plans and targets to achieve the Government's health policy objectives, priorities and reforms.
- Health Units have responsibility for improving the health of client groups in collaboration with the regions and other health units.

3. Definition of Disability

3.1 The definition of '*disability*' in the *DDA* covers a range of disabilities, which are physical, intellectual, psychiatric, sensory and neurological. A disability can affect a person's capacity to communicate, interact with others, learn or get about independently. It covers disfigurement and the presence in the body of an organism capable of causing disease. It is usually permanent or it may be episodic.

3.2 The *DDA* covers a disability that a person has now, had in the past (e.g. a past episode of mental illness), may have in the future (eg a disability that might develop because of a family history) or is believed to have (e.g. if it is believed that a person is HIV-positive).

3.3. Under *Section 4* of the *DDA*, **disability** means :

Total or partial loss of the person's bodily or mental functions; *or*

Total or partial loss of a part of the body; *or*

The presence in the body of organisms causing disease or illness; *or*

The presence in the body of organisms capable of causing disease or illness; *or*

The malfunction, malformation or disfigurement of a part of the person's body; *or*

A disorder or malfunction that results in the person learning differently from a person without the disorder *or* malfunction; *or*

A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions *or* judgment or that results in disturbed behaviour

It includes a disability that:

- Presently exists; *or*
- Previously existed but no longer exists; *or*
- May exist in the future; *or*
- Is imputed to a person

Further information regarding:

- Legislative and policy framework
- Principles underpinning this Disability Action Plan
- Key outcomes for South Australians with disabilities
- Key focus areas contained within this Disability Action Plan

Can be found as an appendix to this document.

The Children Youth and Women's Health Service Disability Action Plan Working Group wishes to thank the following for their involvement in the creation of this document:

- ◆ Clients from the Adolescent Ward and families of the CYWHS
- ◆ Consumer and Community Advisory Group, Children Youth and Women's Health Service
- ◆ Families of the premature babies parent group
- ◆ Novita Children's Service
- ◆ Parents from the Platypus Play Group at Salisbury
- ◆ Patients and Families of the Children Youth and Women's Health Service
- ◆ Public Hospital Disability Liaison Committee
- ◆ SHINE SA
- ◆ Staff and Volunteers of the Children Youth and Women's Health Service

KEY FOCUS AREAS FOR CYWHS DISABILITY ACTION PLAN

1. PLANNING AND POLICY DEVELOPMENT

Objective : Greater accessibility to health services for people with disabilities

OUTCOME	STRATEGY	RESPONSIBILITY	TIME LINE	RESOURCES
<p>1.1. CYWHS policies will be examined in conjunction with CYWHS Disability Action Plan and then reviewed 3 yearly</p> <p>1.2. Programs will be assessed to ensure services are accessible, non-discriminatory and meet the needs of all with disabilities</p> <p>1.3. That women clients with disabilities have greater access to information and services that emphasize safety initiatives, and reproductive rights and sexual health</p>	<p>All CYWHS policies ensure equitable access for people with disabilities to mainstream services with particular emphasis on the gender specific health needs of women clients with disabilities</p>	<p>Executive Director- Acute Services; Executive Director - Primary and Population Health</p>	<p>Commenced May 2007</p>	<p>Existing resources</p>
<p>1.4. Information will be provided to the CYWHS Board of Directors to ensure they are aware of their roles and responsibilities in relation to the Disability Discrimination Act 1992 and CYWHS Disability Action Plans</p>	<p>CYWHS Board of Directors will be made aware of their responsibilities and involve people with disabilities in decision-making processes</p>	<p>Executive Director - Strategic Development and Management</p>	<p>Ongoing monitoring and updating</p>	<p>Existing resources</p>

<p>1.5. As part of their commitment to consumer participation, Boards of Directors will identify what supports are required by people with disabilities to contribute to decision-making on services</p>	<p>The Executive Director - Strategic Development and Management will assist the Board Members in identifying what supports are required by people with disabilities in order to contribute to decision making about services</p>	<p>CYWHS Board of Directors</p>	<p>Commenced July 2007</p>	<p>Existing resources</p>
<p>1.7. Boards of Directors will establish appropriate consultation mechanisms, with people with disabilities as part of their decision-making processes, including people with disabilities from Aboriginal and Torres Strait Islander and culturally diverse background</p>	<p>The Executive Director - Strategic Development and Management will assist the Board Members in identifying what supports are required by people with disabilities in order to contribute to decision making about services</p>	<p>CYWHS Board of Directors</p>	<p>Commenced July 2007</p>	<p>Existing resources</p>
<p>1.8. Requirements to develop Disability Action Plans will be incorporated into services agreements and other equivalent arrangements</p>	<p>Incorporate the interests of people with disabilities into corporate and operational planning</p>	<p>Executive Director - Strategic Development and Management</p>	<p>Commenced July 2007</p>	<p>Existing resources</p>
<p>1.9. CYWHS Disability Action Plan will be developed with timeframes</p>	<p>Disability Action Plan developed and implemented</p>	<p>Executive Director Strategic Development and Management</p>	<p>Implementation Commenced June 2007</p>	<p>Existing resources</p>

