Central Adelaide Local Health Network

Disability Action and Inclusion Plan 2020 - 2024

(Updated September 2022)

Government of South Australia

Health
Central Adelaide
Local Health Network

Acknowledgement of Country

Central Adelaide Local Health Network acknowledges and respects Aboriginal people as the State's first people and recognises their traditional relationship with Country.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that the cultural and heritage beliefs, languages and laws are still of importance today.

Contact details

The CALHN Disability Access and Inclusion Plan (DAIP) 2020 – 2024 is available on our corporate website https://centraladelaide.health.sa.gov.au/ and can be made available in other accessible formats and languages upon request.

You can contact us by emailing Health.CALHN_IC_BusinessOperations@sa.gov.au

A message from our Chief Executive Officer

It is with great pleasure that I present the Central Adelaide Local Health Network's Disability Access and Inclusion Plan (DAIP) for 2020 – 2024.

Our Plan supports the State Disability Inclusion Plan Inclusive SA to improve the lives of people living with disability and articulates strategies and actions to achieve this to guide and foster a genuinely inclusive environment for all of our consumers, their carers, families and our staff.

To achieve these five key themes have been developed and consulted on, they are:

1. Inclusive communities for all
2. Leadership and collaboration
3. Accessible communities
4. Learning and employment
5. Partnering in health care

We will hold ourselves accountable for ensuring that people living with disability who use our services are engaged in developing our policies, procedures and health services, and have equal access to our services and inclusion in our workplaces.

There are great benefits that come with genuine inclusivity. We recognise that full inclusion of people with disability in both our health services and the community will require a shift in culture and attitudes.

Key to the development of this Plan was consultation with people living with disability, their carers and families and CALHN staff to identify opportunities to create a more inclusive health service experience. The principles, strategies and actions for disability inclusion in this Plan are intended to enhance the whole health system and improve our commitment to person centred care.

We will monitor our progress against this Plan and continue to identify ways of ensuring our commitment to create a supportive and inclusive environment for all. I encourage you to read the Plan and actively work together towards progressing better access and inclusion in our workplaces and services.

Lesley Dwyer
Chief Executive Officer
Central Adelaide Local Health Network

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About the Local Health Network

The Central Adelaide Local Health Network (CALHN) provides care for more than 495,000 people living in the central Adelaide metropolitan region and a significant number of others from rural, remote, interstate and overseas locations who access the Network's highly specialised, Statewide services.

The Network brings together the Royal Adelaide Hospital (RAH) as a major quaternary facility, TQEH as a general hospital, Hampstead Rehabilitation Centre (HRC) and St Margaret's Hospital (SMRH), and Glenside Hospital for acute and community mental health rehabilitation, and a number of intermediate health services focusing on providing safe care in the community, supporting hospital avoidance and hospital substitution.

CALHN also governs a number of Statewide services including SA Dental Service (SADS), SA Prison Health Service (SAPHS), SA Cancer Service (SACS), DonateLife SA (DLSA), and Statewide Clinical Support Services incorporating BreastScreen SA (BSSA), SA Pathology, SA Medical Imaging (SAMI) and SA Pharmacy.

Staff profile

CALHN has more than 15,000 skilled staff who provide high quality patient care, education, research and health promotion services.

As of August 2022, 0.84% of the total CALHN workforce had a declared disability.

Note: This number will differ from the number used to derive the % of employees who have declared a disability because the reported number will include employees irrespective of having had worked in the last reporting period, irrespective of appointment types and declared absences.

We are committed to workforce diversity and reducing the barriers that prevent full participation at work for people with disability through ensuring an accessible workplace and technologies.

Our Vision

Our vision is to shape the future of health with world-class research and to be one of the top five performing health services in Australia and one of the top 50 health services in the world within five years. Upholding the rights of people living with disability to access quality health care will help CALHN to provide a more inclusive service for people living with disability.

