



ACT
Government

**Canberra Health
Services**

Disability Action and Inclusion Plan 2022 – 2025

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain images and names of deceased persons.



Together, Forward

Canberra Health Services' (CHS) vision is 'creating exceptional health care together'. Achieving this vision requires our commitment to undertaking an ongoing journey of recognising and respecting Aboriginal and Torres Strait Islander ways of working and approaches to holistic health and wellbeing. This includes transforming the way we work in genuine partnership with Aboriginal and Torres Strait Islander peoples at CHS in the ACT and surrounding regions.

Artwork credit:

Natalie Bateman (Walbanja-Yuin)
Monga Waratah 2021

Our commitment to diversity and inclusion

To achieve our vision of 'creating exceptional health care together', we must remove barriers and provide equitable opportunities for our patients, team members and community to be included in health care. We are committed to working alongside people with different backgrounds, experiences and identities to learn what we can change so everyone can contribute and thrive.

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Acknowledgement of Country



Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.



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“One in six people report living with disability in Australia. Through our CHS Disability Action and Inclusion Plan we will strengthen our services to deliver exceptional health care.”

Dave Pepper, CEO, Canberra Health Services





Message from the CEO

I am pleased to present the first Canberra Health Services (CHS) Disability Action and Inclusion Plan. This plan will guide the way we improve health services for people living with a disability and promote an inclusive workplace that supports and encourages our team members who are living with disability.

One in six people report living with disability in Australia. Through our CHS Disability Action and Inclusion Plan we will strengthen our services to deliver exceptional health care.

We worked in partnership with people with disability and listened to the community to create this plan. It identifies the actions we will take to address barriers and promote inclusivity in an environment that is readily accessible to all people.

I look forward to leading the implementation of the plan to improve outcomes for people living with disability, our team members and the ACT community.

I am proud of our Canberra Health Services' Disability Action and Inclusion Plan and ask all team members to actively work towards achieving better access and inclusion at Canberra Health Services.

A handwritten signature in black ink, appearing to read 'D. Peffer'.

Dave Peffer
Chief Executive Officer
Canberra Health Services



Endorsement from Australian Network on Disability

Australian Network on Disability is a for-purpose organisation focused on advancing the inclusion of people with disability across all aspects of business. We support our members to welcome people with disability as employees, customers, and stakeholders. Canberra Health Services are a valued member of Australian Network on Disability, and it has been a pleasure partnering with them to develop their first Disability Action and Inclusion Plan. We congratulate you on your commitment to improving the lives of people with disability as employees, and as patients and family members, of Canberra Health Services.

This Disability Action and Inclusion Plan has been built on a foundation of staff and consumer consultation, feedback, and analysis of current practices. I applaud Canberra Health Services for the consultative approach that you have taken to ensuring that this Plan represents the voice of people with disability, the carers of people with disability, and their allies.

Canberra Health Services has a key role in ensuring that people with disability are welcomed and supported as a staff member or empowered to safely navigate their patient journey. Australian Network on Disability looks forward to seeing the impact of this Disability Action and Inclusion Plan on progressing the inclusion of people with disability at Canberra Health Services.

Corene Strauss
Chief Executive Officer
Australian Network on Disability



AUSTRALIAN
NETWORK
ON DISABILITY

“Canberra Health Services has a key role in ensuring that people with disability are welcomed and supported as a staff member or empowered to safely navigate their patient journey.”

Corene Strauss, CEO, Australian Network on Disability





Executive summary

At CHS, we recognise that people with disability, their families and carers experience poorer health outcomes, and have more complex health needs than those without disability. Our CHS Disability Action and Inclusion Plan (DAIP) intends to improve the experience and outcomes of people with disability, their families and carers—both those accessing health care, and those who work within our services.

In developing this DAIP, we completed a Disability Needs Assessment which looked at national and local data to identify priority areas for our DAIP. We conducted consultation, through surveys, interviews and focus groups with CHS team members, community members and community organisations to ensure our DAIP includes meaningful actions that reflect the needs of our community.

