

Disability Action Plan

2023-2026



The Royal
Melbourne
Hospital

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Acknowledgements

Acknowledging First Nations People

The Royal Melbourne Hospital acknowledges the Kulin nations as the Traditional Custodians of the land on which our services are located. We are committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We thank any First Nations Peoples in their valuable time and contributions in sharing their lived experience to support the development of this plan.

Recognition of people with disability

The Royal Melbourne Hospital acknowledges the expertise and advocacy of people with disability. We thank them for their valuable time and contributions in sharing their lived experience to support the development of this plan.

The Royal Melbourne Hospital also thanks and acknowledges the expertise, support and contribution from Accessible Action in the development of this plan.



Message from the Board Chair

Mrs Linda Bardo Nicholls AO

At the Royal Melbourne Hospital our commitment to equitable access and inclusion for our consumers and our staff with disability is strong, as is our focus on removing the barriers that people with disability face every day.

The RMH Disability Action Plan 2019-2022, our first 'DAP', was developed in consultation with our internal Disability Working Group, which was informed by both lived experience and clinical practice. This plan was of course developed and launched pre-COVID. Despite the COVID-19 pandemic, we are pleased to report that great progress has been achieved with eight of the 14 actions completed and the remainder receiving renewed attention. Mindful that these plans are also informed by legislation, we can report that we are fully compliant.

Continuous improvement demands continuous change. I am now pleased to introduce Royal Melbourne Hospital's Disability Action Plan (DAP) for 2023-2026. Building on the work of the first plan, our second DAP continues our investment and commitment to inclusion, ensuring accessibility is not an add-on but an integral part of the day-to-day care and work experience of our consumers and staff.

By leading with the conviction that accessibility is everyone's responsibility, at the RMH we believe our new plan will enhance outcomes for people with disability, increase access to medical services, and develop both employee awareness and our capacity to include people with disability in all aspects of hospital life.

Our goal is to fully live the value of making the Royal Melbourne Hospital a great place to work and receive care.

In closing, I would like to express sincere gratitude to everyone who contributed to the development of the Disability Action Plan 2023-2026 and in particular acknowledge people with disability and their valuable insights, expertise and contributions that have informed the actions within this plan.

Together we can deliver on the commitment to continuing consultation, evaluation, and reviews to ensure we are making progress towards eliminating discrimination and enhancing access and inclusion for people with disability.

(Image is of RMH Board Chair – Mrs Linda Bardo Nicholls AO)



Spotlight on Brad O'Brien

“Everyone’s disability is unique.”

Meet Brad, one of the key consumer voices helping to improve inclusive care at the RMH.

Our Disability Action Plan has been shaped by many voices from the RMH and our wider community, including valuable input from consumer representatives like Brad O'Brien.

Brad’s journey with the RMH began back in 2016 after he sustained a severe spinal cord injury that left him with paraplegia.

“While I was at Royal Park I used to have visits from two lovely volunteers for the hospital,” Brad said.

“Both had MS (multiple sclerosis) and one of them, Audrey, suggested I get involved as a community engagement volunteer.”

Things quickly fell into place, as Brad began to play an active role as a volunteer, providing his own perspectives and insights to help shine a light on issues around access and inclusion.

In 2019, he was then asked to join our newly founded Disability Working Group, to help drive forward the vision of our first ever Disability Action Plan.

“The working group has people from right across the hospital system, and I’m one of two community engagement volunteers on that committee, along with Audrey,” Brad said.

“We discuss all things around disability and accessibility, and as consumers we are there providing advice on what changes could be made for services across the hospital.

“Everyone that has a disability - no matter whether it’s a person with a spinal cord injury, or a person with multiple sclerosis or autism – their disability are usually unique to themselves.

“So having consumers that have a wide variety of disability on board through working groups, forums and stakeholder engagement has really been fantastic.”

Brad also acknowledged many of the achievements that have been made since the launch of the RMH’s inaugural Disability Action Plan, which ran from 2019-2022.

“Though this plan was impacted by COVID-19, it has seen lots of positive developments such as the installation of new wayfinding signage around the hospital, charging points for electronic wheelchairs and scooters, and improvements with a disabled lift at the Royal Park campus - giving patients and visitors in wheelchairs and mobility issues safe access to the cafe and car park,” Brad said.

“Looking ahead, what will be really exciting is having an updated and comprehensive disability training package for staff to complete, helping to increase awareness of how to approach people with disability and how to service our specialty requirements.

“I commend the Royal Melbourne Hospital for undertaking the work and including consumers with a disability on the Disability Action Plan and in the consultation process and look forward to seeing the achievements that will come to fruition within this plan’s lifecycle.”

(Image is of consumer – Bradley O’Brien in an outdoor setting)



Spotlight on Professor Fary Khan

“RMH’s DAP is aligned to broader global initiatives aimed at tackling barriers in health for inclusive, equitable access”.

Meet Professor Fary Khan, one of the RMH’s Disability Champions making waves in rehabilitation medicine, research, disability-related innovative healthcare, and so much more.