Our Plan describes the strategies and actions that we will put in place to ensure that people living with disability have equal access to quality care and health services, events, buildings and facilities, consultation, complaint processes and employment. This Plan has included input from CALHN consumers who live with disability as well as their carers.

We are committed to building on the work we have already undertaken and will actively work together to foster a genuinely inclusive environment for all of our patients, their families, carers and our staff.

Strategic Context

The *Disability Inclusion Act 2018* (SA) supports the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) acknowledging that people living with disability have the same human rights as other members of the community.
Our DAIP sets out the actions we will take over the next four years to achieve a more inclusive Local Health Network. Our actions align to the key themes and priorities in the State Disability Inclusion Plan.

Disability Defined

The *Disability Inclusion Act 2018* (SA) defines disability in relation to a person as including long-term physical, psychosocial, intellectual, cognitive, neurological or sensory impairment, or a combination of any of these impairments, which in interaction with various barriers may hinder the person's full and effective participation in society on an equal basis with others.

Implementing the DAIP

The Disability Inclusion Bill 2018 is explicit in describing community and service responsibilities in addition to content of a DAIP.

The Bill is "An Act to promote the full inclusion in the community of people living with disability; to assist people living with disability to achieve their full potential as equal citizens; to promote improved access to mainstream supports and services by people living with disability". It further notes its intent "to provide for responsibilities of the state during and following the transition to the National Disability Insurance Scheme". (SA Disability and Inclusion Bill 2018, Pg1)

Core to implementing and leading the CALHN DAIP will be how consumers and staff who live with disability are included and partnered with. Once consumers endorse the Plan, each service and division within CALHN will be responsible for implementing and evaluating their actions.

CALHN's DAIP explicitly details the role of leadership and staff. Leadership is important to increase understanding of the intent of the plan, actions to be undertaken and service planning to ensure high quality responsive services.

National Safety And Quality Health Service Standards (NSQHSS)

The eight National Safety and Quality Health Service Standards (NSQHSS) are a nationally regulated framework of standards developed by the Australian Council of Healthcare Standards (ACHS). ACHS drives the implementation of safety and quality systems, and improves the quality of health care in Australia.

The eight NSQHS that inform and guide the work of CALHN's services are:

- Standard 1: Clinical governance
- Standard 2: Partnering with consumers in their care
- Standard 3: Preventing and controlling healthcare – associated Infections
- Standard 4: Medication safety
- Standard 5: Comprehensive care
- Standard 6: Communicating for safety
- Standard 7: Blood management
- Standard 8: Recognising and responding to acute deterioration

CALHN Actions

Ensuring that the rights of all people, including those who live with disability, is the responsibility of the whole community and requires a statewide response.

People who live with one or more disabilities should be able to access and participate in all aspects of our society, including using mainstream services and programs. Most people take the ability to go about daily life for granted.

Social inclusion is also fundamental to one's quality of life and critical to achieving positive life outcomes across all domains.

CALHN is committed to the implementation of this DAIP and is dedicated to supporting people who live with disabilities. It does this by promoting the Network as disability-friendly, improving physical access to buildings and facilities for people with disability, and improving disability awareness and understanding among staff, consumers and volunteers.

Monitoring review and reporting process

The CALHN NDIS Disability and Governance Group and the Executive Quality Governance Committee will monitor progress of CALHN DAIP 2020 - 2024. An annual report will be provided to the Chief Executive, Department of Human Services.

The Plan

Theme One: Inclusive communities for all

Social inclusion is a priority for people living with disability as it affects all aspects of their lives. It is our aim that the contributions and rights of people living with disability are valued and understood by all South Australians and that their rights are promoted, upheld and protected. We also want to ensure that people living with disability are supported to advocate for their own rights.

CALHN will support social inclusion, promote, and uphold the rights of people with disability through the following actions:

Priority 1: Involvement in the community

No.	Actions	Responsible Lead	Timeframe	Measurable Target
1.1	Internal and external events organised by CALHN meet the needs of people living with disability	CALHN event organisers	Ongoing	Internal and external events are held in accessible venues and meet the access requirements of attendees. Events plans and checklists for staff to use when planning events include information regarding access for people living with a disability in a variety of formats.