Our DAIP includes actions across four key focus areas:



Focus Area 1: Our Consumers, their Families and Carers – We ensure our services are accessible and inclusive for all people.



Focus Area 2: Our People – We strive for the inclusion of people with disability by creating a psychologically safe culture through increased disability awareness, education and the provision of reasonable adjustments.



Focus Area 3: Our Place – We remove barriers in our facilities, systems and processes to ensure that people with disability, their families and carers are able to easily and efficiently access services and opportunities within CHS.



Focus Area 4: Our Community – We are part of the community and ensure the voices of people with disability of all ages, their families and carers, are heard and included.

Actions are broken down across the life of the plan, with first year actions built upon in following years. DAIP priorities will be incorporated into our annual Corporate Plan and cascading Divisional Business Plans. Reports on progress will occur through internal governance structures, as well as externally—through the ACT Disability Health Reference Group and to community.



Introduction and purpose

A DAIP is an organisation's own strategy that specifies goals and actions to achieve accessibility for team members, consumers, their families and carers, and stakeholders.

Our role is to be a health service that is trusted by our community, one that lives and breathes our vision and values.

Our vision is creating exceptional health care together. The adage **Nothing about us, without us** is a key reminder of the need to partner with people with lived experience of disability, their families, and carers to achieve this work.

Our organisation's values reflect what we stand for, they guide CHS team members' behaviour and help us achieve this vision:



Reliable – we always do what we say



Progressive – we will embrace innovation



Respectful – we value everyone



Kind – we make everyone feel welcome and safe.

CHS DAIP is a tangible demonstration of our vision and values.

CHS DAIP sits within the National and territory policy environment and expands on elements within the [CHS Strategic Plan 2020 – 2023](#).



Scan to read our strategic plan



Figure 1 - Where the CHS DAIP fits within the National and ACT policy environment



CHS DAIP incorporates actions from the National Roadmap for Improving the Health of People with Intellectual Disability, July 2021.

Our DAIP complements other CHS plans, for example Together, Forward: Aboriginal and Torres Strait Islander Needs Assessment and Action Plan, our Cultural Responsiveness in Action program of work and Integrated Care. Wherever possible, actions taken under the DAIP will be aligned to these plans.

CHS acknowledges it has a legal obligation not to discriminate against people, and has the responsibility to make reasonable adjustments, be inclusive and accessible.

“I am proud of our Canberra Health Services’ Disability Action and Inclusion Plan and ask all team members to actively work towards achieving better access and inclusion at Canberra Health Services.”

Dave Peffer, CEO, Canberra Health Services







Definitions

The **United Nations Convention on the Rights of Persons with Disabilities (2006)** affirms all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It adopts a broad categorisation of persons with disabilities:

“Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.”¹

CHS supports the social model of disability. People with Disability Australia defines this model as “sees ‘disability’ as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers...These barriers must change to enable people living with impairments to participate in society on an equal basis with others.”²

1 United Nations, ‘Convention on the Rights of Persons with Disabilities’, retrieved 24 November 2021, <<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>>.

2 People with Disability Australia, retrieved 23 March 2022, <<https://pwd.org.au/resources/disability-info/social-model-of-disability/>>.

The Commonwealth Disability Discrimination Act 1992 defines disability as:

- a. total or partial loss of the person's bodily or mental functions; or
- b. total or partial loss of a part of the body; or
- c. the presence in the body of organisms causing disease or illness; or
- d. the presence in the body of organisms capable of causing disease or illness; or
- e. the malfunction, malformation or disfigurement of a part of the person's body; or
- f. a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- g. a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour³, and includes disability that:
 - presently exists
 - previously existed but no longer exists
 - may exist in the future
 - is imputed to a person (meaning it is thought or implied that the person has disability but does not).

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.



³ Australian Government, Federal Register of Legislation, 'Disability Discrimination Act 1992', retrieved 24 November 2021, <<https://www.legislation.gov.au/Details/C2017C00339>>.



