

Disability Action Plan

2023-2025



gateway
health

People living well



Statement from Gateway Health

It is with great pride that Gateway Health launches its Disability Action Plan for 2023 to 2025.

Gateway Health aspires to be a leader in providing safe and accessible services and employment opportunities for people with a disability.

The Disability Action Plan sets out to address how the organisation will strengthen equitable participation and inclusion for people living with disabilities within our community. It aims to identify, reduce and remove barriers to ensure the organisation is accessible to everyone.

These barriers may be physical, technical or attitudinal. They can deny people access to services and community participation. They may also disadvantage people living with a disability.

The Commonwealth Disability Discrimination Act 1992 requires organisations to develop disability action plans to encourage, recognise and promote an active commitment to eliminating disability discrimination and to promote the recognition of the rights of people with disability. Under the Act, employers and businesses must make changes that reduce barriers for people with disability.

The Gateway Health Disability Action Plan approaches the reduction or elimination of barriers to participation in three phases based on the Appreciative Inquiry Model.



Phase One - Discover and dream

- Discovering our context, understanding strengths and challenges.
- Imagining what it could be like.
- Articulating how we will approach the reduction and elimination of barriers to participation.



Phase Two - Design

- Design actions and outcomes with consumers and stakeholders.
- Test, revise and evaluate ideas and practices based on the learning from phase one.



Phase Three - Deliver

- Deliver and embed best and emerging practices for participation and inclusion in Gateway Health's services, activities and workforce.

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Gateway Health acknowledges the Traditional Custodians of this land on which we stand and pay our respect to the Elders, past, present and future, for they hold the memories, the traditions and the culture of all Aboriginal and Torres Strait Islander peoples.



Gateway Health acknowledges and recognises people from different nationalities, cultures and identities. We are committed to providing an inclusive service and work environment where individuals feel safe, accepted, affirmed and celebrated.

Introduction

Our vision

People living well

Our vision is for people to live well across the lifespan.

Our purpose

To provide care and services that connect the community and strengthen individual and population health and wellbeing.



The Gateway Health Disability Action Plan (DAP) documents our commitment to developing an inclusive workplace culture and providing inclusive services, leadership and advocacy to improve disability equality across the whole organisation.

To improve outcomes, we will:

- develop strong relationships with people living with disability and their supporters
- promote equal rights and opportunities for people living with disability
- acknowledge our role as a significant influencer across our regional footprint.

The Disability Action Plan is underpinned by the following principles.

We ADVOCATE for fair and equitable access to health care and wellbeing services for all.

We RESPECT the strength of individuals and the community, and their capacity to recover from adversity.

We RECOGNISE the importance of adaptability and responsiveness to enable us to deliver on our commitment to the community.

We ACTIVELY LISTEN and work alongside the community and each other to design and deliver better solutions.

We BELIEVE a learning culture is critical to enhancing the wellbeing of staff, clients and the community.

We CONTRIBUTE to creation of a connected and integrated health and community care system to achieve the best outcomes for our clients and community.

Language and definitions

The way we use language and words to define and describe disability can impact attitudes, stigma and perceptions of disability. It is important that we use language that is respectful and inclusive.

For this plan, we use person-first language when referring to people with disability. Person-first language uses phrases like ‘people with disability’, ‘people with lived experience’ or ‘a person with cerebral palsy’. It puts the word ‘person’ first.

Person-first language acknowledges that people with disability are multi-faceted individuals with diverse characteristics and are not necessarily defined by a medical condition, illness or diagnosis. In other words, it separates a person’s sense of identity from any notion of disability.

Carers

Carers play a critical role in providing unpaid care to people with disability in our community.

Over 11% of people in Victoria are carers. And this figure is actually likely to be much higher as many people who have a caring role do not identify as carers. Carers can be children, parents, partners, relatives, friends and older people. While there is considerable diversity amongst carers, a significant majority of carers are older people and most are women (over 70%).

Caring can be a very physically and psychologically demanding role. And quite often, carers must balance their own personal interests with their caring responsibilities.

Disability

Disability is a word that has attracted some different and changing definitions over time. This action plan will not define the term disability. Instead, it will embrace broad, respectful and sensitive views of what disability means for individuals and what it is like to live with disability.



**11% of people
in Victoria are
carers**



**Over 70%
of carers are
older people and
most are women**



Discrimination and ableism

The term 'ableism' describes attitudes and stereotypes, ideas, practices, and physical or social structures that are based on assumptions that all people are 'able' and 'neurotypical'.

Ableism can be subtle and implied or overt. Research shows that health workers and employers have the tendency to make assumptions about the capability of people with a disability. This can mean making assumptions that people are not capable of doing something or that they are.

Go to youtu.be/_b7k6pEnyQ4 to watch an informative video about ableism.

Despite disability being common, the general perception in the community is that disability is uncommon. One of the reasons for this is that many disabilities are not visible or immediately apparent. Autism, mental illness, deafness, blindness, multiple sclerosis, chronic illness and intellectual disability are some examples of disabilities that are less obvious.

People with invisible disability often report that they are unfairly treated and harassed because other people mistakenly believe they do not have a disability. This does not suggest that people with more visible disabilities are advantaged in any way.

Intersectionality

Intersectionality refers to characteristics that overlap. When a person has a disability, it is likely that they also experience socioeconomic and cultural disadvantage.

People with disability are more likely to:

- live on or below the poverty line
- experience social exclusion and discrimination
- face barriers to education and employment
- face barriers to accessing stable housing
- lack access to health care.

The social model of disability

The social model of disability recognises that people are disabled by the barriers created by society - not because they have an impairment, limitation or condition. This is contrasted with the medical model where disability is viewed as a medical problem that needs to be treated.

While there are people that benefit from medical support, the social model is the preferred lens to effectively advocate for reversing inequality, combatting ableism and removing barriers for people with disability.