Priority 2: Improving community understanding and awareness

No.	Actions	Responsible Lead	Timeframe	Measurable Target
2.1	CALHN staff and volunteers are aware of the rights and needs of people living with disability and the relevant policies and requirements of the Disability Services Act.	Executive Director Workforce Management and Reform	Ongoing	Disability awareness training is included in the orientation package for all new CALHN staff from 1 March 2021. 100% completion rate for mandatory Disability Awareness and Inclusion online training within the first three months of employment.

Priority 3: Promoting the rights of people living with disability

No.	Actions	Responsible Lead	Timeframe	Measurable Target
3.1	CALHN staff respond to consumer complaint and feedback through a variety of formats.	Executive Director Nursing and Patient Experience	Ongoing	Staff are educated on, actively promote and use the complaint and feedback systems.
3.2	Consumer complaint and feedback systems used by staff and consumers regarding consumer experience of care are simple flexible and accessible	Executive Director Nursing and Patient Experience	Ongoing	The system for consumer feedback is understood and accessible.
3.3	Ensure HR policies are referenced to include disability training and orientation packages that are delivered at induction and available on CALHN Learning Central	Executive Director Workforce Management and Reform	Ongoing	CALHN will maintain and promote its policies, codes of conduct and strategies that prohibit discrimination, harassment and victimisation of staff, consumers, carers and visitors who live with disability. [NSQHS Standard 1] 100% completion rate for mandatory Disability Awareness and Inclusion online training.
3.	Promote the use of the SA Health NDIS Serious Reportable Incident Policy Guideline to all CALHN staff.	Executive Director Clinical Governance	Ongoing	Systems are in place for staff to report NDIS incidents. An internal process for CALHN which supports and enables identification of incidents/discrimination against people who live with disability by CALHN staff is in place and actively used.

Theme Two: Leadership and collaboration

People living with disability want to have a greater role in leading and contributing to government and community decision-making. It is our aim that the perspectives of people living with disability are actively sought and that they are supported to participate meaningfully in government and community consultation and engagement activities.

CALHN will support people with disability to have a greater role in influencing government and community decision making and participating in consultation through the following actions:

Priority 4: Participation in decision-making

No.	Actions	Responsible Lead	Timeframe	Measurable Target
4.1	Ensure staff and managers are aware of the process and provide assistance with applying for and the ability to participate in individualised funding for disability care and resources.	CALHN Allied Health Leads, Clinical Program Leads and Service Directors	Ongoing	100% of people who live with disability have the knowledge and information required to participate in an individualised funding plan.
4.2	Consumers and carers are engaged in the development and review of the DAIP by seeking their advice, incorporating their feedback and endorsement of the plan.	Executive Director Allied Health	Ongoing	The CALHN DAIP is endorsed by consumers and carers. [NSQHS Standard 2] The CALHN DAIP is monitored against NSQHS, actions, and report findings to the Executive Sponsor on a quarterly basis.
4.3	Strengthen CALHN's consultation processes to increase active engagement and meaningful participation of people who live with a wide range of disabilities in decision making through best practice community engagement and participation processes.	Executive Director Allied Health	Ongoing	Engagement opportunities are promoted to consumers such as Lived Experience and Consumer representative roles, volunteer roles and service planning/focus groups. CALHN works in partnership with Aboriginal and

				Torres Strait Islander communities. Participants are aware of opportunities.
4.4	CALHN Partnering with Carers processes and procedures are aligned with The SA Health Partnering with Carers Strategic Action Plan 2017-2020	Executive Director Allied Health	Ongoing	Policies and procedures recognise and support carers. [NSQHS Standard 2]
4.5	Encourage CALHN staff who live with a disability to have a greater role in decision making	Executive Director Workforce Management and Reform CALHN Executive, Clinical Program Leads and Service Directors	Ongoing	Engagement opportunities are promoted to CALHN staff who live with a disability
4.6	Provide information on Advance Care Directives (ACD) to consumers who identify as Aboriginal or Torres Strait Islander.	CALHN Clinical Program Leads and Service Directors Director Aboriginal Health and Research Translation	Ongoing	Communication needs are considered and ACD information is provided to Aboriginal and Torres Strait Islander people and their carers. (NSQHS Standard 2]