Key Statistics

- 4.4 million Australians have disability—approximately 18% of the population (AIHW People with Disability in Australia 2022).
- The number of people living with a disability increases with age; 50% of people aged 65 and over have a disability (AIHW People with Disability in Australia 2022).
- In 2018, 80,000 ACT residents reported having disability—19.4% of the Territory’s population (Australian Bureau of Statistics, Disability, Aging and Carers, Australia: Summary of Findings 2018).
- Health outcomes for people with disability are poorer than for those without disability – 24% of adults with disability experience very good or excellent health, compared to 65% of those without a disability (AIHW People with Disability in Australia 2019).
- People with disability access health services more often, and have more complex needs than those without a disability:
 - 3 in 10 (29%) of National Disability Insurance Scheme (NDIS) participants aged 15-24 had been to hospital in the last 12 months compared to 7.9% of all Australians in this age group (AIHW Australia’s Health 2020).
 - Of those NDIS participants who went to hospital, 52% had multiple visits when compared with 22% of all Australians aged 15–24 (AIHW, Australia’s Health 2020).
 - 2 in 5 (38%) people with disability see 3 or more health professionals for the same condition and of these, 7 in 10 (71%) have a health professional help coordinate their care (AIHW People with Disability in Australia 2019).
- University of Canberra Regional Wellbeing Survey 2020 respondents who identified as a person with disability reported:
 - 32.1% find it hard to access specialist medical professionals other than mental health
 - 48.3% find it hard to access a psychologist
 - 57.8% find it hard to access a psychiatrist
 - 13.9% find it hard to access a physiotherapist
 - 37.2% find it difficult to access an occupational therapist or speech pathologist (University of Canberra Regional Wellbeing Survey 2020: The survey is representative of adult residents of the ACT and surrounding rural areas).



- There is significant diversity among people with disability, including though not limited to age, gender, sexuality, type(s) of disability, severity of disability, cultural background, and socioeconomic group. According to the Australian Institute of Health and Welfare (AIHW People with Disability in Australia 2022):
 - For 3 in 4 people with disability, their main form of disability is physical. This includes diseases of the:
 - musculoskeletal system and connective tissue, such as back problems and arthritis
 - ear and mastoid process, such as hearing loss and tinnitus
 - circulatory system, such as heart disease and stroke
 - nervous system, such as cerebral palsy and multiple sclerosis.
 - For 1 in 4 people with disability, their main condition causing disability is mental or behavioural. This includes:
 - intellectual and developmental, such as intellectual disability and autism spectrum disorder
 - mood affective, such as depression
 - dementia and Alzheimer's disease.
- 6% of the ACT population reported profound or severe core activity limitation, and 7.6% moderate or mild limitation (Australian Bureau of Statistics Disability, Aging and Carers, Australia: Summary of Findings 2018).
- It is expected that within the next 5 years up to 11% of people with disability will receive a support package from NDIS. Currently people with disability can only access NDIS if they apply before 65 years of age. People older than 65 years can access support from Aged Care Services (NDIS 2021).

Where we are

CHS worked collaboratively with the ACT Disability Reference Group (DRG) to plan our approach to developing our DAIP. In order to understand CHS' current baseline for disability inclusion and accessibility, we completed a Disability Needs Assessment. This process included reviewing data and reports, a literature review, and undertaking extensive consultation with community, patients, carers and CHS team members.



CHS' Disability Action and Inclusion Plan

Key focus areas

Findings from our Disability Needs Assessment and consultation served to identify four focus areas that complement each other to form a whole of system approach to improvement. Activities or issues most commonly reflected in the feedback formed the basis of actions considered for inclusion in the DAIP. This ensures CHS DAIP is relevant to the local context and responds to the most significant concerns.

This DAIP is underpinned by a key principle—co-design with people with lived experience of disability. All actions relating to designing, implementing or embedding new systems or processes will incorporate this principle.

Detailed background, including data and consultation feedback will be provided to responsible areas to support delivery of each action in the DAIP.

DAIP actions have been described within four focus areas as follows:



Focus Area 1: Our Consumers, their Families and Carers – We ensure our services are accessible and inclusive for all people.