“The problem isn’t that I can’t get into a lecture theatre, the problem is that the lecture theatre isn’t accessible to me.” Professor Mike Oliver

Legislation, policy and strategy alignment

This Disability Action Plan is informed by policies and priorities outlined in the following documents.

Legislation

- Disability Act 2006 (Vic)
- Disability Discrimination Act 1992
- Disability (Access to Premises - Buildings) Standards 2010
- Charter of Human Rights & Responsibilities Act 2006
- National Disability Insurance Scheme Act 2013
- Carers Recognition Act 2012

Policy

- Australia's Disability Strategy 2021 – 2031
Employment, financial security, inclusive communities, safety rights & justice, health and wellbeing, personal support, community support, education and learning, and community attitudes
- United Nations Convention on the Rights of Persons with a Disability Inclusion Strategy
- Inclusive Victoria State Disability Plan 2022 - 2026

Gateway Health policies, strategies and frameworks

- Strategic Plan
- Quality Framework
- Advocacy Framework
- Health Equity Strategy
- Workforce Strategy
- Diversity and Inclusion Policy
- Access and Engagement Policy
- Code of Conduct
- Workforce Management Policy
- Models of Care
- Risk Management Framework
- OH&S Policy

Gateway Health's Models of Care describe how our services are delivered, measured and evaluated. They are adaptive, responsive, person-centred and place-based. This means we can better respond to the specific needs in our region and support the delivery of better health outcomes for individuals and communities.





Context

The Ovens Murray Region



Figure 1. Gateway Health footprint

Gateway Health provides health and welfare services to individuals, families and communities across North East Victoria and parts of Southern New South Wales. Services are delivered from our facilities in Wodonga, Wangaratta, Myrtleford and Benalla, and through outreach to rural communities across the region.

The Ovens Murray region covers approximately 32,000 square kilometres of North East Victoria. It includes the local government areas of Mansfield Shire, Benalla Council, Rural City of Wangaratta, Alpine Shire, Towong Shire, Indigo Shire and City of Wodonga, along with Albury City across the river in New South Wales.

Whilst the Ovens Murray region's population is mainly concentrated in the regional cities of Albury, Wodonga and Wangaratta, many people live in smaller townships in the hills and valleys of the surrounding area. Access to primary health care can require extensive travel, either within or outside our region.

Census data (2021)

The Australian Bureau of Statistics (ABS) 2021 Census collected information about a person’s need for assistance with one or more of the core activities of:



self-care



communication



mobility due to disability



long-term health conditions



the effects of old age

The questions used in the Census are based on the ABS Survey of Disability, Ageing and Carers (SDAC) concept of ‘**profound or severe core activity limitation**’ and are used to identify those for whom service delivery is most important.



The Census also measured the number of people who reported that they had at least one other long-term health condition from a specified list of issues.



Almost **9 in 10 people (88.1%)** with a need for assistance also had long-term health conditions

The most commonly reported long-term health conditions were:



31.7% arthritis compared with 8.5% of the total Australian population



29.3% mental health condition compared with 8.8% of the total Australian population



170,686 people live in the combined Ovens Murray and Albury areas



7.1% need assistance with at least one core activity of self-care, communication, and mobility. This is higher than the national average of 5.1%



1 in 4 people under 15 years live with a disability



1 in 2 people over 65 years live with a disability

Alpine Shire experiences the highest percentage of people living with disability.

Figure 2. Rates of disability by Local Government Area in Gateway Health’s footprint