Priority 5: Leadership and raising profile

No.	Actions	Responsible Lead	Timeframe	Measurable Target
5.1	CALHN maintains and enhances positive relationships with disability service providers, NGOs, Aboriginal Community Controlled Health Services and CALD community organisations facilitating streamlining of services and reduction of barriers.	Executive Director Allied Health CALHN Clinical Program Leads and Service Directors Director Aboriginal Health and Research Translation	Ongoing	Relationships strengthened with disability service providers, NGOs, Aboriginal Community Controlled Health Services and CALD community organisations Care plans demonstrate clinician

No.	Actions	Responsible Lead	Timeframe	Measurable Target
				engagement in processes and systems that support services to patients with disability. [NSQHS Standard 1 & 2]
5.2	Develop and implement a submissions and consultation framework mechanism across CALHN.	Executive Director Allied Health	Ongoing	CALHN NDIS and Disability Governance Committee establish a mechanism for consultation and submissions.
5.3	Promote options for teleconferencing and web forums with consumers and disability and complex care staff.	CALHN Clinical Program Leads and Service Directors	Ongoing	Factsheets/pathways developed for staff and consumers to understand telemedicine options.

Priority 6: Engagement and consultation

No.	Actions	Responsible Lead	Timeframe	Measurable Target
6.1	The CALHN NDIS and Disability Governance Committee establishes engagement and consultation mechanisms with all disability groups for participation in decision making of development, implementation and review processes.	Executive Director Allied Health	Ongoing	A DAIP action plan is developed, and actions monitored by the CALHN NDIS and Disability and NDIS Governance Committee. An annual report is provided to the CE DHS by 31st of October each year. A process is established for CALHN service leads to report on progress of the DAIP actions to the NDIS & Disability Governance Committee on a quarterly basis to inform the annual report to CE DHS.

Theme Three: Accessible communities

The accessibility of the built environment, quality services and information are key to ensuring people living with disability are included and have the opportunity to equally participate in all aspects of community life. It is our aim to increase accessibility to public and community infrastructure, transport, services, information, sport and recreation and the greater community.
CALHN will help increase access to its buildings and services through the following actions:

Priority 7: Universal Design across South Australia

No.	Actions	Responsible Lead	Timeframe	Measurable Target
7.1	Work with building owners/lease managers and consult with appropriate stakeholders to ensure CALHN leased sites (offices and public buildings) meet relevant Standards.	Executive Director Capital Projects and Planning Director Operational Services	Ongoing	100% of new or redevelopment works provide access to people who live with disabilities.
7.2	Consumer and Carer consultation is sought regarding accessibility and functionality in the planning and ongoing use CALHN sites.	Executive Director Capital Projects and Planning Director Operational Services	Ongoing	Consumers and Carers are engaged in planning and contribute to service building and design.
7.3	Develop a capital works plan to address accessibility within CALHN facilities.	Executive Director Capital Projects and Planning	Ongoing	All buildings and facilities including examination/ consult rooms and toileting areas are physically accessible to people who live with disabilities.
7.4	Review disabled parking requirements at all CAHLN facilities and increase the number of available spaces close to the front of services to accommodate demand. Monitor disability parking for sufficient space around disabled car parks and that ramps are convenient.	Executive Director Capital Projects and Planning Director Operational Services	March 2023	Disabled parking access will be reviewed as services are redesigned and moved and will not be limited to what is prescribed by standards / code.