Focus Area 2: Our People – We strive for the inclusion of people with disability by creating a psychologically safe culture through increased disability awareness, education and the provision of reasonable adjustments.



Focus Area 3: Our Place – We remove barriers in our facilities, systems and processes to ensure that people with disability, their families and carers are able to easily and efficiently access services and opportunities within CHS.



Focus Area 4: Our Community – We are part of the community and ensure the voices of people with disability of all ages, their families and carers, are heard and included.



Governance

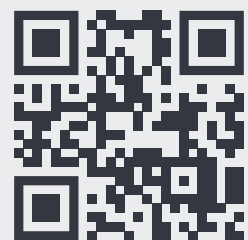
Having appropriate resources will be essential to ensure we can deliver on actions and priorities in our DAIP. Resource allocation may on occasion impact the timing of delivery on some actions.

Strong monitoring and review mechanisms ensure that CHS remains accountable and focused on improving outcomes for people with disability. Monitoring and communicating progress towards delivering on our DAIP actions will be important to demonstrate and celebrate change over time and recognise challenges and learnings for future development.

Our DAIP will be lodged with the Australian Human Rights Commission to demonstrate our commitment to positive change and increase the overall engagement, representation and meaningful employment of people with disability at CHS.

Our DAIP helps us deliver on CHS Strategic Plan commitments, and actions will be embedded within our annual Corporate Plan and cascading Divisional Business Plans. Progress against our Corporate Plan will be reported to our CHS Executive Committee on a quarterly basis. We will establish an internal implementation group to monitor our access and inclusion activities and ensure that actions are aligned across the service. ACT Health and CHS are forming a Disability Health Reference Group in 2023 to oversee implementation of ACT Disability Health Strategy and our DAIP. Internal monitoring and reporting on the progress of the DAIP will be reported to the Reference Group. The Disability Health Reference Group will also provide expertise to inform implementation activities and timing and format of reporting progress to the broader sector and external stakeholders.

Progress against DAIP actions will be reported in the CHS Annual Report which will be available on [CHS website](#).



Scan to view our website

Our Plan





Our consumers, their families and carers

We ensure our services are accessible and inclusive for all people.

Priorities	Actions	Timeframe	Responsibility	Outcome	
1. We provide people-centred care that considers the individual needs of people with disability, their families and carers.	1. Implement a process for asking about disability and using reasonable adjustments for people with disability, their families and carers. This may include timing of appointments, accessibility requirements, supported decision making, provision of information in alternative formats and other adjustments as needed.	2022 – 23	Executive Director (ED), Nursing and Midwifery and Patient Support Services (NMPSS)	Process for asking about and using reasonable adjustments is in place.	
	2. Implement a process for asking consumers their preferred communication method, including how to record and access it for future interactions.			Process for asking consumers their preferred communication method is in place.	
	3. Process for asking consumers about using reasonable adjustments and preferred communication methods (<u>Priority 1, action 1 and 2</u>) are consistently used.	2023 – 24	ED NMPSS	Consumers receive information in their preferred method, and have reasonable adjustments made to improve their care and experience.	
	4. Undertake analysis to understand the current interaction of CHS services with other service providers e.g., NDIS, aged care providers and other non NDIS private providers.			ED, Rehabilitation Aged and Community Services (RACS)	Current baseline for experience of consumers on the NDIS is identified. Current baseline of consumers receiving care from non-NDIS providers is identified.
	5. Test the new process for supporting reasonable adjustments (<u>Priority 1, action 1</u>) with a focus on reducing time spent in waiting rooms, e.g. Emergency Department and Outpatient Clinics.			Chief Operating Officer (COO)	Time spent in waiting rooms is in alignment with individual requirements. Waiting time is reduced where possible.