Professor Fary Khan is Director of Rehabilitation at the Royal Melbourne Hospital and the lead Rehabilitation Medicine physician at Peter Mac Cancer Centre. She is a strong advocate for evidence-base practices and integrated care for people with a disability.

The launch of The RMH Disability Action Plan (DAP) 2023 - 2026, is an exciting step forward in removing barriers for people with disability, provision of equitable access and inclusion for our patients and our staff. This is aligned with the broader global focus around tackling the barriers in the health sector for inclusive, equitable access.

This RMH DAP is in alignment with the WHO Global Disability Action plan 2014–2021: Better health for all people with disability, which advocates strengthening and extending rehabilitation, pre-habilitation, assistive technology, assistance and support services, and community-based rehabilitation. In May 2023, the 73rd World Health Assembly, endorsed the WHO Resolution to ‘Strengthen Rehabilitation in Health Systems’. This landmark achievement recognizes Rehabilitation as being integral to universal health coverage, along with health promotion, prevention, treatment and palliation, and not as a strategy needed only by persons with disabilities.

The RMH DAP and the WHA resolution support equitable access to health care and recognize Rehabilitation as a core aspect of effective health care, which should be available to anyone with an acute or chronic health condition, impairment or injury that limits ‘functioning’ in everyday activities,

whether temporarily or permanently. Timely rehabilitation, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines alongside other health interventions, improve health outcomes. This initiative will create awareness of specific needs of persons with a disability and how Rehabilitation services contribute to the enjoyment of human rights, such as the right to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, the right to work and the right to education, consistent with the United Nations Convention on the Rights of Persons with Disabilities.

Professor Khan’s personal research interests are in clinical, translational and health services research in Rehabilitation, trauma and cancer care; and other health care areas. Being a clinician researcher, provides the ideal opportunity to conduct high quality research and translate evidence-based findings into practice for improved patient outcomes. She has also done significant work around access and strengthening Rehabilitation in health systems. In May 2023, the World Health Assembly endorsed the Resolution on ‘Strengthening Rehabilitation in health Systems’- which is a huge step forward for disability care globally.

She was inducted into the prestigious US National Academy of Medicine in 2022 for outstanding contribution to Rehabilitation Medicine and disability. She was elected as the Vice Chair of the International Society of Physical & Rehabilitation

Medicine (ISPRM) in 2022 with her nomination being endorsed unanimously by 70 National Rehabilitation Medicine Societies in all WHO regions.

In January 2022, Professor Fary Khan was awarded Member of the Order of Australia (AM) for her extraordinary service to rehabilitation medicine and research. This prestigious award is given in recognition of her significant contributions to the advancement in developing Rehabilitation Medicine and consistent contribution to building evidence-based practices in Rehabilitation (>450 scientific publications), promoting community-based rehabilitation programs and various models for health service delivery, developing measurement and clinical outcome evaluation, innovation in disability-related healthcare, building global capacity in rehabilitation medicine and leading the international task force for developing disaster relief for rehabilitation services.

(Image is of Professor Fary Khan shoulders and head in the frame)



Prof Fary Khan AM, MBBS, MD, FAFRM (RACP)

Director Rehabilitation, Royal Melbourne Hospital & University of Melbourne
& Peter MacCallum Cancer Centre Victoria

She is also the Inaugural Academic Fellow for the Australian Faculty of Rehabilitation Medicine (RACP), Executive Board Member of the Rehabilitation Medicine Society of Australia & New Zealand, and the Australian Representative for the Asia-Oceania Society of Neuro-Rehabilitation. She is an Executive member of various national and international committees including the WHO-ISPRM Liaison Committee, the UN-Caring Communities, the Women's Health Task Force, the Cancer Rehabilitation Network ISPRM, Disaster Rehabilitation Committee and ClinFIT Taskforce, and others.

RMH's Disability Liaison Service

RMH's Disability Liaison Officers (DLO) assist with:

- Access to services at the Royal Melbourne Hospital
- Work with healthcare teams to improve patient care when you visit hospital
- Access to services such as the National Disability Insurance Scheme (NDIS)
- Assist with communicating with a patient's different teams. This might be family and carers, people at the hospital, or community therapy services and specialist accommodation services.
- Make sure healthcare teams know about specific care needs
- Access to assessment and/or treatment for COVID-19

(Image is of RMH's RMH Disability Liaison Officers, Louise Mogg and Jenni Medland standing outside of the front of the RMH front entrance)



Staff perspectives

“As a carer of a child on the NDIS, I have appreciated the flexibility offered by my manager at RMH as I navigate new territory, attend appointments, and put other things in place that I hope will place my child in the best possible position to thrive”. – RMH employee

“As someone who is working at RMH and a wheelchair user, I have come across multiple barriers that negatively impact my experience as someone working at RMH. An example of this is elevated platforms that started surfacing in hospitals over the last few years as a design trend and purely for aesthetics. These elevated platforms stop me, and others, from being able to work alongside colleagues and do not foster an inclusive space or culture”. – RMH employee