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7.5	Review evacuation procedures, emergency plans and associated training material to ensure the requirements of people who live with disability are adequately addressed.	Executive Director Capital Projects and Planning Director Operational Services	March 2023	Evacuation procedures and emergency plans include provision for people who live with a wide range of disabilities.
7.6	Information about physical access for people who live with disability is available from the CALHN website.	Director Operational Services	Ongoing	A way-finding strategy to ensure clearly signed, safe and accessible paths of travel throughout all CALHN facilities and grounds is developed. Clear and inclusive language and other formats are used.
7.7	Ensure appropriate seating, rest areas, and toileting facilities for consumers and carers throughout CALHN facilities.	Executive Director Capital Projects and Planning Director Operational Services	Ongoing	Visitors/patients with reduced mobility or endurance have access to rest stations throughout CALHN facilities. [NSQHS Standard 2]
7. 8	Engage with consumers to identify and review gaps and make recommendations where additional equipment is required throughout our facilities to meet needs of people who live with disability.	Executive Director Capital Projects and Planning Director Operational Services	Ongoing	Consumers are consulted, gaps are identified in equipment procurement requirements and included in an action plan.
7.9	Improve wheelchair access across RAH & TQEH to facilitate easy access to services.	Executive Director Capital Projects and Planning Director Operational Services	March 2023	Gap analysis of wheelchair availability is conducted across sites and there is an increase in access.

Priority 8: Accessible and available information

No.	Actions	Responsible Lead	Timeframe	Measurable Target
8.1	Review patient pre-admission assessment to ensure patients have the opportunity to indicate special requirements.	CALHN Clinical Program Leads and Service Directors	Ongoing	100% Admission forms changed to include special requirements
8.2	Provide access to services and information for people who are housebound, or rural and remote via Web or telephone services.	CALHN Clinical Program Leads and Service Directors	Ongoing	50% increase in use of web or telephone based services
8.3	Ensure staff have access to and training on the use of voice recognition software when needed.	Executive Director Workforce Management and Reform	Ongoing	Improve access to services with the use of assistive technologies, equipment and facilities. [NSQHS Standard 2]
8.4	Ensure all publications, information and marketing material use inclusive language, correct symbols and suitable colours.	Executive Director Corporate Affairs	Ongoing	Information is developed for the CALHN website and intranet on access to facilities and prominently featured on the CALHN home page. [NSQHS Standard 2] Consumers and carers, review consumer information sheets and marketing material in a variety of formats, for accessibility and representation of people who live with a range of disabilities.
8.5	The corporate website, intranet and online services meet and maintain Web Content Accessibility Guidelines 2.0 AA compliance.	Executive Director Corporate Affairs	Ongoing	Website/intranet projects include Web Content Accessibility Guidelines 2.0 AA compliance as a mandatory requirement.

8.7	Information about physical access and wayfinding for people with disability is available on the CALHN website.	Director Operational Services	Ongoing	A way-finding strategy is in place to ensure clearly signed, safe and accessible paths of travel throughout all CALHN facilities and grounds. Clear and inclusive language and other formats are used.

Priority 9: Access to services

No.	Actions	Responsible Lead	Timeframe	Measurable Target
9.1	Ensure all online training, publications, the CALHN Web page and education resources comply with content accessibility and relevant guidelines for disability.	Executive Director Corporate Affairs	Ongoing	All publications, information and marketing material use inclusive language, correct symbols and access information and where possible assistive technologies are utilised. Information about how to request information in alternative formats is included in core business/templates and website.
9.2	Participation in services by people who live with a disability is increased through transport and care support.	CALHN Clinical Program Leads and Service Directors	Ongoing	Consumers, carers, family members and CALHN staff report increased access and participation.
9.3	Promote the availability of AUSLAN interpreters.	Executive Director Corporate Affairs	Ongoing	Staff are educated and resources readily available on how to book an AUSLAN interpreter for patients and/or their carers.

Theme Four: Learning and employment

Workforce participation is fundamental to social inclusion. It provides economic independence and choice, social connections and friendships, value, identity and belonging. It is our aim that people living with disability have access to inclusive places of study and that education and

training provides pathways to meaningful and inclusive employment and volunteering opportunities.