Priorities	Actions	Timeframe	Responsibility	Outcome
	<p>6. Collaborate with people with lived experience of disability to inform continuous improvements to the Digital Health Record (DHR) to:</p> <ul style="list-style-type: none"> allow integration of clinical records to support people with disability, their families and carers, to access consistent service across all CHS enable people to identify their needs or relevant information related to their disability and other intersectional requirements e.g. Aboriginal and/or Torres Strait Islander, Culturally and Linguistically Diverse, mental health, LGBTIQ+ etc improve co-ordination of care (e.g. through identifying contacts or supports). 	2024 – 25	Chief Information Officer (CIO)	Integrated and accessible data system is in place across all CHS.
2. Our CHS team members are skilled, knowledgeable and confident in supporting people with disability, their families and carers.	<ol style="list-style-type: none"> Partner with advocacy or community organisations to develop training for frontline CHS team members about supporting people with disability, their families and carers during their consumer journey. This training will include trauma informed practices. Develop educational resources and information for CHS team members about available adjustment options and needs identification for people with disability, their families and carers. 	2022 – 23	Executive Group Manager (EGM), People and Culture	<p>Partnership with key advocacy or community organisation is in place.</p> <p>Co-designed training and resources are developed.</p>

Priorities	Actions	Timeframe	Responsibility	Outcome
	<p>3. Roll out training (Priority 2, action 1) to all CHS team members providing care to people with disability, including administrative teams.</p> <p>4. Provide educational resources and information for CHS team members about available adjustment options and needs identification for people with disability, their families and carers (Priority 2, action 2).</p> <p>5. Embed training across the organisation (Priority 2, action 3).</p>	<p>2023 – 24</p> <p>2024 – 25</p>	<p>EGM, People and Culture</p> <p>EGM, People and Culture</p>	<p>Disability Awareness training created and embedded into training schedules as well as induction and onboarding materials.</p> <p>CHS team members have ready access to resources and information about adjustment options and needs identification via CHS intranet and in alternative formats.</p> <p>90% of frontline clinical and administrative CHS team members have completed training.</p>
<p>3. We support people with disability, their families and carers with appropriate services, information, resources, and linkages.</p>	<p>1. Foster strong relationships with advocacy organisations to assist people with disability, their families and carers in navigating services, including Southern NSW local health district.</p> <p>2. Undertake a gap analysis of the current resources, and specialist service options to identify room for improvement.</p>	<p>2022 – 23</p>	<p>COO</p>	<p>Partnership with advocacy organisations is in place.</p> <p>People with lived experience have supported the review and updating of current resources and information to reflect best practice.</p> <p>Gap analysis completed.</p>

Priorities	Actions	Timeframe	Responsibility	Outcome
	<p>3. Consult with people with lived experience of disability to review and develop mental health and disability-specific programs, services and resources through a co-design process.</p> <p>4. Identify and roll out solutions to address gap analysis (<u>Priority 3, action 2</u>). This may include:</p> <ul style="list-style-type: none"> • investigating scope for health navigators or disability liaison officer roles at CHS • supported decision making • improving options for people residing in hospital beyond when acute care is needed • implementation of appropriate best practice guidelines and clinical standards. 	2023 – 24	COO, supported by ED, Mental Health Justice Health and Alcohol and Drug Services (MHJHADS) and ED, RACS	<p>Formal consultation and co-design process has been established.</p> <p>Resources and specialist service options are improved.</p>
	<p>5. Embed co-design process (<u>Priority 3, action 3</u>).</p> <p>6. Use co-design process to develop and provide education for consumers, families and carers around care needs and accessing services (<u>Priority 3, action 5</u>).</p> <p>7. Use co-design process to develop supports for end of life and palliative care (<u>Priority 3, action 5</u>).</p>	2024 – 25	<p>COO</p> <p>ED, Cancer and Ambulatory Support (CAS)</p>	Formal consultation process occurs consistently across the organisation.

Priorities	Actions	Timeframe	Responsibility	Outcome
4. We are aware of the needs of our consumers, their families and carers, and monitor and evaluate our services.	1. Identify a clear method of noting when a consumer identifies as a person with disability, and any adjustment requirements they may have. Incorporate into clinical and administrative systems (e.g. feedback system).	2022 – 23	CIO	Method of noting disability, and any adjustment requirements is confirmed.
	2. Monitor and review effectiveness of agreed process and feed into continuous improvements to the DHR (Priority 4, action 1).	2023 – 24	CIO	Evaluation of how process is being used fed into training and resources, and built into DHR.
	3. Embed data collection and reporting into the DHR (Priority 4, action 2).	2024 – 25	CIO	Integrated data system is in place across all CHS.