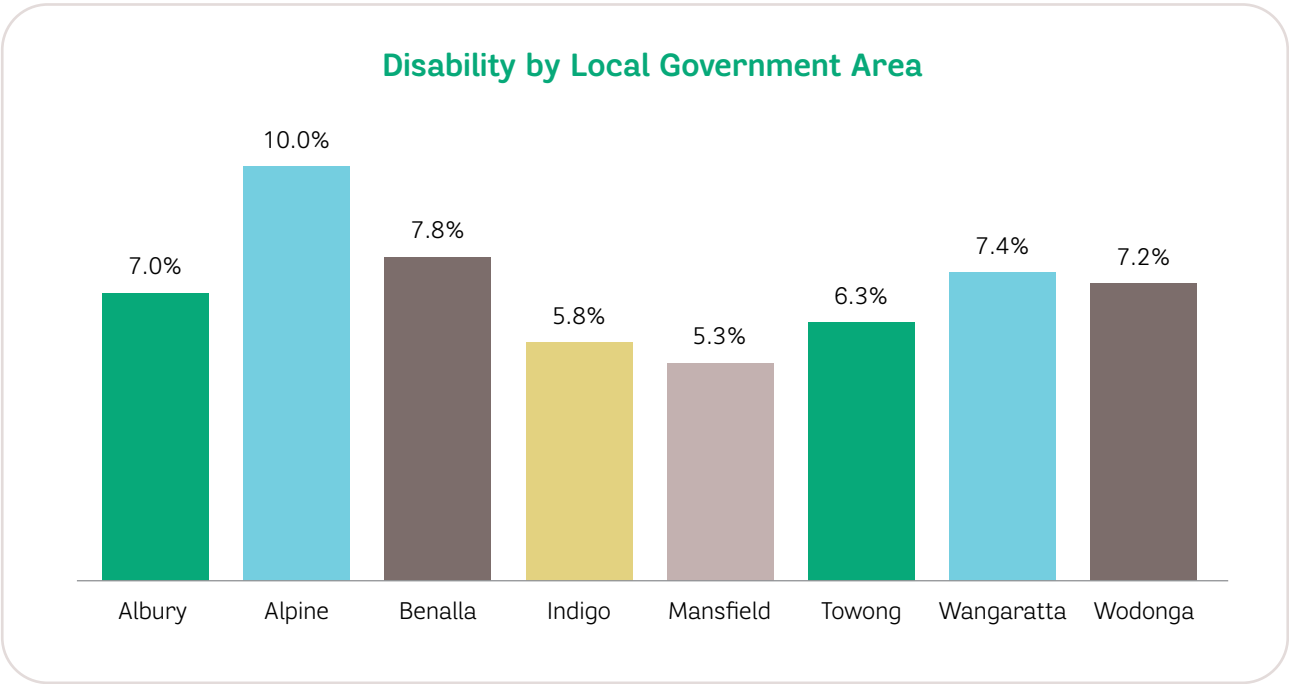
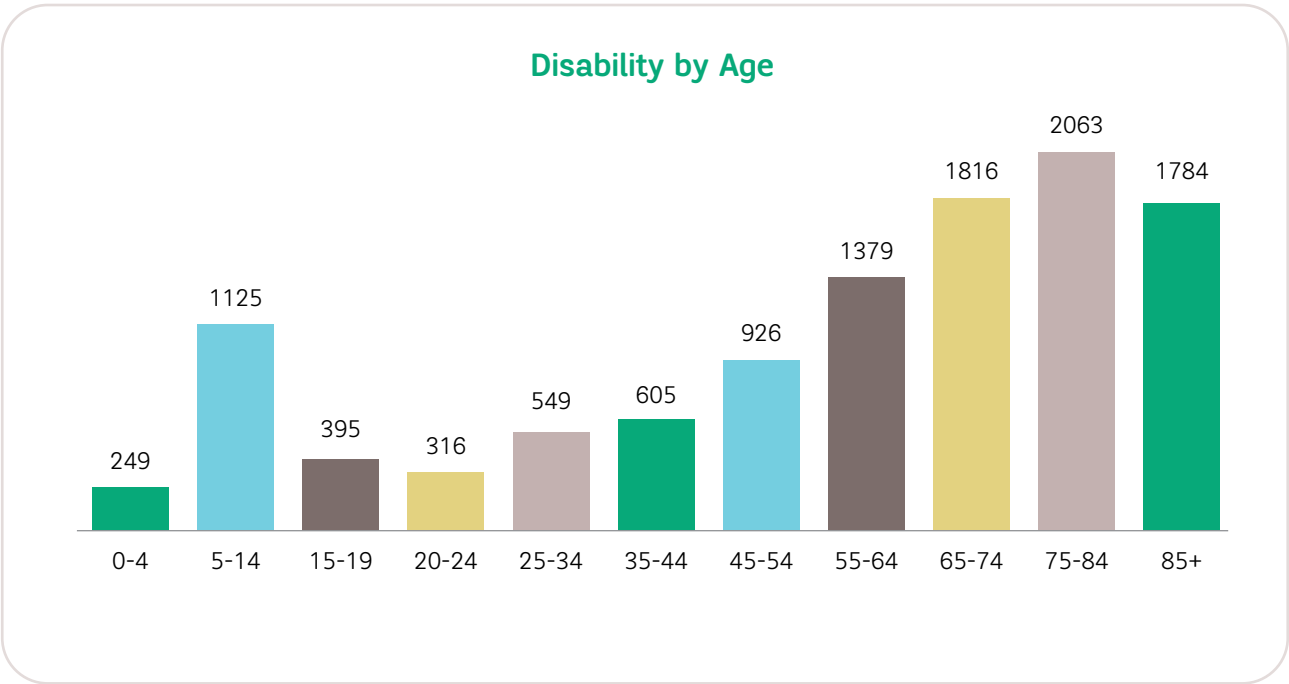


Figure 3. Number of people with disability by age group in Gateway Health’s footprint



Organisational context

Gateway Health is dedicated to:

- providing accessible services for everyone in the community
- providing its employees with a supported workplace environment that promotes inclusion and belonging.

Gateway Health currently collects employee data about disability through the recruitment process and the annual People Matters Survey.

In the most recent People Matter Survey, completed by 65% of employees:

- 11% identified as having a disability
- 5% care for a person with a disability

Consultation with Gateway Health employees highlighted the need for a shared understanding of what the term 'disability' means within the context of our organisation and our community.

The following enablers to improving the inclusion and participation of people living with a disability were identified:

Continuing to support and embed a whole of organisation culture of caring and consideration for all staff. *'I think managers who have good relationships with their staff make reasonable adjustments or support them in ways that aren't necessarily formal or documented.'*

Training and professional development across all program areas to emphasise that people with a disability should be welcomed and afforded access within any program area, not just those targeted to disability support. Examples of feedback received, *'We don't work in the disability area'*, and, *'Why would anyone disclose their disability at work if they don't need to?'*

Sufficient time allocation for working with complex needs within service delivery.

Accessible communication options for employees, as well as consumers, including options for closed captions in meetings.

A dedicated program area to drive improvement and development on inclusion and participation.

Dedicated committees, working groups and champions across all levels of the organisation who will continue to drive and embed improvements.

Inter-service communication, coordination and collaboration to improve service planning and delivery to enable active participation by people with a disability.

Increasing volunteer opportunities for people living with a disability to embed a culture of acceptance and normalcy.

Simple easy access to support to assist staff who are working with people living with a disability to build confidence, effectiveness and efficiency. Example comments from staff *'It's too hard to accommodate everyone'*, and, *'It's a chicken and egg scenario. We need more skills, training and clear ways to support clients and staff before we start welcoming them.'*



Approach

The Disability Action Plan was developed following an extensive review of:

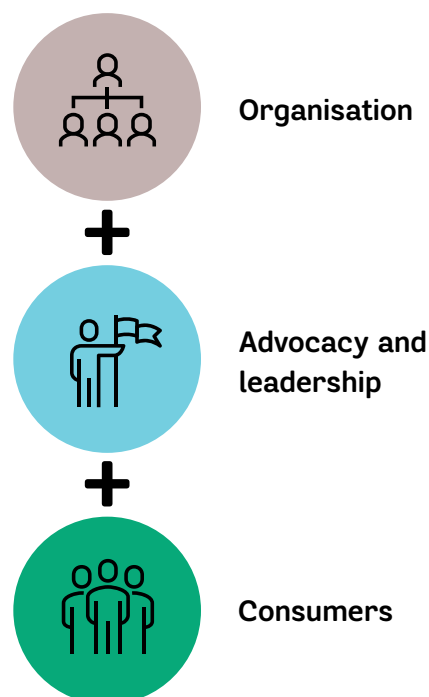
- current legislation
- the external policy environment (national, Victorian and NSW)
- current Gateway Health policies and key documents.