“My manager has been excellent in accommodating flexible workplaces on an individual level, however, there is no formal process, training or organisational support about best methods for implementing accommodations and having an inclusive work environment”. – RMH employee

“During the application process, I shared my disability and accommodations, however, no-one read this on the application and then only asked one question at the end of the application process about “if there was any medical limitations of my ability to perform the role”. – RMH employee

“People with disability are great employees as well as consumers, having people with lived experience of disability being our nurses, ward clerks, doctors, support services and administrators I believe is the most effective way of having a more inclusive health service for all our consumers”. - RMH employee

“Six months into my role, our team was relocated to another building. There was no thought or consideration given around accessibility. My peers enter the building through the front door that has stairs and a lift that has not been working for a number of years, however this is not my experience. For me to enter the building, I need to do so through the skip loading dock with a number of confusing and incorrect signs. The loading dock is full of forklifts, trucks and heavy equipment which is weaving in and out of the same entrance that I use which is also often blocked. The message I take from this is that people with disability are not as valued as their non-disabled peers. I am tired of being “OK” about this solution and being treated the same as a piece of hospital equipment”. – RMH employee

About the Royal Melbourne Hospital

Our Strategy

The Royal Melbourne Hospital has a [Five Year Strategic Plan: Towards 2025](#), with five strategic goals being:

- Be a great place to work and a great place to receive care
- Grow our Home First approach
- Realise the potential of the Melbourne Biomedical Precinct
- Become a digital health service
- Strive for sustainability

Our Values

People First. Lead with Kindness. Excellence Together.

Our Purpose

Advancing health, for everyone, every day.

Community Promise

Always there when it matters most.

Our Commitment to improving access, equity and inclusion

The Royal Melbourne Hospital is committed to ensuring diversity, inclusion and equity for all people. This is an important part of achieving our vision, advancing health for everyone every day. The Disability Action Plan is one of the organisational priorities under RMH's commitment to improving diversity, access and inclusion.

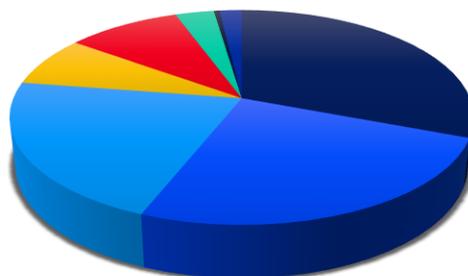
This work will also be undertaken alongside RMH's First Nations Steering Committee and RMH's LGBTIQ+ Steering Committee. The lead committee that is overseeing the actions in the plan will be the Partnering with Consumers (Standard 2) Committee. This work will take an intersectional approach, recognising that many people have overlapping identities that can impact unique experience of equity, inclusion and belonging.

We also have a specific focus on inclusion for our staff and volunteers which is outlined in the [RMH Diversity Equity Inclusion Action Plan 2022-2026](#). This was developed in consultation with staff from across our organisation.

Disability Prevalence

In 2018, the Survey of Disability, Ageing and Carers (SDAC) found that 4.4 million people in Australia have some form of disability.

People with disability by state or territory of usual residence
(#s000)



| | | |
|-----------------------------|-------------------------------------|----------------------|
| ■ New South Wales (1346.2) | ■ Victoria (1098.2) | ■ Queensland (938.1) |
| ■ South Australia (332.5) | ■ Western Australia (411.5) | ■ Tasmania (140.1) |
| ■ Northern Territory (20.7) | ■ Australian Capital Territory (80) | |

Aboriginal and Torres Strait Islander People with Disability

In 2018, there were 581,400 Aboriginal and Torres Strait Islander people in Australia living in households (excluding those in very remote communities). Of these people, almost one-quarter (24.0% or 139,700 people) had disability.

Autism

In 2018, there were 205,200 Australians with autism, a 25.1% increase from the 164,000 from 2015.

Psychosocial Disability Prevalence

Of the 4.4 million Australians with any disability over one-quarter (26.0%) had a psychosocial disability:

- 1,137,800 people, up from 1,045,900 in 2015
- 4.6% of all Australians, similar to 2015 (4.5%)
- 85.5% of those with psychosocial disability (972,100 people) had at least one other disabling condition
- 14.5% (165,400 people) had no other disabling condition, that is their psychosocial disability was their only disability.

Key Statistics¹

4.6% of Australians (1.1 million people) had psychosocial disability. Of these:

- 85.5% had at least one other disabling condition
- 38.8% had a profound limitation
- 24.1% experienced discrimination, up from 21.5% in 2015.

¹ Australian Bureau of Statistics (ABS) 2018, The Survey of Disability, Ageing and Carers 2018 viewed 2 May 2023

Our achievements to date

The Royal Melbourne Hospital launched its inaugural Disability Action Plan 2019 – 2022. This plan had a total of 14 actions under 4 main focus areas. Out of the 14 actions, 8 were completed.