Our people

We strive for the inclusion of people with disability within our workplace by creating a psychologically safe culture through increased disability awareness, education and the provision of reasonable adjustments.

Priorities	Actions	Timeframe	Responsibility	Success Measure
1. Our workplace encourages people to feel safe to bring their whole self to work.	1. Establish and promote a Disability Employee Network that includes employees living with disability, carers, advocates, and allies in conjunction with the ACT Beyond RED project.	2022 – 23	EGM, People and Culture	Disability Employee Network established.
	2. The Disability Employee Network (Priority 1, action 1) is well integrated with all other workforce diversity and inclusion networks (e.g. RED Contact Officers & LGBTQI+ Ally network) in recognition of employee intersectionality – minimising overlapping forms of discrimination and marginalisation.			
	3. Establish formal consultation framework to capture advice and considerations from Disability Employee Network (Priority 1, action 1 and Priority 1, action 2).			
	4. Continued growth of Disability Employee Network (Priority 1, action 3).	2024 – 25	EGM, People and Culture	Disability Employee Network has strong engagement and membership. Advice is used to inform organisational decision making.

Priorities	Actions	Timeframe	Responsibility	Success Measure
2. Our workplace policies and systems enable our employees to confidently seek and receive reasonable adjustments.	1. Work with Chief Minister, Treasury and Economic Development Directorate to review Whole of Government Workplace (Reasonable) Adjustment Policy and develop CHS Workplace (Reasonable) Adjustment Procedure to strengthen methods and approaches used to make reasonable adjustments.	2022 – 23	EGM, People and Culture with support from EBM Strategy and Governance	Whole of Government Workplace Adjustment Policy reviewed, Flexible Work Policy linked and recommendations implemented. CHS Workplace Adjustment Procedure developed and implemented.
	2. Ensure that Flexible Work / Leave policies link to the Workplace (Reasonable) Adjustment Policy (Priority 2, action 1).			
	3. Documented process to ensure all employees, not just those who identify as living with disability, are asked if they require a Personal Emergency Evacuation Plan (PEEP).			
	4. Document a 'complaints' or escalation process for employees seeking clarification or review of a reasonable adjustment request.			
	5. Ensure all CHS team members, not just those who identify as living with disability, are asked if they require a PEEP (Priority 2, action 3).	2023 – 24	EGM, People and Culture	Campaign created to promote the Workplace Adjustment Policy, Procedure and Passport, and PEEP process across CHS.
	6. Promote our accessibility offerings to all CHS team members (e.g., Workplace Adjustment process, PEEP process, and Employee Assistance Program).			

Priorities	Actions	Timeframe	Responsibility	Success Measure
	7. Embed and evaluate effectiveness of policy and processes to inform improvements (<u>Priority 2, action 1 to Priority 2, action 4</u>).	2024 – 25	EGM, People and Culture	Effectiveness of policies and processes is evaluated and used to inform improvement.
3. Our recruitment processes are barrier free and customised to help us source, attract and tailor candidate experiences to accommodate accessibility requirements.	1. Review recruitment policies and procedures to identify and remove any unintended barriers to prospective candidates with disability.	2022 – 23	EGM, People and Culture	Recruitment and selection processes are audited and an implementation plan of recommendations is created and worked through.
	2. Develop relationships with, and utilise, disability employment services and leadership networks to increase numbers of CHS team members with disability, and support career development.	2023 – 24	EGM, People and Culture	Relationships with disability employment service providers and leadership networks are established. Increase in numbers of CHS team members with disability and in leadership roles compared to 22/23 baseline, and targets for following years are established.
	3. Embed and evaluate effectiveness of policy and processes to inform improvements (<u>Priority 3, action 1</u>).	2024 – 25	EGM, People and Culture	Effectiveness of policies and processes is evaluated and used to inform improvement.
4. Our workforce reflects the community we work within. We are committed to achieving the APS target of a 7% employment rate by 2025.	1. Reasonable Adjustments are promoted throughout careers messaging and candidates with disability are encouraged to apply for roles.	2022 – 23	EGM, People and Culture	Reasonable Adjustment statement and contact details on the careers section of the website.
	2. Support CHS team members with disability to participate and have membership on committees.	2023 – 24	EGM, People and Culture	People with lived experience of disability have membership on CHS Committees.
	3. Develop a pipeline of talent by participating in programs such as APSC Recruitability or Australian Network on Disability's Stepping Into Internship program.		EGM, People and Culture	Participation in APSC Recruitability is confirmed and advertised on the website.