<p>1.10. In planning the CYWHS Disability Action Plan consultation will occur with key stakeholders. All with disabilities from a range of gender and demographic profiles will be consulted so that their unique perspectives will be incorporated into the Plan</p>	<p>Disability Action Plan developed in consultation with key stakeholders with disabilities</p>	<p>Executive Director Strategic Development and Management</p>	<p>Completed</p>	
<p>1.11. Disability Action Plans will be implemented and evaluated</p>	<p>The Disability Action Plan will be negotiated against CYWHS policies on a regular basis</p>	<p>Executive Director - Strategic Development and Management</p>	<p>Ongoing monitoring and updating</p>	<p>Existing resources</p>
<p>1.12. CYWHS programs will be reviewed to determine whether they are being used and accessed by all with disabilities</p> <p>1.13. Recommendations will be made and actions developed to improve access to CYWHS services</p> <p>1.14. Appropriate consultations with those with disabilities or in the case of minors their families/caregivers will occur as part of planning for new services and programs</p>	<p>Review and adapt services and programs to ensure that people with disabilities are not excluded and do not experience discrimination as users of services, as service providers or staff</p>	<p>All Executive Directors</p>	<p>Ongoing monitoring and updating</p>	<p>Existing resources</p>

2. ATTITUDINAL AND CULTURAL AWARENESS IN MANAGEMENT AND SERVICE PROVISION

Objective : Demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities

OUTCOME	STRATEGY	RESPONSIBILITY	TIME LINE	RESOURCES
2.1. Identify a CYWHS Disability Awareness training package for staff and volunteers	<p>Identify current Disability Awareness Training resources from RTO's (Recognised Training organisations) and other relevant agencies</p> <p>Identify resources needed to include where possible people with disabilities in the development and delivery of training. This will be undertaken in line with the <i>Promoting Independence Training Program</i></p>	Director Centre for Education and Training	Commenced June 2007	Within Existing Resources
2.2. Disability Awareness Training will be provided to all staff and volunteers	<p>Incorporate CYWHS Disability Awareness and Discrimination Training into orientation and induction programs for new staff and volunteers</p> <p>Identify and make recommendations regarding the appropriate strategies to implement Disability Awareness and Discrimination training throughout CYWHS including an impact on resources</p>	<p>Director Centre for Education and Training / Director Human Resources/Director Community Engagement</p> <p>Director Centre for Education and Training</p>	<p>2007 - 2010</p> <p>2007 - 2010</p>	Resource implications to be examined when appropriate training identified

<p>2.3. That key personnel who contribute to the support of people returning to work after a work related injury are trained in respectful communication and an understanding of the psycho/social issues particularly in relation to gender sensitivity</p>	<p>Identify key personnel in Human Resources and Occupational Health Safety and Welfare who contribute to the support of people returning to work following a work related injury. Ensure that they are trained in good communication skills and an understanding of returning workers psycho-social and gender issues</p>	<p>Director - Human Resources and Managers in Human Resources and Occupational Health Safety and Welfare</p>	<p>Commenced June 2007</p>	<p>Resource implications to be examined when appropriate training identified</p>
<p>2.4. Staff will be identified and recorded as having had Disability Awareness and Discrimination training</p> <p>Volunteers will be identified and recorded as having had Disability Awareness and Discrimination training</p>	<p>Staff will be identified on the CHRIS system as having undertaken Disability Awareness and Discrimination training</p> <p>Volunteers will be entered into the volunteer database as having had Disability Awareness and Discrimination training</p>	<p>Director - Human Resources and Director Centre for Education and Training</p> <p>Director Community Engagement</p>	<p>Commenced following completion of training programs</p> <p>Commenced following completion of training programs</p>	<p>Existing resources</p> <p>Existing resources</p>

3. ACCESSIBILITY OF BUILDINGS AND FACILITIES

Objective : People with Disabilities will have improved physical access to buildings and facilities for employment and where health services and programs are provided

OUTCOME	STRATEGY	RESPONSIBILITY	TIME LINE	RESOURCES
3.1. All refurbishments and new buildings will be accessible where appropriate and as far as possible, to all with disabilities.	<ul style="list-style-type: none"> - Develop CYWHS Access Standards, based on relevant Australian Standards, BCA, State and Commonwealth Legislation, to ensure equitable access in all new minor and major works. - Incorporate a proforma CYWHS Access Standards check list to identify and evaluate access barriers during planning stages for new minor and major works. - Incorporate into Policy, procedures & guidelines consolidation. 	Director Facilities & Infrastructure	<p>Achieved for WCH</p> <p>Development of WCH standards into CYWHS standards including CYH facilities.</p> <p>Commenced December 2006</p>	Existing resources
3.2. All existing facilities will be assessed for compliance with CYWHS Access Standards	<ul style="list-style-type: none"> - Undertake an audit of major Primary Health Sites. - Develop checklist to enable external consultant to audit Primary Health Sites 	Director Facilities & Infrastructure	<p>Commenced December 2006</p> <p>Completed</p>	Consultancy Fee TBA remaining strategies from existing resources
3.3. List of complying and non complying sites available	<p>Health Sites</p> <ul style="list-style-type: none"> - Provide checklist to staff responsible for arranging appointments for clients to enable alternative sites with disability access to be provided 	Director Facilities & Infrastructure	February / March 2007	Existing Resources

