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This plan is available in alternative formats including in standard and large print, in audio format on CD, electronically by email, and on the East Metropolitan Health Service website.



# Message from our Chief Executive

I am pleased on behalf of the East Metropolitan Health Service (EMHS) to present our Disability Access and Inclusion Plan (DAIP) 2025-2030.

Almost one in five Australians identify as having disability. We believe everyone at EMHS has a responsibility to ensure that the environments, activities and programs we provide are accessible and inclusive.

This plan is designed to help us meet our access and inclusion obligations under the *Western Australian Disability Services Act 1993 and Equal Opportunity Act 1984, and the Commonwealth Disability Discrimination Act 1992*. It aligns with 'A Western Australia for Everyone: State Disability Strategy 2020-2030'.

According to the Diversity Council of Australia's Inclusion@Work Index 2023–2024, supporting inclusion is more important than ever to help our workforce feel respected, connected and able to progress and contribute.

Enhancing disability access ties in with our EMHS Values of Respect, Kindness, Collaboration, Integrity, Accountability and Excellence. We are reliant on the combination of these to achieve equity for all people including our patients and our staff.

Diversity and inclusion must be integrated into the way we provide services, in our managerial capabilities, and in the employee experience. This creates sustainable change.

I am confident that by listening to and learning from people with disability, continuing to commit to equity and inclusion, and adopting universal design, we can be an organisation that is known for providing equity of access for all.

We appreciate the contribution from community groups and individuals in developing this Plan.

Special thanks to the Department of Communities, EMHS staff, our Volunteers and Members of the WA community.

I look forward to building upon our achievements and to ensuring that through our new Plan, people with disability, their families and carers can access our services, facilities, information and employment by providing them with the same opportunities, rights and responsibilities enjoyed by all other people in the community.

I am deeply committed to the care of people with disability in our workforce and among our patients, and to achieving our vision of Healthy People, Amazing Care; Koorda Moort, Moorditj Kwabadak.

Dr Lesley Bennett  
Chief Executive, EMHS

# Acknowledgements and Access

## Acknowledging our contributors

We acknowledge people with disability and believe in the social model of disability that highlights everyone has a responsibility to ensure that the environments, activities, and programs they are developing are created accessibly and inclusively.

This document is available online and in alternative formats.

Online

Visit [East Metropolitan Health Service - Disability Access and Inclusion Plan](#)

Alternative formats

To obtain an alternative format of this document you can:

Phone: 08 9224 8767. Please ask, for Senior Organisational Development Consultant (Diversity, Equity, and Inclusion) or email to [emhs.organisationaldevelopment@health.wa.gov.au](mailto:emhs.organisationaldevelopment@health.wa.gov.au)

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Wellington Street  
Perth WA 6000

## Acknowledgement of Country

**Nitja Noongar Boodja, Ngalak Whadjuk Moort Noongar Boodja, unna.  
Ngalak Noongar Bridiya, Koora - nitja - boordawaan**

East Metropolitan Health Service (EMHS) recognises the Whadjuk people of the Noongar Nation as the Traditional Owners of the land which we live, learn and work on today. We acknowledge that the Whadjuk people have a continuing spiritual and cultural connection to this land and pay respect to all Noongar Elders past, present and emerging. We welcome all Aboriginal and non-Aboriginal people to our services.

# Our Values

Our values reflect the qualities that we demonstrate to each other and our community every day.

Our staff make a difference every day to the patients, families and consumers they provide care, advice and support to.

The EMHS values capture the shared responsibilities that we uphold as most important.



## Kindness

Kindness is represented in the support that we give to one another. This is how we demonstrate genuine care and compassion to each and every person.



## Excellence

Excellence is the result of always striving to do better. This is represented by constant improvements to the way in which we deliver our services, which results in a high performing health service.



## Respect

We demonstrate respect through our actions and behaviours. By showing each other respect, in turn we earn respect.



## Integrity

Integrity is doing the right thing, knowing it's what we do when people aren't looking that is a true reflection of who we are.



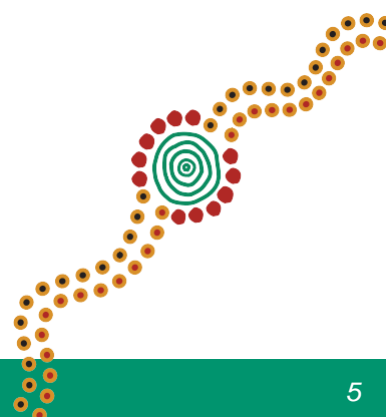
## Collaboration

Collaboration represents working together in partnership to achieve sustainable health care outcomes for our community with a shared understanding of our priorities.