A review of evidence-based and emerging best practices of access and inclusion for people with a disability also informed the development of the plan.

Consultation included staff, consumers and other service providers with professional or lived experience. Cohorts were chosen to ensure diversity within this group and a solid foundation on which to develop the plan. Continuing engagement is planned throughout implementation and evaluation.

Further extensive consultation is a key deliverable within the first year of the plan. This is explained through the 3-phase implementation process based on an Appreciative Inquiry Model.

The following priority areas for action were identified:



The priorities will be addressed over a 3-year period, based on the following phases:



Phase One - Discover and dream

This phase focuses on discovering our context, understanding strengths and challenges, and imagining what it could be like. This phase is about “getting our house in order”. The aim is to ensure the organisation has the knowledge, systems and processes in place to genuinely respond to consultation outcomes.



Phase Two - Design

The focus of this phase is to:

- design actions and outcomes with consumers and stakeholders
- test, revise and evaluate ideas and practices based on the learning from phase one.

Our engagement will be developed with community, not for community.



Phase Three - Deliver

The focus during this phase is to deliver and embed best and emerging practices for participation and inclusion in Gateway Health’s services, activities and workforce.

The model is based on the following theory of change:

Inputs	Actions	Outcomes	Impact
<ul style="list-style-type: none"> • Consumers and stakeholder voices • Legislation, policy and research review • Staff expertise 	<ul style="list-style-type: none"> • Engagement • Training and development • Networks and partnerships • Tools and resources • Advocacy 	<ul style="list-style-type: none"> • Co-design • Accessible services and infrastructure • Attitudinal change • Increased skills and capacity • Safe and inclusive environments • Increased participation of people with a disability in services and programs 	<ul style="list-style-type: none"> • Improved health and wellbeing for people with a disability, their families and carers • Increased recruitment and retention of staff with a disability • Increased engagement with people living with a disability and support services

An internal working group will oversee the implementation of the Disability Action Plan. This will be facilitated by the Diversity Coordinator as part of the Equity and Participation Program within Gateway Health.

The Equity and Participation program is responsible for developing systems, partnerships and collaborations to improve health equity and access for vulnerable communities in our catchment.

This provides an excellent opportunity to explore intersections between areas such as disability, culture, gender, and social and economic disadvantage.



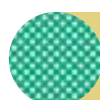
Action plan

Year One - Discover and dream

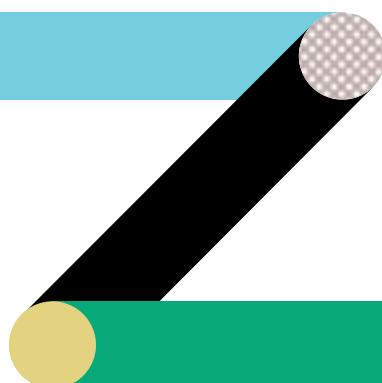
Goal - Strengthen Gateway Health's capability to welcome, support and include people living with a disability.

Objective	Activity	Timing	Responsibility	Indicator
Priority: 1.1 Organisation				
1.1.1 Upskill staff to understand, communicate with and create a safe and welcoming space for people living with a disability.	<p>1.1.1.1 Deliver Key Word Sign (KWS) and Augmentative and Alternative communication (AAC) training to reception/front of house staff to enhance capacity to successfully interact with people with a disability.</p> <p>(KWS is the combination of manual signs and natural gesture, used to support communication. It is a simplified form of signing, designed for use with children and adults who have communication difficulties. ACC uses a variety of techniques and tools to help the individual express thoughts, wants and needs, feelings and ideas, including the manual signs, gestures, finger spelling, picture communication boards and letter boards.)</p>	Q1	<p>Primary Care</p> <p>People Working Well</p> <p>Diversity Coordinator</p>	<p>100% of reception staff participate in training</p> <p>Feedback and evaluation demonstrate value</p>
	<p>1.1.1.2 Deliver Unconscious Bias (UB) training to reception, service delivery and other customer facing staff to improve engagement and service delivery to people with a disability and people from culturally diverse backgrounds.</p> <p>(Effective UB training gives people concrete tools for changing their behaviour. It helps them better understand others' experiences and feel more motivated to be inclusive.)</p>	Q2, Q3	<p>General Manager</p> <p>Primary Care</p> <p>People Working Well</p> <p>Diversity Coordinator</p>	<p>100% of reception staff participate in training</p>

Objective	Activity	Timing	Responsibility	Indicator
	1.1.1.3 Include Implicit Bias Awareness in the induction process for new staff to raise awareness.	Q1	Diversity Coordinator People Working Well	Implicit Bias included as an agenda item for all-staff induction sessions
	1.1.1.4 Introduce program managers to the Harvard Implicit Bias Checklist and encourage them to include in team meeting discussions.	Q2, Q3	Diversity Coordinator	Checklist promoted quarterly through the Stay Connected newsletter (internal staff newsletter) Evidence of discussion held in team meeting minutes/notes
	1.1.1.5 Implement a series of interactive workshops/learning development opportunities for Gateway Health staff to complement the awareness raised by the implicit bias activity and continue building the momentum of awareness throughout the year.	Q2, Q3, Q4	Diversity Coordinator People Working Well	Diversity awareness program including disability, LGBTIQ+ and ATSI authorised by ELT Two activities held at each site
1.1.2 Support the recruitment and retention of staff living with a disability.	1.1.2.1 As part of the Gateway Health Workforce Development Plan, co-design disability specific actions with staff and consumers with lived experience.	Q3, Q4	People Working Well	Workforce Development Plan includes reference to the recruitment and retainment of people living with a disability
	1.1.2.2 Review employee support structures in collaboration with staff living with a disability - including the Reasonable Adjustments Procedure - to ensure they meet the needs of staff with visible and invisible disability.	Q1	People Working Well	Review analysis presented to ELT to inform development of an education and promotion strategy for managers who manage staff, and all staff more broadly