<p>3.4. All CYWHS consultants' briefs relating to refurbishments and new buildings should include the DDA recommendations and internal standards document.</p>	<p>Revise Contractor's Manual * 2 (WCH and Community Health) to include the CYWHS DDA Commitment Statement and CYWHS Access Standards requirements.</p>	<p>Director Facilities & Infrastructure</p>	<p>December 2006</p>	<p>Existing resources</p>
<p>3.5. Improved accessibility to the CYWHS buildings, environs and facilities for people with disabilities.</p>	<ul style="list-style-type: none"> - Prioritise recommendations from WCH DAIS access audit report - Prioritise Primary Health Site requirements - Submit high priority/ low cost recommendations of the DAIS Audit Report Working Group/Primary Health Care Sites to CYWHS Minor works process. <p>High cost recommendations to be planned for as part of the master planning process and updates of existing buildings</p>	<p>Director Facilities & Infrastructure</p>	<p>February 2007</p> <p>Annually</p> <p>TBA based on funding availability</p>	<p>Existing resources</p> <p>TBA based on funding availability</p>
<p>3.6. Procedure to be developed to ensure staff responsible for booking venues check that they meet access standards</p> <p>3.6.1. Develop and maintain a list of accessible venues</p>	<p>Ensure all venues booked are accessible</p>	<p>Director Facilities & Infrastructure</p>	<p>February 07</p>	<p>Existing resources</p>

<p>3.7. Include a clause in CYWHS purchasing policy that integrates consideration of specific needs of people with disabilities into specifications for the purchase of furniture, equipment and fittings.</p>	<p>Furniture, equipment and fittings will be accessible, where appropriate and as far as possible, to people with disabilities.</p>	<p>Director Supply</p>	<p>June 2007</p>	<p>Existing resources</p>
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4. COMMUNICATION AND INTERPRETER SERVICES

Objective : That all communications regarding CYWHS are made available in a full range of formats and promoted via the Disability Action Plan to meet the needs of anyone with disabilities, their families and friends

OUTCOME	STRATEGY	RESPONSIBILITY	TIME LINE	RESOURCES
4.1. Support services required by anyone with disabilities will be identified prior to or during admission, outpatient or community health appointments	As new client records are designed they will include a section on accessibility /disability which highlights the support needs of all CYWHS clients.	Director Patient Information Services	Commencing August 2007	Within Existing
4.2. CYWHS publications including written health information and other pertinent information will be written or presented in a manner which maximises accessibility to all	Develop a process to provide written information in alternative formats to all with a disability as required and to implement the process Implement the guidelines	Director Health Promotion Executive Director Clinical Governance, Education and Research	Commenced August 2007	Within Existing
4.3. Members of the community will be aware that CYWHS information and publications can be provided in various formats	CYWHS staff will ensure that anyone accessing CYWHS services will be provided with relevant information in a suitable format	Director Communications and Media Director Centre for Education and Training Department/ Unit Managers	Ongoing	Within Existing
4.4 Staff with disability be provided with key sources of information in an understandable format	Ensure that staff requirements for information is presented to them in an understandable format	Department/ Unit Managers	Ongoing	Within Existing

4.5. CYWHS web sites will continue to be identified for access barriers	Continue reviewing CYWHS web sites to remedy access barriers, where possible, by using relevant updates in future site developments	Manager Web Services	Ongoing	Within Existing
4.6. Appropriate services are provided to all with disabilities or language difficulties during episodes of care and/or occasions of service	Appropriate and flexible services will be provided to ensure that all with disabilities receive equitable care and service. That language or signing interpreters will be used when appropriate.	Directors, Department / Unit Managers	Ongoing	Within Existing
4.7. Promotion of the CYWHS Disability Action Plan and the Organisation's commitment to the principles of the DAP on the CYWHS web site	Provide access to and promote the CYWHS Disability Action Plan on the CYWHS web site	Manager Web Services Director Communications and Media	July 2007	Within Existing
4.8. Promote the CYWHS Disability Action Plan to staff, students, volunteers, consumers, elected representatives and the community via recognised communication channels within the CYWHS and Community Agencies	Regular promotion of the CYWHS Disability Action Plan to staff, students, volunteers, consumers, elected representatives and the community	Manager Web services Director Communications & Media; Director Centre for Education and Training Department/ Unit Managers; Executive Director Clinical Governance, Education and Research Manager Community Engagement	July 2007	Existing Resources

5. EMPLOYMENT AND HUMAN RESOURCE PRACTICES

Objective : Improved equity and equal opportunity for people with disabilities in the health work force

OUTCOME	STRATEGY	RESPONSIBILITY	TIME LINE	RESOURCES
5.1. CYWHS employment policies and practices will be reviewed periodically to ensure: <ul style="list-style-type: none"> • improved awareness and equity in the employment of people with disabilities • to eliminate direct and indirect discrimination • they are accessible and non-discriminatory • they meet the needs of people with disabilities 	All CYWHS employment policies ensure equitable access for people with disabilities in accordance with HREOC Advisory Notes and the OCEPE Disability Recruitment Program	Director Human Resources	Commenced Nov 05 Ongoing monitoring and updating	Existing resources
	Requirements for positions will be reviewed to ensure they do not discriminate against people with a disability	Director of Human Resources and Managers	Ongoing	Existing Resources
5.2. Ensure that workplace strategies provide an equal opportunity for employees with a disability	Implement appropriate and affordable workplace adjustments for people with disabilities	Department/Unit Managers	Ongoing	Existing resources
	Audit and report on workplace adjustments implemented to DH	Director Human Resources	To be completed August 2007	Existing resources
	Review and modify as appropriate policies and practices in relation to flexible working arrangements to meet the need of people with a disability	Director Human Resources	To be completed August 2007	Existing resources