CALHN will undertake the following actions to foster learning and employment opportunities for people with disability:

Priority 10: Skill development through volunteering and support in navigating the pathway between learning and earning.

No.	Actions	Responsible Lead	Timeframe	Measurable Target
10.1	Promote volunteer and consumer representative opportunities to consumers and/or carers who live with disability.	Executive Director Workforce Management and Reform	Ongoing	Pathways to volunteering and consumer representative roles are promoted.

Priority 11: Improved access to employment opportunities and better support within workplaces

No.	Actions	Responsible Lead	Timeframe	Measurable Target
11.1	HR policies associated with disability, access and/or inclusion are reviewed.	Executive Director Workforce, Management and Reform	Ongoing	100% HR policies and procedures support accessibility and inclusion
11.2	Implement the SA Public Sector Diversity & Inclusion Strategy 2019-2021 across CALHN.	Executive Director Workforce, Management and Reform	Complete	Develop a CALHN action plan to align current and future work to the key priority areas and goals contained within the Diversity & Inclusion Strategy 2019-2021
11.3	Ensure staff and managers are aware of flexible employment options available to them.	Executive Director Workforce, Management and Reform	Ongoing	Directors and managers approve flexible work options within current policies and guidelines. The CALHN intranet page includes information for staff on flexible employment options.

11.4	In line with relevant Industrial agreements supports are increased for people to re-enter the workforce and work that suits a person's skills, experience and disability.	Executive Director Workforce, Management and Reform	Ongoing	Flexible employment provisions available to support SA Health employees who are carers or who live with disability are supported within CALHN.
11.5	Complete required modifications to workplaces to accommodate staff who live with disabilities prior and subsequent to staff members commencing work.	Director Operational Services	Ongoing	Workplace modifications are completed within 4 weeks of request.
11.6	Develop and establish support system for: 1. Staff with pre-existing disabilities 2. Staff with newly acquired disabilities	Executive Director Workforce, Management and Reform	Ongoing	Create a support system for workers with disabilities. Education is available to supervisors, managers and Human resources staff to provide support to staff when matters are raised.
11.7	Develop and establish support system for: 1. Staff with pre-existing disabilities 2. Staff with newly acquired disabilities	Executive Director Workforce, Management and Reform	Ongoing	Create a support system for workers with disabilities. Education is available to supervisors, managers and Human resources staff to provide support to staff when matters are raised.

Theme Five: Partnering in health care

Involving consumers, carers and families in decisions about their care is fundamental to patient engagement and improved health outcomes. The NSQHSS provide a framework for this work and Standard 2.6 notes: CALHN has processes in place for clinicians to partner with patients and/or their substitute decision maker to plan, communicate, set goals and make decisions about their current and future care.

Priority 12: Care coordination

No.	Actions	Responsible Lead	Timeframe	Measurable Target
12.1	Consumers and their carers are actively involved in developing a comprehensive care plan to meet health needs and engage in decision making about care considerations and treatment	CALHN Clinical Program Leads and Service Directors	Ongoing	The views of patients who live with disability are included in the decisions associated with their care. Consumers and carers understand how they can be involved in the comprehensive care plan [NSQHS Standard 2]
12.2	Staff work in partnership with Aboriginal and Torres Strait Islander communities, including rural and remote communities to develop polices to meet their health care needs.	CALHN Clinical Program Leads and Service Directors Director Aboriginal Health and Research Translation.	Ongoing	Aboriginal and Torres Strait Islander communities are partners in planning systems of care.
12.3	Develop a system for staff to identify and communicate the unique care needs of consumers who live with disability including people who live in rural and remote communities on admission.	CALHN Clinical Program Leads and Service Directors	Ongoing	Intake process modified to include the unique care needs of consumers who live with disability on admission.
12.4	Ensure carer expertise and knowledge about patients is actively sought when patients with disabilities present or are admitted.	CALHN Clinical Program Leads and Service Directors	Ongoing	Carers are involved in communication and decision making processes.