Due to reprioritisation and impacts from staffing and operations of Covid-19, some of the actions were not completed. However, since then, several have been actioned (eg a significant website redevelopment), and others have been adopted into the new 2023 – 2026 plan.

Some of the actions that were not fully met included support from volunteers around mealtime, celebrating significant days for people with disability, increasing capability of staff and developing and successfully rolling out eLearning package around disability inclusion, engaging disability employment organisations, and reviewing the volunteer program with a disability lens.

Whilst COVID was a disruptor to the implementation of the inaugural plan and actions within, it also highlighted health disparities for people with disability. This catalysed a wave of innovation at RMH leading to the development of new technologies, tools, platforms, and practices that improved access and inclusion and will have a long-lasting impact and will continue to be leveraged in our day-to-day practices.

The pandemic enabled and accelerated the adoption of telehealth and although offering different challenges around accessibility, it allowed many more people to access health care.

Since our first DAP was developed, and largely due to the additional challenges thrown up through COVID, Disability Liaison Officer roles have been created and implemented. Initially these roles were government funded, with RMH now funding these positions as permanent roles. They have been of great assistance for consumers and families as they navigate healthcare journeys and have also served to raise awareness, and to educate staff about disability awareness regarding peer-to-peer and working in partnership with consumers, families, and carers.

Some of the work to date undertaken by the Royal Melbourne Hospital to improve access and inclusion for people with disability who are employees of RMH and people accessing our services includes:

- Developed and implemented organisational wide Dog Assistance Procedure/Policy including service dogs, assistance dogs, therapy dogs and pet dogs that is applicable to staff, patients and consumers.
- Analysis of patient experience data, including the revised Victorian Healthcare Experience Survey (VHES). The VHES now includes questions that relate more specifically to consumer perception of discrimination.
- Developed and successfully launched a precinct wide project that improves our ability to effectively document and provide ongoing care to patients and consumers who identify as living with disability. This informs planning and service provision.
- Partnered with consumers for the pre-planning (Stage One) of Arden Street Master Planning and Elizabeth Street Outpatients clinics to ensure the building design improves access to buildings, facilities, services and equipment.
- Developed and launched an e-learning package for staff on Autism in consultation with professionals and those with lived experience of Autism.
- Launched newly designed RMH website in February 2023 with Web Content Accessibility Guidelines (WCAG) Triple AAA accessibility, meaning it meets the standard of the most accessible content.

The Action Plan

The Royal Melbourne Hospital undertook a codesign process and conducted extensive consultation with community to inform the development of the plan. Details on the methodology and consultation are outlined in **Appendix One: The Development of 2023-2026 Disability Action Plan.**

The development of RMH's 2023-2026 Disability Action Plan is informed and underpinned by a range of legislation and policy frameworks, including international, national, and state-based. More details can be found in **Appendix Two: Legislative Context and Frameworks.**

Priority Areas

The five main priority areas with purpose statements that emerged from consultation are outlined below.

Knowledge, Attitudes and Practices:

To improve staff, patients, consumers and carers understanding of disability and inclusive practices, so all people with a disability are able to feel safe at work and safe and respected when accessing our health service.

Inclusive Employment:

For all our staff and volunteers to fully participate in meaningful work and progression. Our staff and volunteers feel safe and comfortable to bring their whole selves to work.

Built Environment and Physical Spaces:

Our patients, consumers, carers, visitors, and our staff can visit, access, and move around our facilities without barriers.

Access to Information:

The information we provide is accessible and easy to understand and in line with best practice standards.

Services and Programs:

Our patients, consumers, carers, visitors have equitable access to our services and programs and that we continue to identify and improve on how we make the experiences of people with disability more positive.

Monitoring and Accountability

The Royal Melbourne Hospital's Disability Working Group (DWG) will oversee, provide advice, and support the implementation around the actions with various staff across RMH responsible for the rest of the deliverables. The DWG meet monthly and additional oversight and support will be provided through RMH's Standard 2 Partnering with Consumers Committee and the RMH's Community Advisory Committee.

Reporting will include six-monthly updates to the Standard 2 Partnering with Consumers Committee on the implementation of the actions within the DAP. In addition, we will utilise tools such as the Australian Network on Disability (AND) Access and Inclusion Index Audit tool to evaluate our progress around access and inclusion for both staff and consumers with disability. RMH's annual report will provide an update on the plan's progress and evaluation. The RMH DAP will also be submitted to the Register of Disability Discrimination Act Action Plans.