<p>5.3. Ensure that workforce policies and procedures provide an inclusive work environment that attracts and retains employees with a disability</p>	<p>Ensure training and development opportunities are accessible for employees with a disability</p> <p>Provide data to DH on the gender and number of employees who have identified themselves as having a disability on the CHRIS System</p>	<p>Managers</p> <p>Director Human Resources</p>	<p>Ongoing</p>	<p>Existing resources</p>
<p>5.4. Raise awareness of grievance procedures and ensure that they are accessible in a variety of formats for employees with a disability</p>	<p>Review grievance procedures and processes for termination of employment or dismissal</p>	<p>Director Human Resources</p>	<p>Ongoing monitoring and updating</p>	<p>Existing resources</p>
<p>5.5. That all staff returning to work at CYWHS with disabilities will be supported in a respectful way</p>	<p>Ensure that key personnel involved in the management of staff returning to the CYWHS following injury are trained in managing their specific needs</p> <p>Ensure that managers are aware that people with disabilities returning to work may need a tailored return to work program.</p>	<p>Director Human Resources/ CYWHS Directors</p> <p>Director Human Resources</p>	<p>Ongoing monitoring and updating</p>	<p>Existing resources/ training time</p>

6. COMPLAINTS MECHANISMS

Objective : People with disabilities will have appropriate access to complaint handling procedures within services and to independent complaint authorities

OUTCOME	STRATEGY	RESPONSIBILITY	TIME LINE	RESOURCES
6.1. CYWHS is using accessible and participatory complaints procedures for people with disabilities as part of the broader consumer feedback complaints handling processes	CYWHS will develop and promote internal complaint handling procedures	Executive Director- Clinical Governance Education and Research Consumer Feedback Co-ordinator	Commenced February 2007	Existing resources
6.2. Complaints personnel and key staff are informed of the CYWHS Disability Action Plan and will ensure that people with disabilities and their associates/advocates are treated appropriately	CYWHS will ensure information regarding complaints processes are widely communicated in a number of formats	Executive Director- Clinical Governance Education and Research Consumer Feedback Co-ordinator	Commenced February 2007	Existing resources
6.3. CYWHS complaints procedures are well publicised and timely responses are made which will recommend improvements in the delivery of service	CYWHS will provide assistance to anyone wishing to lodge recommendations or complaints	Executive Director- Clinical Governance Education and Research Consumer Feedback Co-ordinator	Ongoing monitoring and updating	Existing resources
6.4. CYWHS will work with the Health and Community Services Complaints Commissioner to ensure health services are accessible and non-discriminatory	Ensure the provision of information about the independent complaint handling procedures of the Office of the Health and Community Services Complaints Commissioner	Executive Director- Clinical Governance Education and Research	Commenced February 2007	Existing resources

APPENDICES

1. Legislative and Policy Framework

1.1 The Draft CYWHS Disability Action Plan acknowledges the context set by international conventions, legislation, and national and state policies for the recognition of human rights and more effective participation and independence for people with disabilities in the community. These are :

- Commonwealth Disability Discrimination Act 1992;
- Commonwealth Disability Services Act 1986;
- Department of Human Services Equity of Access to Health Services for People with Disabilities: Policy Statement & Strategic Directions (October 2003)
- Human Rights and Equal Opportunity Commission Act 1986;
- International Labour Organisation Convention 111 concerning Discrimination in Respect of Employment & Occupation 1958;
- Iga Warta principles incorporated in the DHS Reconciliation Plan (2002)
- Promoting Independence: Disability Action Plans for South Australia 2000;
- South Australian Disability Services Act 1993;
- South Australian Women's Health Action Plan – Initiatives for 2006/07
- United Nations International Covenant on Civil & Political Rights 1966 & 1989;
- United Nations International Covenant on Economic, Social & Cultural Rights 1966;
- United Nations International Declaration on the Rights of Disabled Persons 1975;
- United Nations, Rights of the Child Convention, Article 49, 1990
- United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities 1993;
- Women and Children's Hospital, Disability Action Plan 2004

1.2 The *Commonwealth Disability Discrimination Act 1992 (DDA)* sets the framework for the development of Action Plans. The Objects of the *DDA* are to:

- (a) Eliminate, as far as possible, discrimination against persons on the ground of disability in the areas of;
 - (i) Work, accommodation, education, access to premises, clubs and sport; and
 - (ii) The provision of goods, facilities, services and land; and
 - (iii) Existing laws; and
 - (iv) The administration of Commonwealth laws and programs; and
- (b) Ensure that people with disabilities have a right to equal treatment before the law; and
- (c) Promote community understanding that people with disabilities have the same fundamental rights as the rest of the community.

1.3 The *DDA* contains five strategies for achieving these Objects:

1. discrimination on the basis of disability is made unlawful;
2. independent investigation and conciliation or determination of complaints about discrimination;
3. development of Disability Standards;
4. development of Disability Action Plans;
5. review of discriminatory laws by the Human Rights and Equal Opportunity Commission.

2. What is Disability Discrimination under the *DDA*

2.1 **Direct discrimination** is defined under Sections 5, 7, 8 and 9 of the *DDA*:

- A discriminator treats or proposes to treat a person with a disability, or an associate of a person with a disability, less favourably than he or she treats, or would treat, a person without a disability, in the same or similar circumstances, because of the disability; or
- A discriminator treats a person with a disability, or the associate of a person with a disability, less favourably because the person with the disability has a palliative or therapeutic device or auxiliary aid (Sec 7), is accompanied by an interpreter, reader, assistant or carer (Sec 8), or possesses or is accompanied by a guide dog, hearing assistant dog or trained animal to assist the person with a disability to alleviate the effect of the disability (Sec 9).