## Accountability

Together we have a shared responsibility for ensuring the best health care outcomes for our community. This is a reminder that it is not only our actions, but also the actions we do not do, for which we are accountable.



# Our commitment to access and inclusion

The East Metropolitan Health Service (EMHS) is committed to creating an environment that enables people with disability, their families, carers, and workforce (including staff carers) to have full access to all services, facilities and information, as well as having an inclusive organisational culture based on equity and respect.

The EMHS Disability Access and Inclusion Plan (DAIP) aims to eliminate physical, institutional, and attitudinal barriers to inclusion, and empower people with disability. The DAIP ensures that people with disability can access services, facilities, buildings, information, and employment provided by the health service, in a way that facilitates increased independence, opportunities and inclusion.

EMHS have developed a new DAIP for the period 2025-2030 in accordance with the statutory responsibilities of the Disability Services Act 1993 (amended 2004) and other related legislation.

The DAIP provides a strategic direction and a framework for EMHS to plan, implement, monitor, and evaluate improvements to access and inclusion across the seven outcome areas, in partnership with staff, consumers and members of the community. This plan acknowledges the Department of Health's 2020-2025 DAIP and the requirement for all staff to provide an environment that is readily accessible to all people to ensure that no individual is adversely affected.

The process of reviewing EMHS' previous achievements and developing a new DAIP demonstrates our ongoing commitment to equity and access, the absence of discrimination, and to considering the diverse needs of people in our community and our workforce.

EMHS's Royal Perth Bentley Group (RPBG), Armadale Kalamunda Group (AKG) and St John of God Midland Public Hospital (SJGMPH) facilities and services, as well as EMHS comprehensive community and population health programs will:

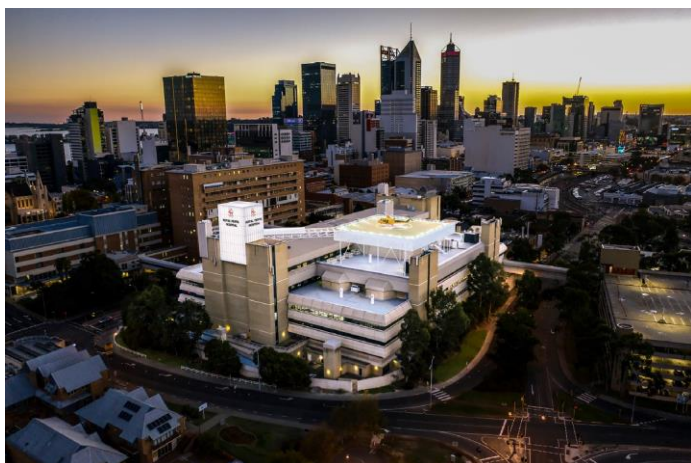
- Take all practicable measures to ensure this plan is implemented by its employees, agents, and contractors.
- Review this access and inclusion plan every 5 years.
- Undertake public consultation for any review or any significant amendment to this plan.
- Report annually to the Disability Services Commission on our strategies to achieve the desired outcomes (1 – 7) of our plan.

## About EMHS

The EMHS is an extensive hospital and health network that strives to maintain and improve the health and wellbeing of approximately 749,000 Western Australians within its catchment area, which covers 3647 square kilometres. It also serves residents of regional Western Australia requiring more complex care.

EMHS hospital groups work together to provide a combination of tertiary, secondary and specialist health care services including emergency and critical care, state trauma, elective and emergency surgery, general medical, mental health, inpatient and outpatient services, aged care, palliative care, rehabilitation and women's, children's and neonatal services.

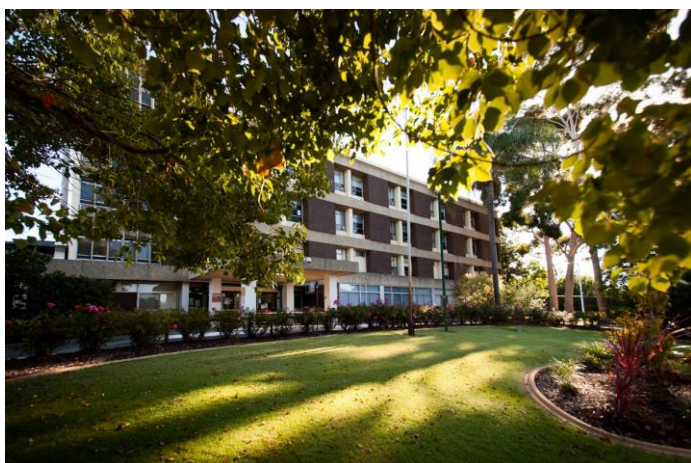
EMHS also provides a range of mental health, community services and population health programs, including Aboriginal health programs facilitated both within and outside of our catchment area.