Our 2023-26 actions

Knowledge Attitudes and Practices

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|---|--|--|--|--|--------------|
| 1 | Partner with people with disability to develop and deliver initiatives to raise awareness and achieve positive changes in attitudes about disability including mental health | 1.1 Raise awareness with staff, volunteers, and community of people living with invisible disability including psychosocial disability. | Chief Quality Officer | Community Engagement Manager | 2023 Ongoing |
| | | 1.2 Celebrate, acknowledge and actively participate in days, events and initiatives that celebrate people with disability and promote inclusion and equity. | Chief Operating Officer | Director Strategic Communications and Media Communications | 2023 Ongoing |
| | | 1.3 Create and publish a range of stories of people with disability – capturing staff and consumer voices in our training and celebration events. | Director Strategic Communications and Media Communications | Disability Liaison Officers/Community Engagement Managers | 2023 Ongoing |
| | | 1.4 Partner with consumers, patients, community and specifically people with disability in the development of RMH's Patient, Consumer, Carer and Community Engagement Strategy | Chief Quality Officer | Director Community Engagement and Patient Experience/Community Engagement Managers | 2024 |

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|---|--|---|--|--|--------------|
| 2 | Establish metrics to identify, measure and monitor progress and effectiveness (using tools such as Australian Network on Disability Access and Inclusion Index). | 2.1 Annual reporting on progress and outcomes in our Annual report. | Chief Quality Officer | Director Community Engagement and Patient Experience/Community Engagement Manager | 2024/2025 |
| 3 | Promote the DAP and the Disability Liaison Support team within the organisation and broader community | 3.1 Develop and promote video with liaison officers to create broader awareness about Disability Liaison Support service offering. | Chief Nursing Officer | Community Engagement Manager/Disability Liaison Officers/ Director Strategic Communications and Media Communications | 2023 |
| 4 | Build the capacity of staff and volunteers to better understand disability (including invisible disability) to better support and partner with people with disability in their care. | 4.1 Codesign and promote disability awareness training and resources in various formats (including micro-learning and eLearning opportunities) to increase staff capability and knowledge. | Chief Nursing Officer/Chief People Officer | Community Engagement Manager/ Diversity Equity Inclusion Consultant/ Disability Liaison Officers | 2023/2024 |
| 5 | Identify gaps and improve understanding of the NDIS for staff and volunteers. | 5.1 Increase understanding of the NDIS and how it works to ensure that people with disability receive appropriate support and that their NDIS plans are taken into account when developing healthcare plans. | Chief Operating Officer | Disability Liaison Officers | 2023 |
| | | 5.2 Work collaboratively with the NDIS and champion improvements (improvements to the NDIS system, such as changes to the assessment process or better communication from the NDIA (National Disability Insurance | Chief Executive | General Manager, Home First, Ambulatory and Community Care | 2024 Ongoing |

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|---|--------|--|-------------------|------------------|----------|
| | | Agency) with a particular focus on the Hospital- NDIS interface so that people with disability receive the support they need to maintain their health and wellbeing. | | | |

Inclusive Employment

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|---|--|--|-------------------------|---|--------------|
| 7 | Increase the visibility and representation of staff and volunteers with disability and improve safety in order to build confidence of staff to share their lived experience of disability. | 7.1 Increase visibility and representation of staff and volunteers with disability on the Disability Working Group and other strategic committees across RMH. | Chief Quality Officer | Diversity Equity Inclusion Consultant/ Director of Community Engagement and Patient Experience. | 2023-ongoing |
| | | 7.2 Promote stories of healthcare staff with disability | Chief People Officer | Diversity Equity Inclusion Consultant / Director Strategic Communications and Media Communications | 2024 |
| 8 | Improve data collection and analysis related to staff with disability | 8.1 Update our human resource systems to improve data collection to enable auditing of progression, pay equity etc in line with the Gender Equality Act and our Diversity, Equity and Inclusion Action Plan. | Chief Corporate Officer | Director People Systems and Technology | 2026 |
| 9 | Evaluate and improve employment outcomes (include volunteering) for people with disability. | 9.1 Support review of RMH recruitment practices for inclusive and equitable practices with a disability lens. | Chief People Officer | Recruitment team/Volunteer Coordinator/ Diversity Equity Inclusion Consultant | 2024 |
| | | 9.2 Share analysis of People Matter Survey and other staff consultations that consider needs and experiences of staff with disability on an annual basis with Disability | Chief People Officer | Diversity Equity Inclusion Consultant | 2023-2026 |

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|---|--------|--|--|---|----------|
| | | Working Group, Executive and other relevant stakeholders. | | | |
| | | 9.3 Develop and promote an organisational wide procedure to secure Job Access /Employment assistance Fund entitlements for new and existing employees. | Chief People Officer | Diversity Equity Inclusion Consultant | 2023 |
| | | 9.4 Promote our commitment to disability inclusion on careers and volunteering pages of RMH website and other channels like LinkedIn as appropriate | Director Strategic Communications and Media Communications | Diversity Equity Inclusion Consultant/Community Engagement Managers | 2023 |
| | | 9.5 Review and promote our Reasonable Adjustment Procedure. | Chief Policy officer | Diversity Equity Inclusion Consultant | 2024 |