2.2 Intention to discriminate is not necessary. If a person is treated less favourably for more than one reason, only one of the reasons needs to be on the grounds of disability for the matter to come under the *DDA* (Sec 10).

2.3 A person who directly discriminates is not able to raise arguments that the discrimination was “reasonable”. A person who directly discriminates has the defence of “unjustifiable hardship” available.

2.4 **Indirect discrimination** is defined under Section 6 of the *DDA*:

A discriminator discriminates against another person on the ground of a disability if the discriminator requires the person with a disability to comply with a requirement or condition:

- (a) with which a substantially higher proportion of persons without the disability comply or are able to comply; and
- (b) which is not reasonable having regard to the circumstances of the case; and
- (c) with which the aggrieved person with a disability does not or is not able to comply.

- 2.5** Intention to discriminate is not necessary. Indirect discrimination is likely to occur more frequently than direct discrimination (other than in employment). The discriminator is able to raise the question of whether the condition is reasonable. The discriminator has the defence of “unjustifiable hardship” available.
- 2.6** Section 11 of the *DDA* states that all relevant circumstances of a particular case are to be taken into account in determining what constitutes **unjustifiable hardship** as a defence, including:
- any future benefits or detriments likely to accrue or be suffered by any persons concerned; and
 - the effect of the disability of the person concerned; and
 - the financial circumstances and the estimated amount of expenditure required to be made by the person claiming unjustifiable hardship; and
 - in the case of the provision of services, or the making available of facilities - an action plan given to the Human Rights and Equal Opportunity Commission under Section 64 of the *DDA*.
- 2.7** For something to be an ‘unjustifiable hardship’ it has to be more than just an inconvenience, or a relatively minor expense - it has to be something that will really involve hardship that cannot be justified. This means that the *DDA* places a much heavier onus on providers of goods and services to make the necessary adjustments to ensure that people with disabilities do not experience less favourable treatment.

3. Principles Underpinning the CYWHS Disability Action Plan

3.1 This Action Plan is underpinned by the following principles:

- Respect for human rights and the countering of ignorance, discrimination, misunderstanding and racism are fundamental principles;
- Everyone with disabilities and their families have the right to be recognised as valued and equal citizens;
- Everyone with disabilities and their families have the right to be treated with respect and dignity and to realise their potential to intellectual, physical, social, emotional, sexual and spiritual development;
- Everyone with disabilities and their families have the right to access the same services and opportunities, contribute in the same areas, and enjoy and participate in the same activities and challenges that are available to the rest of the community;
- Everyone with disabilities and their families have the right to access a range of services, support and information that provide them with the level and form of assistance and support that is appropriate to their individual circumstances including place of residence, cultural and socio-economic settings;
- Everyone with disabilities and their families have the right to be consulted and contribute to the economic, social, political and cultural life of the South Australian community.
- All Aboriginal people and their families with disabilities have the right to have their unique needs met by the provision of services that support access and equity and prevent discrimination on the basis of race and culture.
- All Culturally and Linguistically Diverse people and their families with disabilities have the right to have their unique needs met by the provision of services that support access and equity and prevent discrimination on the basis of race and culture.

3.2 This CYWHS Action Plan will:

- promote an increased awareness that recognises the rights, needs, potential and contribution by people with disabilities as valued members of the community;
- support access and equity for all South Australians with disabilities and prevent discrimination on the basis of age, gender, sexuality, race, ethnicity, religion, language and culture;

- undertake measures to make the physical environment accessible and provide access to information and communication for people with disabilities;
- work collaboratively with each other and in partnerships with all levels of government, service providers, professional groups, educational institutions and community organisations to ensure optimal levels of services appropriate to the needs of people with disabilities;
- promote equal opportunities for people with disabilities in the field of employment;
- ensure training of service providers involved in the planning and provision of programs and services as important elements of promoting full participation and equality for people with disabilities and their families; and
- advance equal opportunity for people with disabilities and their families by the continuous monitoring and evaluation of the implementation of disability action plans.

4. Key Outcomes for South Australian People with Disabilities

4.1 CYWHS supports the development and implementation of a whole of government approach to Disability Action Plans in South Australia.

4.2 Five key outcomes in *Promoting Independence: Disability Action Plans for South Australia* provide a practical framework for the CYWHS to meet the State Government's obligations under the *DDA*. They are:

- CYWHS ensure **accessibility** to their services to all with disabilities and their families;
- CYWHS ensure **information** about their services and programs **is inclusive** of all with disabilities;
- CYWHS deliver advice or services to people with disabilities with **awareness and understanding** of issues affecting people with disabilities and their families;
- CYWHS and their agencies provides opportunities for **consultation** with people with disabilities and their families in decision making processes regarding service delivery and in the implementation of complaints and grievance mechanisms;
- All Executives of CYWHS will work towards ensuring the **requirements of the *Disability Discrimination Act 1992* and the *Equal Opportunity Act 1984*** are met.