Objective	Activity	Timing	Responsibility	Indicator
	1.1.2.3 Include prompts on Gateway Health meeting requests and agenda templates to ensure barriers to participation are addressed for staff members with a disability, including but not limited to requests for closed captions on Teams and Zoom meetings.	Q1	Diversity Coordinator ICT team	Meeting agenda templates updated
	1.1.2.4 Train staff to include accessibility questions in internal meeting invitations to meet the needs of participants with a disability or impairment.	Q2	Diversity Coordinator ICT team	Internal email invitations to meetings include accessibility questions
1.1.3 Reduce physical barriers to accessing Gateway Health facilities for people living with a disability.	1.1.3.1 Equity and Participation team to attend meetings of the Facilities and Infrastructure committee to support inclusive design and consideration of accessibility measures.	Q1, Q2, Q3, Q4	Equity and Participation	Attendance record
	1.1.3.2 Identify learning and development opportunities for the Facilities and Infrastructure team that include stories of lived experience and increased access to inclusion resources.	Q2, Q3, Q4	Chief Financial Officer Diversity Coordinator	Learning and development activities co-designed with consumers with lived experience
	1.1.3.3 Develop and implement an accessibility checklist for the Facilities and Infrastructure team to assist efficient and effective review of Gateway Health facilities.	Q1	Diversity Coordinator Facilities and Infrastructure	Checklist available on the intranet and regularly used by Facilities and Infrastructure team in facility inspections



Objective	Activity	Timing	Responsibility	Indicator
Priority: 1.2 Leadership and advocacy				
1.2.1 Embed accountability for inclusiveness and accessibility into organisational systems.	1.2.1.1 Increase knowledge of existing resources and supports to underpin strategic planning and policy development through participation in regional, state and national networks.	Q1	Diversity Coordinator	Membership to the Australian Network on Disabilities included in annual budget
	1.2.1.2 Map existing disability support organisations, groups and advocacy bodies across the region to identify opportunities for collaboration and information sharing such as shared student placement projects.	Q1	Diversity Coordinator	Disability agency database recorded on the intranet
	1.2.1.3 Develop a resource library including case studies, visual storytelling, internal and external relevant data, checklists and other resources on the staff intranet to support employee, carer and community access.	Q3, Q4	Diversity Coordinator Communications and Marketing	Digital resource library added to staff intranet and communicated through internal channels
	1.2.1.4 Include a query around participant accessibility needs in all internally organised event and meeting invitations.	Q1	Communications and Marketing	Template developed for all meeting and event invitations
1.2.2 Support the disability community to respond to the social determinants of health for people living with a disability.	1.2.2.1 Explore opportunities for the development of procurement processes to support marginalised groups, including disability organisations.	Q3	Chief Financial Officer	Evidence of discussion in Executive Leadership Team minutes
	1.2.2.2 Celebrate days of significance for people living with disability, including UN International Day of People with a Disability, to raise awareness and understanding of issues and discrimination faced.	Q1, Q4	Diversity Coordinator Disability Action Group	International Day of People with a Disability included in the annual event plan





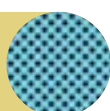
Objective	Activity	Timing	Responsibility	Indicator
1.2.3 Embed accountability for improved accessibility and inclusion into the organisational infrastructure.	1.2.3.1 Develop a Disability Action Working Group with lived-experience members to monitor and drive implementation of the plan.	Q1	Equity and Participation	Disability Action Working Group recruited and Terms of Reference adopted
	1.2.3.2 Develop a short-term Lived-Experience Advisory Group to collaborate with the Disability Working Group on co-design of an engagement plan to identify the needs, challenges, barriers and aspirations of current and future consumers with a disability.	Q2	Diversity Coordinator	Terms of Reference adopted for short-term advisory group Community Engagement Plan endorsed by the Consumer Experience Committee
Priority: 1.3 Consumers				
1.3.1 Trial, revise and improve mechanisms to include the voices of people living with a disability in service and activity planning, delivery and review.	1.3.1.1 Engage with the Lived-Experience Working Group to provide insight, feedback and advice on Gateway Health programs, activities and initiatives.	Q1, Q2, Q3, Q4	Diversity Coordinator Program Managers	Minutes from regular meetings
	1.3.1.2 Develop an accessibility checklist to support intake assessment for all services.	Q2	Executive Director Integrated Care	Checklist embedded in intake assessment documentation

Year Two - Design and dream

Goal - Co-design, test, and evaluate program, service and process improvements with people living with a disability to improve inclusion and participation

Objective	Activity	Timing	Responsibility	Indicator
Priority: 2.1 Organisation				
2.1.1 Upskill staff to understand, communicate with and create a safe and welcoming space for people living with a disability.	2.1.1.1 Deliver Key Word Sign (KWS) and Augmentative and Alternative communication (AAC) training to new reception staff to enhance capability to successfully interact with people with a disability.	Q1, Q2	General Manager Primary Care People Working Well Diversity Coordinator	85% of reception staff trained in KWS and AAC Feedback and evaluation demonstrate value
	2.1.1.2 Deliver Unconscious Bias (UB) training to the broader workforce to enhance capacity to successfully interact with people with a disability.	Q2, Q3	Diversity Coordinator	50% of staff trained in Unconscious Bias Feedback and evaluation demonstrate value
	2.1.1.3 Implement a series of diversity-focused interactive activities/learning and development opportunities for Gateway Health staff.	Q2, Q3, Q4	Diversity Coordinator	Program authorised by Executive Leadership Team
	2.1.1.4 Provide client-facing staff with National Relay Service training (NRS). (NRS is an Australia-wide phone service for people who are deaf, have hearing impairment and/or speech impairment and people wanting to communicate with them.)	Q4	General Manager Primary Care People Working Well	85% of client-facing staff participate in training Feedback and evaluation demonstrate value
	2.1.1.5 In collaboration with the Disability Working Group, continue to develop a library of resources to support staff to build capacity to implement inclusive services and programs for people with a disability and for carers.	Q2, Q3, Q4	Diversity Coordinator	Resource library included on the intranet and promoted regularly through the Stay Connected newsletter (internal staff newsletter) Feedback and evaluation demonstrate value