### The Royal Perth Bentley Group comprises of:

#### **Royal Perth Hospital (RPH)**

A inner-city tertiary hospital, providing an extensive range of services, including adult major trauma, emergency and highly specialised services as well as community and hospital-based mental health services. RPH is comprised of a number of buildings located at the eastern end of Murray and Wellington Streets and can be accessed by road, rail or helicopter; it also provides over-road protected pedestrian walkways.



#### **Bentley Health Service (BHS)**

A specialist hospital with services including rehabilitation, elective and same-day surgery, aged care and community, maternity services and hospital-based mental health services. BHS is located on Mills Street, Bentley and is accessible by road and public transport.





## The Armadale Kalamunda Group comprises of:

### **Armadale Health Service (AHS)**

A general hospital and health service that provides a range of health care, including emergency, maternity, intensive care and community and hospital-based mental health services. AHS is located on Albany Highway, Mount Nasura and is accessible by road and public transport.



### **Kalamunda Hospital (KH)**

A specialist hospital that provides palliative care and endoscopy services. KH is located on Elizabeth Street, Kalamunda and is accessible by road.

### **St John of God Midland Public Hospital**

(operates within a public/private partnership)

Is a public hospital providing a wide range of services to the Swan and Hills community, including emergency and intensive care services. SJGMPH is located on Clayton Street, Midland and is accessible by road and a nearby rail line.

EMHS has a contract with St John of God Mount Lawley (SJGML) to provide Restorative Care (inpatient and outpatient) Services for public patients. SJGML is accessible by road including Transperth buses and a nearby rail line.





# Development of the DAIP

The development of the new Disability Access and Inclusion Plan was led by representatives from site specific DAIP committees. A review of progress against the existing EMHS Disability Access and Inclusion Plan and other Hospital Group plans was undertaken to identify achievements, completed actions and tasks still in progress. Consumer and internal stakeholder engagement allowed us to build on this previous work through identification of new target areas to incorporate into the new Disability Access and Inclusion Plan.

## Legislative and Policy context

People with disability, their families and carers have the same rights as others to access services, buildings, information and employment. Their rights are protected by State and Commonwealth legislation which make it unlawful to discriminate against a person with a disability and require the provision of access to the same opportunities and choices as the rest of the community.

*Public authorities in Western Australia are required to have DAIP under the Disability Services Act 1993.*

Other legislation, strategies and reports underpinning our approach include:

- *Equal Opportunity Act 1984 Western Australia*
- *Australian Human Rights Commission Act 1986*
- *Disability Discrimination Act 1992*
- *Public Sector Management Act 1994*
- *Carers Recognition Act 2004*
- *Convention on the Rights of Persons with a Disability 2007*
- *Sustainable Health Review 2019*
- *WA State Disability Strategy 2020-2030*
- *Workforce Diversification and Inclusion Strategy for WA Public Sector Employment 2020–2025*
- *Australia's Disability Strategy 2021-2031*

## Consultation Process

A number of channels were used for this consultation phase:

- EMHS websites and intranets
- Alternative formats such as large print, audio CD or via an interpreter, upon request
- Communication strategies to inform, staff, visitors and consumers
- Advertisement for public feedback (e.g. EMHS website, intranet, Facebook pages, The West Australian newspaper.)

# The EMHS DAIP 2025 – 2030: Strategies

## Outcome One

People with disability have the same opportunities as other people to access the services of, and any events organised by, EMHS.

Actions	
1.1	The Disability Access and Inclusion Committee develops a plan and monitors the implementation of these seven outcomes to strengthen access and inclusion.
1.2	All staff, agents and contractors who provide services to EMHS are aware of and conduct their business in accordance with the DAIP and other relevant legislation.
1.3	EMHS to ensure events organised or promoted by our health services are accessible to people with disability by ensuring both physical and electronic access is available and considered.
1.4	Provide people with disability with an opportunity to comment on their access to services.
1.5	This DAIP is incorporated in the development and reviews of EMHS plans, codes, policies, processes, and procedures. To ensure that any health service redevelopments or new service provided, take into consideration this DAIP.