5. Key Focus Areas for Disability Action Plan

5.1 The access requirements of people with disabilities vary according to the nature of the disability. Examples of what these requirements may include are as follows:

- **All with mobility disabilities** who use wheelchairs and those with ambulant disabilities require designed access paths and circulation space into and within buildings.
- **All who are deaf or have other hearing impairments** require access to communication, information, emergency warning systems and broadcast facilities.
- **All with low or no vision** require a safe and clearly identified pathway within which to travel, for example the use of tactile indicators, access to communication, information, emergency warning systems and broadcast facilities.
- **All with intellectual or psychiatric disabilities or all with acquired brain injuries** may require access to information and communication in plain English, clear picture/graphs or symbols or may require access to someone who can provide access to information where appropriate.
- **All with speech impairments** may require access to aids or technologies to enable communication with others, including access to communication services, people with time and patience to listen and understand and to observe their right to communicate.

5.2 The following six focus areas aim to address current issues and facilitate efforts that can contribute to eliminating discrimination against people with disabilities.

- **Planning and Policy Development** - analysing existing programs and policies to determine what changes, modifications and innovations may be necessary to remove barriers to work and service provision.
- **Attitudinal and Cultural Awareness** in Management and Services Provision - promoting a realistic view of life with a disability.
- **Accessibility of Buildings and Facilities** - recommending options to address accessibility to buildings and facilities.
- **Communication and Interpreter Services** - developing approaches for improving communication and interpreter services.
- **Employment and Human Resource Practices** - analysing programs related to employment and the outcomes of those programs for people with disabilities.
- **Complaint Mechanisms** - evaluating whether complaints mechanisms related to employment and service provision can and should include support for people with disabilities.

5.2.1 Planning and Policy Development

The broader portfolio focus aims to support planning and service provision that responds more effectively to all with needs which are complex and diverse, and this includes all with disabilities, their families and their associates¹.

Commitment by executive management to equitable access for all with disabilities is therefore regarded as critical in order to promote the incorporation of access and equity objectives into policy and planning development. Included are corporate and business plans, research and development criteria, approaches to needs based planning, new policy proposals, legislation and regulations, procedures and guidelines.

There are a number of constraints that may limit adequate and full consideration of the needs of all with disabilities. They include:

- policy development processes do not systematically take into account the needs of all with disabilities;
- awareness training and information for policy decision makers and executives is critically important for effective delivery of non-discriminatory services and programs but is not always available;
- strong links between corporate planning processes and accountabilities for implementation of actions have not always been forged, in particular the links between access and equity plans and performance planning and budgeting;
- policy implementation issues are not generally considered in the light of the responsibilities under the *DDA*, consequently, the opportunity for those eligible with a disability to use services which may meet a need in their lives may be restricted;
- program material often refers to the needs of disadvantaged groups such as those from culturally diverse backgrounds, but consideration of all with disabilities is more limited and less consistent;
- there is insufficient utilisation of data on all with disabilities in Departmental planning systems.
- service providers are not always responsive to all who receive specialist disability services and their families.

Outcome

Greater accessibility to health services for all with disabilities.

¹ Under the *DDA*, associate, in relation to a person, includes (a) a spouse of the person; and (b) another person who is living with the person on a genuine domestic basis; and (c) a relative of the person; and (d) a carer of the person; and (e) another person who is in a business, sporting or recreational relationship with the person.

5.2.2 Attitudinal and Cultural Awareness in Management and Service Provision

The whole of Government *Promoting Independence: Disability Awareness & Training Framework (December 2004)* provides the basis for government agencies to develop in-service education and training for staff so that they have the skills and awareness necessary to ensure that access and services are inclusive and do not discriminate against people with disabilities.

The training will enhance an holistic view that goes beyond medical factors to encompass and emphasise psychological, social and cultural issues associated with living with a disability and which recognises that disability does not necessarily equate with illness or ill health.

It will also promote improved knowledge about the *DDA* and non-discriminatory attitudes towards disability, and be consistent with the principles of active consumer participation in their own wellbeing and care. Key components of this approach include effective communication, opportunities for active participation as partners in service provision and respect for human needs such as dignity and privacy.

Improvements in awareness and understanding of issues for people with disabilities needs to be part of an organisation's management plan that involves senior management and on line supervisors in addressing the principles of the *DDA* and their obligations as service providers and employers to eliminate discriminatory practices. An improved awareness will also recognise and promote the positive contribution that is made by people with disabilities and that includes acknowledgment of their rights to independence, self respect and inclusion into all aspects of society.

Disability awareness training has been shown to improve confidence of staff and competence in subsequent dealings with all with disabilities and their families and friends. This training will include information about the nature of the most common types of disability combined with practical hints on how to communicate most effectively.

Involvement of people with disabilities at all levels of the development and provision of training is an important factor that contributes to the success of training programs. Training planners and providers should therefore establish appropriate measures to better involve and represent people with disabilities. By doing so, they can provide powerful messages about the impact of the attitudes and beliefs of others on life opportunities.

Outcome: Demonstrated awareness and understanding by staff and volunteers of the needs of all with disabilities.

5.2.3. Accessibility of Buildings and Facilities

Accessibility to buildings and facilities is of great importance to the quality of life for people with disabilities. In practical terms, this means that new and existing buildings should be constructed or altered in a manner which as far as is possible, does not impede the ability of anyone to independently enter, move about or exit a building, or exclude them from using doors, passageways, internal transport facilities and main public entrances.

While the legislation recognises that equitable modifications to existing buildings may not be feasible in all cases, for such reasons as technical problems, prohibitive cost, or design or functional requirements, the general legislative intent is to eliminate discrimination. It also supports the principle that buildings be constructed in a manner that enables all people, including those with disabilities, to gain access to all parts of the building.