12.5	Consent regarding care and decision-making processes are understood and accessible to people living with disability, their carer, substitute decision maker and/or guardian.	CALHN Clinical Program Leads and Service Directors	Ongoing	Decision making around care includes the consumer, their carer, substitute decision maker and/or guardian.

Priority 13: Discharge planning and outpatient appointments

No.	Actions	Responsible Lead	Timeframe	Measurable Target
13.1	Consumers and staff work together to ensure there is access to special requirements, smooth scheduling and access to appointments particularly for multiple appointments.	CALHN Clinical Program Leads and Service Directors	Ongoing	Consumers with complex needs and frequent multiple appointments are supported with scheduling. Including people living in rural and remote communities.
13.2	Ensure care delivery, care decisions and discharge planning is inclusive of the consumer and their carer.	CALHN Clinical Program Leads and Service Directors	Ongoing	100% case note audits demonstrate carers are involved in decision-making processes where appropriate.
13.3	Ensure processes are in place to support patients, carers and families to make shared decisions about end-of-life care in line with SA Health policy.	CALHN Clinical Program Leads and Service Directors	Ongoing	100% case note audits demonstrate shared decision-making is recorded in medical records.

Priority 14: Information provision

No.	Actions	Responsible Lead	Timeframe	Measurable Target
14.1	Ensure information needed for ongoing care is provided on admission and discharge.	CALHN Clinical Program Leads and Service Directors	Ongoing	Suitable resources are available for carers and consumers upon admission and discharge. Fact sheets to access services on discharge to inform

				consumers are developed.
14.2	Handover of information to community disability care providers before or on hospital discharge, to ensure continuity of care	CALHN Clinical Program Leads and Service Directors	Ongoing	Medical records audit demonstrates information sharing process for continuity of care.

Consultation and acknowledgements

The CALHN DAIP 2020 – 2024 incorporates feedback and recommendations from CALHN staff, the South Australian community, people living with disability and carers, our stakeholders and partners.

Our DAIP is available on our corporate website https://centraladelaide.health.sa.gov.au/ and promoted via social media.

We would like to thank the many people who have contributed to the development of this plan including the consumers and carers who generously gave their time.

Glossary and definitions

COMMONWEALTH: The government of the Commonwealth of Australia – commonly referred to as the Australian Government or the Federal Government.

DAIP: Disability Action and Inclusion Plan prepared by State authorities for their own agency, department or council area.

DHS: The South Australian Department of Human Services.

INCLUSION /INCLUSIVE: Enabling the involvement of people living with disability in everyday activities, the same as people living without disability. This includes other groups including older persons Aboriginal people and Torres Strait Islander people, people with culturally and linguistically diverse backgrounds, LGBTIQA.

NDIA: National Disability Insurance Agency

NDIS: National Disability Insurance Scheme is an insurance support scheme of the Australian Government that funds costs associated with disability. The scheme was legislated in 2013 and went into full operation in 2020. The scheme is administered by the National Disability Insurance Agency (NDIA).

NSQHSS: National Safety and Quality Health Service Standards are a nationally regulated framework of standards developed by the Australian Council of Healthcare Standards (ACHS) that drive the implementation of safety and quality systems and improve the quality of health care in Australia.

STATE AUTHORITY: As defined in the *Disability Inclusion Act 2018*: and administrative unit (within the meaning of the *Public Sector Act 2009 (SA)*, or local council established under *Local Government Act 1999 (SA)*.

THE STATE PLAN: Inclusive SA: State Disability Inclusion Plan 2019 - 2023

UNCRPD: The United Nations Convention on the Rights of Persons with Disabilities – the convention is a human rights treaty that aims to change attitudes and approaches to people living with disability

UNIVERSAL DESIGN: Universal design involves creating facilities, built environments, products and services that can be used by people of all abilities, to the greatest extent possible, without adaptations.