Objective	Activity	Timing	Responsibility	Indicator
2.1.2 Support the recruitment and retention of staff living with a disability.	2.1.2.1 Implement a lived-experience audit of staff areas and facilities to inform future facility upgrade plans – including an audit of transport vehicles for accessibility.	Q1	Diversity Coordinator OH&S Officer Facilities and Infrastructure	Less than 20% of staff report barriers to success at work
	2.1.2.2 Implement a lived-experience audit of Gateway Health recruitment processes in collaboration with the Lived-Experience Advisory Group.	Q2	People Working Well	Audit report presented to Workforce Management and Planning Committee
2.1.3 Reduce physical barriers to accessing Gateway Health facilities for people living with a disability.	2.1.3.1 Identify opportunities for Facilities and Infrastructure team and Diversity team to participate in Universal Design training. (Universal Design training supports people to make infrastructure more accessible).	Q1	Chief Financial Officer Diversity Coordinator	Facilities and Infrastructure and Equity and Participation staff participate in Universal Design training
	2.1.3.2 Audit existing and planned infrastructure in collaboration with people living with a disability to inform future planning.	Q2	Chief Financial Officer Infrastructure and Facilities committee	Report documenting priorities for upgrading existing facilities to meet Universal Design Principles and Disability (Access to Premises – Buildings) Standards 2010
	2.1.3.3 Evaluate the Accessibility Checklist to assess implementation and effectiveness in identifying and mitigating issues.	Q1	Diversity Coordinator	Evaluation report presented to Infrastructure and Facilities committee and Disability Action Plan working group
	2.1.3.4 Designate a member of the Facilities and Infrastructure team to attend advanced training on Universal Design.	Q3	Chief Financial Officer	Advanced training participant debrief to Facilities and Infrastructure team



Objective	Activity	Timing	Responsibility	Indicator
	2.1.3.5 Include a line item for engagement and consultation in Gateway Health's program budgets to encourage consultation with diverse groups, including people with a disability.	Q1	Chief Financial Officer General Managers	Budget template updated
Priority: 2.2 Leadership and advocacy				
2.2.1 Embed accountability for inclusiveness and accessibility into organisational systems.	2.2.1.1 Increase knowledge of existing resources and supports to underpin strategic planning and policy development through participation in regional, state and national networks.	Q1	Chief Financial Officer Diversity Coordinator	Evaluate the effectiveness of membership to the Australian Network on Disabilities
	2.2.1.2 Include accessibility targets into models of care and service plans.	Q1, Q2	Integrated Care directorate	All models of care are updated to include access and inclusion targets
	2.2.1.3 Embed resources to support access and inclusion into program budgets.	Q1	Chief Financial Officer	Budget software template updated to include a line item for annual accessibility
	2.2.1.4 Embed accessibility measures into new service, project and activity conceptualisation.	Q3	Program Managers Quality and Risk	Plan-Do-Study-Act (PDSA) template updated to include consideration of access and inclusion implications of new services/programs Intention to Develop a Submission or Tender template updated to indicate how the project will consider/ impact access and inclusion
	2.2.1.5 Review and update the resource library on the staff intranet for organisational and community access.	Q3, Q4	Diversity Coordinator	Evaluate whether staff intranet resource library demonstrates value for staff and update/add extra resources as required

Objective	Activity	Timing	Responsibility	Indicator
	2.2.1.6 Review the Accessibility Accountability Framework for effectiveness.	Q1	Diversity Coordinator Equity and Participation General Managers	Evaluation report presented to Community Engagement Board Sub-Committee
2.2.2 Support the disability community to respond to the social determinants of health for people living with a disability.	2.2.2.1 Celebrate days of significance for people living with disability, including UN International Day of People with a Disability, to raise awareness and understanding of issues and discrimination faced.	Q1, Q4	Diversity Coordinator People Working Well Communications and Marketing	International Day of People with a Disability included in the annual event plan Evaluation demonstrates value for staff
Priority: 2.3 Consumers				
2.3.1 Improve and embed mechanisms to include the voices of people living with a disability in service and activity planning, delivery and review.	2.3.1.1 Evaluate the accessibility checklist to support intake assessment for all services.	Q2	General Managers	Checklist revised to meet service needs
	2.3.1.2 Provide regular opportunities for the lived-experience members of the Disability Action Plan Working Group to present to internal committees, working groups and teams.	Q1, Q2, Q3, Q4	Diversity Coordinator	Presentations held and recorded Evaluation demonstrates value for staff and participants
	2.3.1.3 Review the co-designed engagement plan developed by the Disability Action Plan Working Group in Phase One to identify gaps in engagement and consultation.	Q1, Q4	Diversity Coordinator	Outcomes from updated engagement plan implementation presented to the Consumer Experience Committee for endorsement
	2.3.1.4 Review the Consumer Engagement Model to evaluate the success of engaging people with a disability in general advisory groups and feedback forums.	Q4	Equity and Participation	Evaluation report presented to Consumer Experience Committee



Objective	Activity	Timing	Responsibility	Indicator
	2.3.1.5 Disability Action Plan Working Group to review internal community engagement and co-design tools and processes to improve opportunities and outcomes for people living with disabilities.	Q1, Q3	Diversity Coordinator	Community engagement toolkit upgraded to include inclusion and accessibility tools and prompts
2.3.2 Co-design plans and services alongside people with lived experience.	2.3.2.1 Co-design and facilitate an event with staff and consumers with lived experience to evaluate the effectiveness of the Disability Action Plan in reinforcing an inclusive culture.	Q4	Diversity Coordinator	Post-event report presented to Disability Action Plan working group
	2.3.2.2 Co-review the Disability Action Plan Phase Three workplan based on lived-experience feedback and outcomes of the evaluation event.	Q4	Diversity Coordinator	Phase 3 of the Disability Action Plan revised to reflect current context and need
2.3.3 Improve the effectiveness of participation in disability networks and partnerships.	2.3.3.1 Implement two networking events to engage disability service organisations in sharing of best and emerging practice.	Q2, Q4	Diversity Coordinator	Partnership analysis tool indicates increased engagement with disability service agencies

Year Three - Deliver

Goal - To build on what we have learned and embed inclusive practice from the conception of projects and programs right through to implementation. We will develop our leadership skills in inclusive practice.