Examples of possible areas of discrimination against a person with a disability, their associates or representatives that could represent breaches of the spirit of the legislation include:

- failure to provide equitable physical access to a building or the different levels of a building;
- inadequate signage for anyone with a vision impairment using facilities within a building;
- failure to ensure facilities such as vending machines or counters within buildings are accessible to all with disabilities;
- failure to provide visual indicators of emergency situations such as evacuations;
- failure to provide suitable parking facilities for vehicles used by people with disabilities;
- failure to provide a clear and safe access path in a building or on a pathway;
- requiring anyone with a mobility disability to gain access through a distant side entrance;
- failure to provide equal amenities to all who have disabilities through inadequate management practices;
- failure to provide hearing augmentation systems in an auditorium that has a sound amplification system;
- failure to provide non-discriminatory booking systems.

Whilst the present *Building Code of Australia (BCA)* 'calls up' specific Australian Disability Access Standards on how a building should be constructed or undergo significant refurbishment or alteration, it does not necessarily mean that premises

will comply with the 'equity' requirements of the *DDA*. The Building Code does not cover the 'furniture and fit-outs' within buildings which are very important in determining whether a building is accessible.

For new large buildings and alterations to existing buildings, the expectation under the *DDA* is that the design ensures equitable access with safety and dignity to a building and all services and facilities within a building.

To assist people who are responsible for the management and operation of access to buildings and premises, the HREOC *Advisory Notes on Access to Premises* should be read in conjunction with the BCA and the *Australian Standards AS1428.1*. *Australian Standards AS1428.2* is an additional mechanism to assist in ensuring that premises provide access and use by people with disabilities.

HREOC has also released a draft policy to encourage compliance with the *DDA* and provide greater certainty to regulators, owners and operators of buildings and premises.

The Building Access Policy Committee, under the auspice of the *Australian Building Codes Board (ABCB)*, has prepared a revised draft BCA that is 'harmonised' with the *DDA* equity principles. A consultation draft was circulated for comments in May 2004.

The Department for Administration and Information Services' (DAIS) Building Management Division, advises State Government Departments on access to buildings, through their *Disability Access Guide*. This guide draws together all the relevant specifications and Australian Standards on disability access to enable facility managers and others to be accurately informed of how to achieve *DDA* compliance with buildings and facilities.

Application of the provisions of the *DDA* should also be applied as part of a management program to plan for the upgrade of the accessibility of existing buildings and to plan for the upgrade of leased premises or negotiation of new leases of premises. For example, occupiers of leased premises that are not accessible should consider when renewing lease arrangements that there be provisions to upgrade premises for accessibility or where necessary, consider moving into new premises that provide for accessibility requirements.

Outcome

People with disabilities will have improved physical access to buildings and facilities where health services and programs are provided.

5.2.4. Communication and Interpreter Services

Many with disabilities are disadvantaged through a reliance on print media and verbal communication. This includes a number of those with a vision, hearing or intellectual impairment, acquired brain injury or a psychiatric disability.

When considering how to best communicate with and disseminate information to anyone with a range of disabilities, it may be necessary to present the message in a number of different formats to take account of varying needs. Particular attention must be given to communication needs of people with disabilities from Aboriginal and Torres Strait Islander and culturally diverse backgrounds, including people from rural and remote locations.

There are a number of accessible formats for communication and the presentation of information that are suitable for a wide range of people, including those with disabilities. Some formats will cater to the needs of more than one disability group, and most of these will also be of benefit to the community in general.

These formats include; audio cassette, Braille; diskette; large and illustrated print; plain English; internet (utilising non-discriminatory information technology); radio; video (including captions); free call telephone numbers; telephone typewriter (TTY); and National Relay Service.

It is important that people who are deaf or have hearing impairment have access to appropriate interpreters. The provision of interpreters is the primary responsibility of providers and employers not the responsibility of the person with the disability or their family members. Signing interpreters are available for hire through the Royal South Australian Deaf Society Inc.²

A lack of knowledge about services can preclude anyone from accessing the full range of services that would enhance their abilities. As a result it is important that providers promote their services in a range of media to enable all with disabilities to be aware of their service options. Alternatives to mainstream media for promotion include free call telephone numbers; electronic information; internet advertising; peak disability bodies; departmental CE Checks; and Regional and Metropolitan Independent Entities information devices; National Library of Australia, Disability Services Section. Information on the physical accessibility of buildings and facilities should be provided by services and programs as an integral part of information provision.

To assist services to provide accessible information and effectively communicate with people with disabilities the Commonwealth Department of Family and Community Services has published a comprehensive booklet *Better Information and Communication Practices (ISBN 062414068)*. The booklet provides comprehensive overview of the information and

² Site-specific language service funds are allocated to all health units for the provision of language services.

communication needs of different disability groups, use of language, accessible formats and the effective dissemination of information.

The Commonwealth Disability Strategy web site also contains a range of resources on disability and discrimination including facts sheets, training resources and a list of agencies that can provide alternative formats and interpreting services. The site can be found at: http://www.facs.gov.au/disability/cds/cds/cds_index.htm

Outcome

That all communications regarding services are made available in the full range of formats and promoted via a specific disability communication strategy.

5.2.5. Employment and Human Resource Practices

For many people with disabilities, the main barrier to equal opportunity, participation and performance at work is not their disability in itself, but some feature of the work situation that could readily be altered. Most workplace adjustments and job designs to remove barriers are simple, cost very little and frequently benefit all employees.