Priorities	Actions	Timeframe	Responsibility	Success Measure
	<p>4. Enhance data collection to include:</p> <ul style="list-style-type: none"> • Number of people with disability applying for roles • Number of people requesting reasonable adjustments in recruitment process • Success rates of people with disability being offered roles • Number and type of reasonable adjustments provided and not provided (including the reason why not) • Levels of seniority of CHS team members with disability • Number of 'complaints' or decision review requests related to reasonable adjustment requests and time to resolve. 	2024 – 25	EGM, People and Culture with support from CIO	Reporting system is developed and data of people with disability is captured and analysed to improve policy and practice.



Our place

We remove barriers in our facilities, systems and processes to ensure that people with disability, their families and carers are able to easily and efficiently access services and opportunities within CHS.

Priorities	Actions	Timeframe	Responsibility	Success Measure
1. Our premises provide a dignified and accessible experience.	<ol style="list-style-type: none"> Undertake an accessibility audit, co-designed with and led by people with lived experience of disability across all CHS premises and facilities. Establish dignified access design principles for all fit outs and property design that incorporates consultation and input from employees and consumers with disability as well as carers/families and disability advocacy/representation organisations. Ensure CHS team members and clients are aware of complaints/issue identifying process. 	2022 – 23	EGM, Infrastructure and Health Support Services (IHSS)	<p>Accessibility audit completed across all CHS sites.</p> <p>Dignified Access Guidelines are adopted / created for CHS and considered in all purchasing, leasing or rental decisions.</p>
	<ol style="list-style-type: none"> Design and implement a plan, including funding and resources required, to address and improve on accessibility in all premises. This includes consideration of: <ul style="list-style-type: none"> Improving signage and wayfinding Parking, wheelchair accessibility and the option of 'drop off zones' for ease of access. 	2023 – 24	EGM, IHSS	<p>Premises portfolio is established which outlines CHS' premises features and barriers alongside an implementation plan to address recommendations.</p>

Priorities	Actions	Timeframe	Responsibility	Success Measure
	5. Operationalise sensory/low stimulation rooms and quiet spaces in the Canberra Hospital Expansion, including a low stimulation room in the Emergency Department, Stage 2 recovery in Operating Theatre suite, and a Family Respite Lounge.	2024 – 25	EGM, IHSS	Sensory/low stimulation rooms available for consumers.
2. Our technology makes it easier to access information.	1. Review Information and Communication Technology (ICT) policy/procedures to outline a systematic approach to how CHS will meet and exceed the provision of accessible technology, including process for consulting with people with lived experience for any ICT change/upgrade.	2022 – 23	CIO	Policy and procedure is reviewed and promoted to CHS team members responsible for implementing changes. CHS team members are offered training to enable them to upskill in accessible communications and marketing.
	2. Monitor and update system enhancements to CHS' intranet and external website to ensure we are compliant with current Web Content Accessibility Guidelines (WCAG) to Level AA at minimum.		EBM, Strategic Communications and Engagement	New content loaded to the CHS website is fully accessible with historical documents being systematically updated year on year until full accessibility is reached.
	3. Provision of accessible technology, including DHR, and process for consulting with people with lived experience for any ICT change/upgrade embedded.	2023 – 24	CIO	All CHS team members have access to accessible ICT resources.
	4. All content produced for intranet and website meet WCAG Level AA at a minimum (Priority 2, action 2).	2024 – 25	EBM, Strategic Communications and Engagement	CHS team members and community have access to accessible content on website and intranet.