Built Environment and Spaces

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|----|--|---|-----------------------------|--------------------------------|----------------|
| 10 | Partner with people with disability to identify, understand and improve access to spaces and facilities for people with disability accessing our services and for staff with disability. | 10.1 Partner with the Disability Working Group to review access to facilities on a 6 monthly basis. | Chief Corporate Officer | Director Facilities Management | 2023-Ongoing |
| | | 10.2 Explore options for low sensory stimulation spaces for staff and consumers with sensory processing differences; explore other options to reduce sensory stimulation where the environment cannot be changed e.g., disposable ear plugs | Chief Corporate Officer | Director Facilities Management | 2024 |
| | | 10.3 Improve signage as well as navigation through wayfinding support via our volunteers, staff as well as existing or new technologies at all RMH sites. | Chief Corporate Officer | Director Facilities Management | 2023-Ongoing |
| | | 10.4 Ensure appropriate equipment and processes including technology and people support are made available for people with disability (e.g. hoists, assistive technology) | Chief Operating Officer | Director Facilities Management | 2024 |
| 11 | Partner with people staff and consumers with disability to codesign new/redesigned spaces (using universal design principles). | 11.1 Move to coproduction and codesign involving people with disability in master planning and designing new infrastructure (i.e. wellbeing, safe, sensory/relaxation spaces). | Chief Redevelopment Officer | Director Facilities Management | 2024 - Ongoing |

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|----|--|---|-------------------------|--------------------------------|----------------|
| 12 | Advocate to improve access for people with disability (precinct wide focus). | 12.1 Advocate for drop-off, parking, and pick-up zones to be more accessible (i.e., pathways/curb-cuts, train/tram stops, and transit between precinct partners). | Chief Corporate Officer | Director Facilities Management | 2023 - Ongoing |

Access to Information

| # | ACTION | DELIVERABLE | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|----|---|--|--|------------------------------|--------------|
| 13 | Improve all information and resources to ensure accessible for people with disability | 13.1 Improve access and promote opportunities to Auslan services. | Chief Quality Officer | Cultural Diversity Manager | 2023 |
| | | 13.2 Build internal capability to write key communications and information in plain English. | Director Strategic Communications and Media Communications | Channel and Content Advisor | 2024 |
| | | 13.3 Ensure that all online content, such as websites, feedback mechanisms and patient portals, are accessible to individuals with disability (or alternative means are provided). | Director Strategic Communications and Media Communications | Channel and Content Advisor | 2024 |
| | | 13.4 Provide accommodations for people with varying communication needs and styles i.e. Augmentative and Alternative Communication (AAC). | Chief Operating Officer | Disability Liaison Officers | 2023-Ongoing |
| | | 13.5 Develop and promote best practice resources to improve accessibility and inclusion practices. | Chief Quality Officer | Community Engagement Manager | 2024 |
| 14 | Improve accessibility of mechanisms to provide feedback or make complaints | 14.1 Ensure that feedback mechanisms (and responses to feedback) are accessible, and include options for support to provide feedback | Chief Quality Officer | Consumer Liaison Manager | 2023 |

Services and Programs

| # | ACTION | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE | |
|----|---|---|-------------------------|--|--------------|
| 15 | Partner with people with invisible disability, physical disability and mental health conditions including psychosocial disability to improve patient experiences. | 15.1 Ensure that a disability lens (access and inclusion) applied to all service plans and projects, including Digital Health Steering Committee | Chief Quality Officer | Director Community Engagement and Patient Experience | 2023 |
| 16 | Implement and evaluate the Disability Identifier Tool to ensure that the self-identified needs of consumers inform care delivery. | 16.1 Embed disability identifier tool, gather and analyse data to monitor our effectiveness in partnering with patients with disability in their own care. | Chief Quality Officer | Director Community engagement and patient experience / Chief allied health informatics officer | 2023 |
| 17 | Conduct a data review of use of restrictive interventions utilising new data from the disability identifier to determine if people with disability are overrepresented. | 17.1 Use data analysis and new information to reduce restrictive interventions across the hospital. | Chief Quality Officer | Comprehensive Care Standard Lead | 2025 |
| 18 | Reduce and or remove barriers for people with disability accessing services and programs offered | 18.1 Better understand the barriers to access to clinics across Parkville and Royal Park Campus for people with a disability and trial changes to improve access that meets individual patient needs (might include flexible scheduling or longer consultations) | Chief Operating Officer | Operations Director, Specialist Clinics | 2025 |
| | | 18.2 Partner with First Nations Health Unit to improve experiences with First Nations patients with disability | Chief Nursing Officer | First Nations Health Unit Manager | 2024-Ongoing |