Objective	Activity	Timing	Responsibility	Indicator
Priority: 3.1 Organisation				
3.1.1 Upskill staff to understand, communicate with and create a safe and welcoming space for people living with a disability.	3.1.1.1 Provide professional development to create a team of internal trainers who can deliver Key Word Sign (KWS) and Augmentative and Alternative communication (AAC).	Q2	General Managers Diversity Coordinator People Working Well	Training delivered and a team of internal trainers in place
	3.1.1.2 Provide professional development to train internal staff to deliver Unconscious Bias (UB) training to new staff.	Q3	General Managers Diversity Coordinator People Working Well	Training delivered internally and a team of internal trainers in place
	3.1.1.3 Investigate the feasibility of delivering KWS, AAC and UB training to external organisations on a fee for service model.	Q4	Business Development Unit	Feasibility report presented to ELT
	3.1.1.4 Continue to implement a series of co-designed interactive activities/learning and development opportunities provided by people living with a disability for Gateway Health staff.	Q2, Q4	Diversity Coordinator General Managers	Program delivered with positive feedback from staff and participants
	3.1.1.5 Provide all client-facing staff with Relay Service refresher training.	Q3, Q4	General Manager Primary Care	85% of client-facing staff participate in training
3.1.2 Support the recruitment and retention of staff living with a disability.	3.1.2.1 Provide workplace experience opportunities for young people living with a disability in partnership with local disability employment providers to test facilities, processes and culture, and to support the normalisation of people with a disability working within the organisation.	Q1, Q3	Diversity Coordinator People Working Well	Workplace experience trials held – report presented to Workforce Development Committee

Objective	Activity	Timing	Responsibility	Indicator
	3.1.2.2 Review the effectiveness of the Gateway Health Workforce disability actions with local disability employment services.	Q2	People Working Well	Report presented to Workforce Support and Development Committee identifying best practice and recommending further improvements
3.1.3 Reduce physical barriers to accessing Gateway Health facilities for people living with a disability.	3.1.3.1 Review progress of the plan to upgrade facilities to meet Universal Design Principles.	Q2	Chief Financial Officer	Progress report presented to ELT
	3.1.3.2 Resource a member of the Facilities and Infrastructure team to attend professional development to advance understanding of providing infrastructure and facilities to welcome people with a disability.	Q1	Chief Financial Officer	Advanced training or conference opportunity identified and budgeted for
	3.1.3.3 Develop an annual staff award for innovative responses to accessibility and inclusion barriers and enablers.	Q3	Executive Leadership Team	Annual award included in end of year innovation awards
	3.1.3.4 Expand the program of “mystery shoppers” to evaluate our website, marketing materials and other Gateway Health business services.	Q1	Diversity Coordinator	Outcomes included in Disability Action Plan annual report, including recommendations for improvements linked to organisational Quality Improvement Plan Evaluation demonstrates value for staff

Objective	Activity	Timing	Responsibility	Indicator
Priority: 3.2 Leadership and advocacy				
3.2.1 Embed accountability for inclusiveness and accessibility into organisational systems.	3.2.1.1 Review the effectiveness of the inclusion of accessibility measures into models of care and service plans to identify revisions to improve effectiveness.	Q1	Integrated Care directorate	Report presented to Better Care Committee and Disability Action Plan Working Group
	3.2.1.2 Review the Accessibility Accountability Framework for effectiveness.	Q1	Diversity Coordinator Equity and Participation General Managers	Evaluation report presented to Community Engagement Board Sub-Committee
	3.2.1.3 Review the effectiveness of the resource library on the staff intranet.	Q3, Q4	Diversity Coordinator	Evaluate whether staff intranet resource library demonstrates value for staff and update/add extra resources as required
3.2.2 Support the disability community to respond to the social determinants of health for people living with a disability.	3.2.2.1 Celebrate days of significance for people living with disability, including UN International Day of People with a Disability, to raise awareness and understanding of issues and discrimination faced.	Q1, Q4	Disability Action Plan Working Group	International Day of People with a Disability included in the annual event plan
	3.2.2.2 Investigate the level of interest in initiating a Disability and Inclusion Workers Community of Practice to support networking, learning and development of inclusion officers across the north east.	Q3	Diversity Coordinator	Initial discovery meeting minutes

Objective	Activity	Timing	Responsibility	Indicator
Priority 3.3 Consumers				
3.3.1 Investigate innovative and emerging ideas to include the voices of people living with a disability in service and activity planning, delivery and review.	3.3.1.1 Network with other health and community service organisations to identify emerging best practice in supporting the inclusion of lived experience voices in planning and delivery.	Q2	Diversity Coordinator	Networking event held
	3.3.1.2 Co-design and co-facilitate an event with consumers with lived experience to evaluate the effectiveness of the DAP in creating a safe and welcoming service for people living with a disability.	Q3	Diversity Coordinator	Post-event report presented in collaboration with people with lived experience to Disability Action Plan working group, Consumer 'Experience Committee and Community Engagement Board Sub-committee
	3.3.1.3 Explore methods of engaging non-verbal people with a disability in consultation and engagement activities.	Q2	Diversity Coordinator	Non-verbal consultation techniques trialled - report to Disability Action Plan working group
	3.3.1.4 Provide professional development for an existing Gateway Health community engagement practitioner on engaging and consulting people with complex conditions, including multiple disabilities.	Q1	Program Managers Equity and Participation	Internal staff presentation on engaging people with complex conditions provided by participant in training
3.3.2 Co-design plans and services alongside people with lived experience.	3.3.2.1 In collaboration with consumers with lived experience, disability services providers and internal teams, develop a community engagement plan to provide information to underpin planning for the next Disability Action Plan.	Q3	Diversity Coordinator	Engagement plan document