## Outcome Two

People with disability have the same opportunities as other people to access the buildings and other facilities of EMHS.

Actions	
2.1	Buildings and facilities are physically accessible in respect to parking, external and internal access points, toilets, signage and telephones.
2.2	Patients and visitors with disability have assistance, when required, to locate their destination including wayfinding for visual impairment, hearing impairment, and intellectual disability.
2.3	Planning for future premises, renovations and upgrades consider design for people with disability.
2.4	Critical incident and evacuation procedures are in place and regularly reviewed for the safety of employees and visitors with disability.

## Outcome Three

People with disability receive information from EMHS in a format that will enable them to access the information as readily as other people are able to access it.

Actions	
3.1	EMHS internet and intranet sites meet the World Wide Web Consortium (W3C) web standards and are continually reviewed and updated to meet accessibility standards. WCAG 2.0. Improve technologies to aim for user-friendly interfaces and simplified webpages.
3.2	EMHS publications meet minimum communication guidelines. Information can be made in alternative formats upon request and staff are aware of how to access.
3.3	Information provided to consumers, patients, and carers, takes into consideration the Australian Government Intellectual Disability Health Capability Framework which helps health carer providers work better with people with intellectual disability.

## Outcome Four

People with disability receive the same level and quality of service from the staff of EMHS as other people receive from the staff of EMHS.

### Actions

- |     |   |
|-----|---|
| 4.1 | Improve staff understanding of disability access and inclusion issues, to enable more appropriate service delivery.   |
| 4.2 | Eliminate aggression, harassment and discrimination against people with disability within the health service, and support and encourage staff to report concerns. |
| 4.3 | Promote external education opportunities which relate to developing skills in providing quality care to consumers with disability.                                |

## Outcome Five

People with disability have the same opportunities as other people to make complaints to EMHS.

### Actions

- |     |  |
|-----|--|
| 5.1 | EMHS compliance and feedback processes are accessible to people with disability.   |
| 5.2 | Evaluate EMHS complaints process in collaboration with consumers, patients, families, and caregivers to identify areas for improvement and ensure continuous service enhancements. |

## Outcome Six

People with disability have the same opportunities as other people to participate in any public consultation by EMHS.

### Actions

- |     |  |
|-----|--|
| 6.1 | Identify and use methods of consultation that are inclusive of people with disability.                       |
| 6.2 | Include consumer consultation, disability awareness and impact into policy and project planning development. |
| 6.3 | Advertise opportunities to the public to participate in EMHS disability consultation events.                 |

## Outcome Seven

People with disability have the same opportunities as other people to obtain and maintain employment with EMHS.

### Actions

- |     |   |
|-----|---|
| 7.1 | Increase retention of employees with disability including employees who acquire a disability.   |
| 7.2 | Promote disability employment initiatives to attract talent with disability and work towards the aspirational target of 5% of workforce representation set by Government. |
| 7.3 | Adopt more inclusive recruitment practices and remove employment barriers for people with disability.   |



## Achievements from the previous DAIP

EMHS recognises the importance of providing people with disability, their families and carers with equitable opportunities, access and rights as enjoyed by other people in the community. through this effort, EMHS has made significant improvements to disability access and inclusion across the seven outcome areas. This included:

Outcome One: People with disability have the same opportunities as other people to access the services of, and any events organised by, EMHS.

- Expanded the use of volunteers at site entrances to assist with visitor enquiries and wayfinding.
- Purchase of additional wheelchairs for consumer transit given reduction in access points to site due to COVID-19.
- Created and sign-posted additional rest stations in access walkways and rostered additional staff to assist people with disability to navigate to different areas of sites.
- Increased use of workstations on wheels, tablets, etc to increase access to family meetings held in clinical areas and allow consumers to participate in external events including funerals.
- Consideration given to accessibility of services with changes due to COVID-19 requirements.

Outcome Two: People with disability have the same opportunities as other people to access the buildings and other facilities of EMHS.

- Increased dedicated senior car parking and ACROD bays above minimum requirements.
- Improved hospital signage at entry points across sites.
- Free call phones installed across hospital sites.
- Establishment of specialised geriatric assessment teams in Emergency Departments to improve safety and quality of care for older adults.
- Kalamunda Hospital refurbishment and new day hospice incorporated disability access into designs, including additional ramp access to garden areas and refreshing of accessible toilet areas. Ramps to garden areas enable both wheelchair and bed access.
- Regular/ongoing maintenance of buildings, grounds, car parks and facilities to ensure compliance with relevant disability and access requirements.