Equal employment opportunities for people with disabilities is also influenced by the impact of factors often beyond the immediate work environment. These factors include:

- skills and knowledge formation;
- accessible transport;
- accessible premises; and
- accessible communications and information systems.

In addition there is a paucity of data and knowledge about people with disabilities in the workplace. An important element in the effective management of workplace diversity is the availability of workforce data that is both reliable and enables meaningful comparisons to be made with other sectors within the Department of Health, the Regions and the Metropolitan Independent Entities.

The South Australian Government *Strategy for the Employment of People with a Disability in the SA Government Public Sector* provides people with disabilities an opportunity to seek employment with the South Australian public sector. The

strategy is implemented through the Office for the Commissioner of Public Employment and enables people with a disability, who are not currently employed in the public sector, to apply for positions advertised on the Notice of Vacancies system, and to compete for such positions on the basis of merit.

Outcome

Improved equity and equal opportunity for people with disabilities within CYWHS.

5.2.6. Complaints Mechanism

CYWHS recognises that part of creating an accessible and non-discriminatory service involves having effective, speedy and mediatory complaints resolution procedures that can deal with complaints.

Experience has shown that the resolution of complaints is more likely to be successful if the concerns are addressed at the earliest opportunity and at the local level in accordance with agreed procedures. This includes transparency, speed, confidentiality and impartiality in complaints handling and the participation of consumers throughout the processes. The process should reflect a culture of mutual respect and collaborative problem solving.

CYWHS also recognises people's right to access external complaints procedures such as lodging complaints with HREOC. In investigating any complaint that appears to involve an unlawful act of discrimination, HREOC will attempt to reach a settlement by conciliation. If unresolved, orders can be made by the Federal Court that can result in payment of damages; reinstatement or promotion; an apology; and/or changes in policies or practices. Similarly, people can lodge a complaint with the South Australian Equal Opportunity Commission and if unresolved, the matter can be determined in the SA Equal Opportunity Tribunal. CYWHS has a mechanism for documenting and handling complaints. CYWHS promotes appropriate internal complaints handling mechanisms that are accessible and provide support and advocacy for all with disabilities and their families.

For the public health system, the *Charter for South Australian Public Health System Consumers* sets out consumers rights and responsibilities for service provision and incorporates a commitment for appropriate complaint handling procedures within health units. At the moment, the South Australian Ombudsman operates as an independent health complaints authority responsible for the handling of complaints against public hospitals and health units in conjunction with general complaints.

The Health and Community Services Complaints Act 2004 was passed by Parliament in June 2004. This Act provides for the establishment of the Office of the Health and Community Services Complaints Commissioner, which is expected to begin operating from July 2005. The Act provides for the lodging and resolution of complaints against public, non-government and private health or community service providers; to make provision in respect of the rights and responsibilities of health and community service users and providers. Once proclaimed, there will be a statutory obligation for the Commissioner to develop a Charter of Health and Community Services Rights in consultation with consumers and providers.

The CYWHS complaints mechanism also provides valuable feedback for the improvement of services as a continuous improvement tool linked to quality assurance and evaluation activities. Complaints can inform service providers about how to deal with problems and how to avoid them. The narratives from those complaints can potentially provide the richest source of information about the incident, the responses, the circumstances, the resolution process and the outcomes. Analysis of complaints can also assist providers to understand the system issues that cause consumers to complain and to develop strategies to improve services.

CYWHS accepts it has a responsibility to specifically address the coverage, information available and adequacy of existing complaints handling mechanisms, as well as satisfaction and access to these processes by all with disabilities and their families. Barriers that may exist for all with disabilities seeking to access complaints mechanisms will be identified and strategies implemented so that all with disabilities are able to easily access quality complaints handling mechanisms.

Outcome

All with disabilities will have appropriate access to complaint handling procedures within services and to independent complaint authorities. Effective and active consideration of the issues raised will enable systemic improvements in service delivery.

6. Monitoring and Evaluation

- 6.1 Under Section 61(e) of the *DDA*, an Action Plan must include provisions for evaluating the policies and strategies designed to eliminate discrimination.
- 6.2 The Department of Health will have responsibility for the ongoing monitoring and evaluation of the Health Portfolio Disability Action Plan.
- 6.3 It is the responsibility of the Department of Health, the Regions and Health Units to develop a Plan consistent with the DH Disability Action Plan and then provide an outline of actions in progress and/or completed, and timelines for ongoing actions. The progress report may be provided as an addendum to the Annual Report where there are other requirements for reporting on corporate activities, such as Equal Employment Opportunity and Occupational Health, Safety and Welfare.
- 6.4 The requirement to develop action plans and provide annual progress reports will be included in the service agreements between Department of Health and CYWHS.
- 6.5 Disability Action Plan strategies to be incorporated into the business plans of the Department of Health, the Regions and Health Units and progress on the Plan should become a regular agenda item for Portfolio Executive meetings.
- 6.6 Evaluation of the Action Plan and review of the appropriateness of the strategies will measure whether the strategies have achieved the desired outcome for people with disabilities, whether as clients or as staff and service providers. A range of mechanisms for feedback can be used including the expanded use of existing client surveys and other mechanisms.
- 6.7 Evaluation will involve specific performance indicators to assess the success and effectiveness of the strategies and actions in achieving the Plan's outcomes. The outcomes will be assessed against the CYWHS dashboard of performance indicators and will provide the basis for any recommended changes to the strategies and actions.