Objective	Activity	Timing	Responsibility	Indicator
	3.3.2.2 Co-evaluate the effectiveness of the Disability Action Plan Phase Three workplan.	Q4	Diversity Coordinator	Phase Three of the Disability Action Plan revised to reflect current context and need
	3.3.2.3 Co-develop a draft Disability Action Plan 2026-2030.	Q4	Diversity Coordinator General Managers	Draft Disability Action Plan presented to ELT, Consumer Experience Committee and Community Engagement Board Sub-Committee
3.3.3 Improve the effectiveness of participation in disability networks and partnerships.	3.3.3.1 Implement two networking events to engage disability service organisations in sharing of best and emerging practice.	Q2, Q4	Diversity Coordinator	Partnership analysis tool indicates increased and effective engagement with disability service agencies



Monitoring and evaluation

Accountability - Roles and requirements



Monitoring group	Role	Requirement
Disability Action Plan Working Group	Coordinates the delivery of the Disability Action Plan – facilitated by the Diversity Coordinator	Provides quarterly traffic light reports to the Consumer Experience Committee
Lived Experience Advisory Group	Provides lived experience perspectives and advice to the DAPWG	No formal reporting requirement
Consumer Experience Committee	Provides direction and leadership in relation to the integration of consumer, carer and community views into all levels of program and service operations, planning and policy development	Provides 6 monthly progress reports to the Community Engagement Board Sub-Committee

Evaluation

The Disability Action Plan aims to:

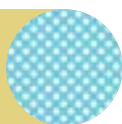
- develop an inclusive workplace culture
- advise and support the provision of inclusive services
- provide leadership and advocacy to improve disability equality across the organisation.

During Phase One of the implementation of the plan, an accountability framework will be co-developed by the Disability Action Plan Working Group and the Lived Experience Advisory Group. This will be presented to the Executive Leadership Team for final revision and adoption.

The Plan includes an annual review of progress and effectiveness.

- Phase One will be reviewed by the Disability Action Plan Working Group with advice from the Lived Experience Advisory Group.
- Phase Two will be co-reviewed by the Disability Action Plan Working Group and Gateway Health consumers.
- Phase Three will be reviewed via an evaluation event co-designed and co-facilitated by staff and consumer representatives.

The phased approach to evaluation and review reflects the organisation's maturing relationship with people with lived experience of disability.



Targets and measures

Outcome	Measure	Target
Increased capacity of staff to engage with people living with a disability	Staff trained in the Key Word Sign (KWS) and Augmentative and Alternative Communication (AAC)	85% of Gateway Health staff will have participated in training by 2026
Consumers feel that Gateway Health provides a safe and inclusive environment	Consumers feeling safe and included when accessing Gateway Health services and programs	100% of surveyed consumers with a disability indicate that they feel safe and welcome when accessing Gateway Health services and programs
Programs and services are responsive to the needs of people living with a disability	Consumers actively participate in the planning, monitoring and review of services and programs	100% of Disability Action Plan evaluations are undertaken in collaboration with consumers with lived experience of living with a disability
Gateway Health provides a safe and supportive work place for people who live with a disability	Implementation of the Disability Action Plan	100% of actions implemented
Impact	Measure	
Improved health and wellbeing for people who live with a disability	Victorian Health Experience Survey	

Appendices

1. References
2. Peak bodies and local advocacy services
3. Supporting resources

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Peak bodies and local advocacy services

Regional Disability Advocacy Service (RDAS)

Wodonga

132 Melbourne Road, Wodonga

Phone 1800 250 292

Email admin@rdas.org.au

Wangaratta

15-17 Ely Street, Wangaratta

Phone 1800 250 292

Local Area Network Coordinator (LAC)

La Trobe Community Health Ovens Murray

1B Footmark Court, Wodonga

Phone 1800 242 696

IncludeAbility

Phone (02) 9284 9600

TTY 1800620241

Email includeability@humanrights.gov.au

Disability Australia Hub – Organisations

Australian Network on Disability

Email accessandinclusion@and.org.au

Phone 1300 363 645

Centre for Universal Design Australia

Email udaustralia@gmail.com

Disability Advocacy Resource Unit

Phone (03) 9639 5807

Supporting resources

Gateway Health policies and procedures

- Intersectional Approach
- Models of Care
- Health Equity Strategy
- Quality Framework
- Lived Experience Framework (in development)

Local government action and inclusion plans

- Towong Shire [Access & Inclusion Policy & Inclusive and Accessible Communities \(Disabled Access\) Policy](#)
- Indigo Shire [Disability Action Plan 2021 - 2025](#)
- City of Wodonga [Disability Action Plan Implementation Framework 2022-2025](#)
- Albury City [Disability Inclusion Action Plan 2022](#)
- Rural City of Wangaratta [Community Access & Inclusion Plan 2019 - 2022](#)
- Benalla Council [Community Access & Inclusion Plan 2015 - 2017](#)
- Mansfield Shire [Access & Inclusion Charter](#)
- Alpine Shire [Access & Inclusion Plan 2021-2024](#)

Your feedback

We welcome any comments and feedback regarding the information presented.
Email communication@gatewayhealth.org.au

Accreditation



gateway health

People living well

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WODONGA

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freecall 1800 657 573
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MYRTLEFORD

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Myrtleford, VIC 3737
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