Outcome Three: People with disability receive information from EMHS in a format that will enable them to access the information as readily as other people are able to access it.

- Continual monitoring and oversight of publications via EMHS communication team and ability to obtain in different formats/languages.
- Caring for Carers resources available for culturally and linguistically diverse groups.
- Signage and wayfinding markers reviewed with additional aids provided at key locations including directions to amenities.
- Increased variety to alternative 'call buttons' or communication with nursing staff on inpatient wards.
- Utilisation of digital solutions (e.g. computer programs activated by eye movement) to assist with communication.

- Ensured ongoing access to a variety of interpreter services including in-person, by phone and by telehealth.
- Audit conducted of hearing loop utilisation and accessibility of EDI internal resources.

Outcome Four: People with disability receive the same level and quality of service from the staff of EMHS as other people receive from the staff of EMHS.

- Expansion of volunteer “Forget Me Not” program which enables more time to create meaningful connections supporting people with dementia and cognitive impairment through their hospital journey.
- Expansion of telehealth access and training to increase access options for outpatient services.
- Trial of use of virtual reality technology for palliative care patients to engage in experiences otherwise inaccessible due to loss of physical function.
- Focus on accessibility as part of organisation values across EMHS sites.

Outcome Five: People with disability receive the same level and quality of service from the staff of EMHS as other people receive from the staff of EMHS.

- Constant monitoring of patient feedback / complaints via the AKG Consumer Engagement Office, RPBG Patient Experience Department, St John of God Midland - Public Hospital: Patient Experience Team, and quarterly review at AKG and RPBG Disability Access and Inclusion Committee meetings. variety of methods are available for providing feedback and lodging complaints including paper based, EMHS website, e-mail, verbal and via staff/volunteers assisting to compile complaints.
- Promotion of ‘Care Opinion’ platform to staff and consumers.
- Installation of visual aids and equipment (e.g. dedicated phones) regarding ‘Aishwarya’s CARE call’ and other consumer-initiated care escalation pathways across hospitals, especially in emergency departments.

Outcome Six: People with disability have the same opportunities as other people to participate in any public consultation by EMHS.

- Shire of Serpentine-Jarrahdale Byford Health Hub community consultation and planning has included multiple modalities to enable engagement with a diverse range of consumers and other stakeholders.
- Various site-level consumer engagement activities seeking input on design of new models of care (e.g. Emergency department geriatrics team, COVID screening and COVID clinics, St James Transitional Care Unit, Secure Extended Stay Unit at BHS and Maternity Birthing Centre).
- Consumer representation on Disability, Access and Inclusion Committees.
- Diverse representation on site Consumer and Community Advisory Committees/Councils.
- Mental Health specific Consumer Advisory Groups across site.

Outcome Seven: People with disability have the same opportunities as other people to obtain and maintain employment with EMHS.

- Implementation of a talent acquisition team to assist in recruitment plans incorporating equity and diversity principles.
- New Diversity, Equity and Inclusion role created for EMHS.
- EMHS uses inclusive recruitment practices and encourages people with disability to apply for positions advertised across the organisation.







## Implementation and Monitoring

A DAIP implementation plan will be the responsibility of each EMHS site and will detail timelines and responsibilities for each of the actions above.

As per the Disability Services Act 1993, EMHS DAIP will be reviewed at least every five (5) years and, staff and public feedback sought. DAIP site committees will have ongoing responsibility to continue reviewing progress, initiate and implement their Plans. Complaints regarding access by individuals, carers or families of those with disability, when received by services, should be considered by the DAIP committee with a view to resolving requirements.



## Reporting

A designated EMHS executive sponsor will be responsible for preparation of the annual Disability Services Commission report. This will be an opportunity to report on progress and highlight achievements. The report will be formally endorsed by the EMHS Chief Executive.



## Communication of the DAIP

A copy of the EMHS DAIP is available electronically on the EMHS internet and intranet websites. The new EMHS DAIP will be communicated to staff and the community via several mediums including the intranet and eBulletins.

The plan is available in alternative formats on request and managers and supervisors are responsible for ensuring all staff who do not have computer access are made aware of the DAIP and are able to access.

This document can be made available in alternative formats on request.

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