| # | ACTION | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE | |
|----|--|---|-------------------------|---|--------------|
| | | 18.3 Partner with LGBTIQ+ Navigators to improve experiences LGBTIQ+ people with disability | Chief Operating Officer | Disability Liaison Officers/LGBTIQ+ Navigators | 2024-Ongoing |
| | | 18.4 Promote mental health services and supports that are accessible to people with disability | Chief Operating Officer | Disability Liaison Officers | 2024-Ongoing |
| 19 | Strengthen our partnerships across the precinct | 19.1 Increase collaboration and share resources. Regularly meet with peers to improve experiences for people with disability. | Chief Quality Officer | Community Engagement Manager | 2023-Ongoing |
| | | 19.2 Develop and implement processes to improve the experience of transition of care from paediatric services | Chief Quality Officer | Community Services Manager | 2024 |
| 20 | Partner with people with disability to understand the experiences of patients with disability to improve accessible and appropriate information and shared decision making | 20.1 Partner with people with disability using co-design principles to identify opportunities to provide accessible information in support of continuity of care, informed consent and shared decision-making about health and wellbeing. | Chief Nursing Officer | Community Engagement Manager | 2023-Ongoing |
| 21 | Identify unmet needs of staff and patients with disability to engage with broader community services sector and external agencies to establish partnerships and referral options for better health outcomes. | 21.1 Establish clear and standard practices that includes roles and responsibilities for all RMH clinical teams about how we work with people with a disability, the NDIS and the | Chief Operating Officer | Disability Liaison Officers, General Manager / Home First | 2024 |

| # | ACTION | EXECUTIVE SPONSOR | OPERATIONAL LEAD | TIMELINE |
|----|--|---|--|----------|
| | NDIS supports and services to ensure that people with disability receive the support they need and that their NDIS plans are implemented effectively. | | | |
| | 21.2 Identify and improve referral pathways for specialised support and share information about other mental health services, family violence services, and supports available for people with disability. | Chief Operating Officer | Disability Liaison Officer / Social Work Manager | 2024 |
| 22 | Amend procurement practices to consider whether suppliers have Disability Action Plans, Access and Inclusion plans etc. | 22.1 Review our procurement policy to include social/ethical purchasing. Chief Corporate Officer | Procurement Manager | 2025 |

Glossary

Disability Concepts and Definitions

With the ever-changing landscape of disability in our community, we have included several concepts to bring awareness to them and their meaning.

The Royal Melbourne Hospital (RMH) is committed to equitable access and inclusion for people with disability and we adopt the **definition of disability** from The United Nations:

Disability includes long-term (lasting 6 months or more) physical, mental health, intellectual, neurological or sensory impairments which, in interaction with various attitudinal and environmental barriers, may hinder full and effective participation in society on an equal basis with others.

Intersectionality

As an important part of diversity and inclusion, intersectionality is defined by how different parts of a person's identity, social location and relation to power can overlap and cause multiple factors of disadvantage. Recognizing that characteristics such as sexual orientation, ethnicity, age, and gender can intersect to form the 'whole person' beyond their disability.

Ableism

At its core, Ableism refers to discrimination against people with disability focusing on the concept that people with disability are less valuable in society than people without disability. It also includes harmful stereotypes and language, and misconceptions about people with disability, such as assuming what people with disability can or can't do in their day to day lives.

Ableism often occurs without people knowing or understanding that they are doing it. In behaving in an ableist way, it can unintentionally originate from the outdated 'medical model of disability' where people with disability needed to be 'fixed' or 'cured' in order to participate in society.

Invisible Disability is a term that is can also be referred to as hidden or non-visible disability (NVD), invisible disability are conditions that significantly impair daily living activities yet are not immediately apparent to others. It's a broad term that encompasses a wide range of health concerns and disorders.

The Social Model of Disability

The United Nations Convention on the Rights of Persons with Disability (UNCRPD) promotes the social model of disability and reaffirms that all people with all types of disability must enjoy all human rights and fundamental freedoms. This includes people with invisible disability, chronic illness, rare diseases, psychosocial disability, and even temporary disability.

The social model of disability promotes accessibility and opportunity and focuses on ensuring people with disability experience greater independence, choice, and control. In moving away from the medical model of disability, we recognize it is the barriers society puts in place that make it harder for people with disability to participate on an equal basis.

At RMH, we acknowledge that the environments we operate in may not always consider the social model of disability. We are committed to the social model of disability as one where access and inclusion is everyone's responsibility and endeavor to embed this concept into our way of working moving forward.

The Human Rights Model of Disability

The Human Rights model of disability confirms that disability is a natural part of human diversity and that people with disability have the same rights as everyone else. A person with disability must not be denied or restricted in accessing their rights due to an impairment, or any part of a person's disability.

Person-first language is language that puts themselves as a person before their individual disability, such as being a *person with disability*.

Identity-first language is language that connects with the concept of the social model of disability, where people are 'disabled' by society and are referred to as a *disabled person*.

For the purpose of our plan, we use *person-first* language with the aim to take a person-centred approach however acknowledge that language preference for people with disability is personal, assumptions should not be made and personal preferences should be guided by the individual.

Categories

The categories and definitions of disability outlined below are from the Disability

Discrimination Act 1992 and the Disability Standards for Education 2005.

- Physical disability
- Cognitive
- Sensory
- Social/Emotional

Appendix One: Development of 2023-2026 Action Plan

Methodology

The RMH engaged an independent consultant (Accessible Action) to support the development of our new Action Plan.

The consultant undertook an analysis and review of legislation, current policies, practices and a outcomes and impact assessment of RMH's former Disability Action Plan 2019-2022. This included a detailed data and gap analysis, best practice frameworks and consultation. They also led the consultations to ensure stakeholders felt safe, confident, comfortable to provide honest feedback.