Priorities	Actions	Timeframe	Responsibility	Success Measure
3. Our communication and marketing processes and practices are designed to deliver a consistently accessible and inclusive experience for employees, patients, consumers and stakeholders.	1. Develop a feedback mechanism to encourage input and suggestions to improve the accessibility of our communications and marketing.	2022 – 23	EBM, Strategic Communications and Engagement	Update brand and language style guidelines to include accessibility standards and instructions for meetings, events, digital content, intranet and public website content, publications, tools and templates.
	2. Review the current process for sharing information/resources with consumers, their families and carers.		EBM, Quality Safety Innovation and Improvement (QSII)	
	3. Review consumer consultation processes for consumer information. Ensure process includes health literacy measures that specifically address the needs of people with disability.		EBM, QSII	
	4. Provide access to alternative formats (e.g., Braille, large print, Easy English) of frequently used communications.	2023 – 24	EBM, Strategic Communications and Engagement	Alternative formats of frequently used communications are readily available.
	5. Represent people with disability in internal and external communications and marketing imagery.	2024 – 25		People with disability are authentically represented in CHS publications, e.g. Annual Report.



Our community

We are part of the community and ensure the voices of people with disability of all ages, and their families and carers, are heard and included.

Priorities	Actions	Timeframe	Responsibility	Success Measure
1. We engage with people with disability, their families and carers in service and infrastructure planning and evaluation.	1. Review processes for feedback and consult with people with disability, and their carers to co-design key patient-facing areas (e.g., Emergency Department, outpatient clinic spaces) to welcome people with disability (such as implementation of 'Sensory Rooms' and quiet spaces).	2022 – 23	EGM, IHSS	External feedback mechanisms have been reviewed and are accessible. Co-design process is completed. Carer-specific surveys undertaken with follow up focus groups as required.
	2. Embed co-design in new infrastructure planning and evaluation.	2023 – 24	EGM, IHSS	Co-design is embedded in new infrastructure planning and evaluation.
2. We are open and transparent in the implementation of this Disability Action and Inclusion Plan.	<ol style="list-style-type: none"> Lodge this DAIP with the Australian Human Rights Commission (AHRC). Promote the DAIP and raise awareness through success stories and case studies. Establish internal implementation working group to ensure progress against this plan including members with lived experience of disability and other intersectional representation. 	2022 – 23	EBM, Strategy and Governance with support from EBM, Strategic Communications and Engagement	<p>DAIP lodged with AHRC.</p> <p>Community and CHS team members are aware of DAIP including actions and responsibilities.</p> <p>Coordinated approach across divisions to implementing actions and advice provided by people with lived experience of disability to ensure actions reflect needs of the community.</p>

Priorities	Actions	Timeframe	Responsibility	Success Measure
	<p>4. Disability Health Reference Group overseeing implementation of ACT Disability Health Strategy and CHS DAIP (to be formed in 2023).</p> <p>5. Engage with the Disability Health Reference Group as an advisory committee of people with lived experience of disability, their families and carers, to consult with in the implementation of this plan.</p> <p>6. Undertake Australian Network on Disability's Access and Inclusion Index Comprehensive Self-Assessment annually to track progress.</p> <p>7. Include actions within annual Corporate Plan and Divisional Business Plans.</p> <p>8. Report back to community on progress through existing processes e.g. internet, social media, annual report.</p>	Ongoing	EBM, Strategy and Governance	<p>Progress of the DAIP is reported to the Disability Health Reference Group quarterly and feedback is integrated into approaches.</p> <p>Access and Inclusion Index Self-Assessment complete and baseline scores are documented internally.</p> <p>Actions are included in annual Corporate Plan and Divisional Business Plans.</p> <p>Community receives reports on progress in a way that is meaningful and transparent.</p>