The RMH Disability Working Group, sits under RMH's Standard 2 Partnering with Consumers Committee. The Disability Working Group played a vital role in the co-design of the design and development of this Action Plan. The methodology, stakeholder groups and topics for discussion as part of the consultation were determined by the Disability Working Group with the support of the consultant.

A series of consultations were held with internal and external stakeholders during January, February and March 2023 to identify existing and potential gaps and areas for improvement in the area of disability. A flexible approach was taken with various opportunities for involvement such as a survey, online and face to face workshops, and one to one interviews. This ensured that there was sufficient opportunity to capture the valuable experiences of people with disability and other key stakeholders.

The focus of the topics within the consultation included:

1. Access to Employment
2. Access to the Built Environment
3. Access to Information
4. Access to Services and Programs

The stakeholders provided feedback on a variety of issues and concerns, with some overlap and common themes that were centred in the development of this Plan.

Internal stakeholder consultations

At the internal consultation sessions, participants discussed the definition of disability, legal requirements, and the social model of disability was explained. All workshops focused on the understanding of what worked well, what could be improved and what needs to be done differently in the future.

These sessions included volunteers, staff from across the hospital of different disciplines, and specific sessions for various teams and areas including the Community Advisory Committee, executive leadership team, North Western Mental Health Consumer and Carer Advisory Group, North Western Mental Health Safety and Inclusion Committee, and the Standard 2 Partnering with Consumers Committee.

External stakeholder consultations

Consultations were held with multiple groups, and this included people with disability, carers of people with disability, disability advocates, service providers, and support organisations. These groups were also informed of the definition of disability and the legal requirements of why RMH are committed to access and inclusion. All workshops focused on the understanding of what worked well, what could be improved and what needs to be done differently in the future.

These sessions involved people with disability, carers of people with disability, community advocates, service providers, consumer representatives of RMH, and other community members committed in improving access and inclusion. There were over 60 people in attendance at the external workshops (face to face and online) and 10 individual interviews undertaken.

Appendix Two: Legislative context and frameworks

The development of RMH's 2023-2026 Disability Action Plan is informed and underpinned by a range of legislation and policy frameworks, including international, national, and state-based.

United Nations

The Convention on the Rights of Persons with Disability (CRPD) is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disability. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by persons with disability and ensure that they enjoy full equality under the law.

The CRPD promotes the social model of disability and reaffirms that all people with all types of disability must enjoy all human rights and fundamental freedoms. Australia was one of the original countries that ratified the Convention in 2008. One of the key aspects of the CRPD is outlined in Article 13.

Disability Discrimination Act 1992

Under the Federal Disability Discrimination Act 1992 (DDA), an Access & Inclusion Plan provides an effective framework to meet the legislative requirements and assists the organisation in addressing existing or potential barriers, provide equity of access to premises, services, programs, information, communication and employment processes and systems.

Australia's Disability Strategy

Australia's Disability Strategy 2021 – 2031 is the second national strategy. The first National Disability Strategy was developed in response to the United Nations Convention of the Rights of Persons with Disability post ratification in 2008, to ensure that a collective approach across multiple government agencies.

The Strategy is a national framework that all governments in Australia have signed up to. It sets out a plan for continuing to improve the lives of people with disability in Australia over the next ten years.

The Victorian Disability Act

Under the Victorian Disability Act 2006 it is a legislative requirement for all public sector bodies to prepare a Disability Action Plan (AIP). Under Section 38, a plan should be developed for the purpose of –

- a) reducing barriers to persons with disability accessing goods, services, and facilities.
- b) reducing barriers to persons with disability obtaining and maintaining employment.
- c) promoting inclusion and participation in the community of persons with disability.
- d) achieving tangible changes in attitudes and practices which discriminate against persons with disability.

The Victorian Disability Act 2006 is being reviewed to reflect Victoria's role under the changed model of Disability funding with the NDIS. The new [Disability Inclusion Bill](#) is currently in an Exposure Draft, with the aim to be released by the end of 2023.

Access to Premises Standard

The Disability (Access to Premises – Buildings) Standards 2010 ([Premises Standards](#)) is **legislated under the Disability Discrimination Act 1992**. The purpose of the Premises Standards is to make sure: people with disability (and their family members, carers and friends) have equal access to public buildings.

Additional Legislation, Policy and Frameworks

- [The Australian Human Rights Commission Act 1986](#)
- Disability and Social Services Regulation Amendment Act 2023 (Vic)
- Royal Commissions – [Mental Health & Disability](#)
- [National Disability Insurance Scheme Act 2013](#)
- [Fair Work Act 2009](#)
- [Victorian Carers Recognition Act 2010](#)
- [Victorian Gender Equality Act 2020](#)
- [Victorian Equal Opportunity Act 2010](#)
- [Victorian Worksafe Act](#)
- [RACGP Guidelines](#)
- [National Health and Medical Research Council](#)



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