

# Communication for Safe Care

Enhancing Healthcare Access for People with Communication Disabilities

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South Western Sydney and Western NSW

Local Health Districts

Executive Report

May 2025



In partnership with



South Western Sydney  
Local Health District

Western NSW Local Health District



THE UNIVERSITY OF  
SYDNEY

## Acknowledgement of Country

South Western Sydney and Western NSW Local Health District acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

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## Acknowledgement of Lived Experience

The Communication for Safe Care project acknowledges the lived experience of those with communication support needs, their carers, friends, family, and support people. We value their contributions and thank them for the time and expertise they have provided to this project.

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## Project Partners

The Communication for Safe Care project is a multiagency project partnership across South Western Sydney Local Health District, Western NSW Local Health District, and the University of Sydney. We acknowledge the contributions of all project team members, researchers, and students who have been involved in the project.

The project is funded by an Information, Linkages, and Capacity Building Grant from the NDIS. We thank Dr Katherine Kelly, Prof Sue McAllister, and Ms. Lisa Maxey for their contributions to the initial grant application, which laid the foundation for this project.

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## Project Contributors

We acknowledge the vital contributions of our consumers, healthcare professionals, and partners. Their unique insights and lived experiences have not only shaped our project but have ensured that our solutions remain responsive, inclusive, and impactful. Their commitment and collaboration have been the cornerstone of our success.



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Explore the Communication for Safe Care project reports and resources [HERE](#)

# Overview

The Communication for Safe Care project (C4SC) aimed to make healthcare services easier to access for people with communication disabilities. The project used a co-design approach to bring together healthcare workers, people with lived experience of communication disability, and senior health leaders to work collaboratively to design solutions that meet everyone's needs.

Approximately 1.2 million Australians have a communication disability (Australian Bureau of Statistics [ABS], 2015). The rights of people with a disability, including access to inclusive healthcare services, are stated in the United Nations Conventions on the Rights of Persons with Disability (United Nations, 2006). However, despite legal obligations to provide accessible and inclusive services, people with communication disabilities:

- are more likely to suffer from adverse events in hospital; and
- have poorer health outcomes than the general population. (O'Halloran, Worrall, & Hickson, 2008).
- Healthcare workers do not receive routine and comprehensive training in communication disabilities and report poor confidence in providing quality care (Wallace, Worrall, Rose, & Le Dorze, 2018).

Through co-design, training, and systemic solutions, the project enhanced communication practices across rural and metropolitan healthcare services, aligning with the Australian National Safety and Quality Health Service (NSQHS) standards.

There are legal obligations that mean all businesses, government agencies, organisations and service providers must be accessible for all people, including those with communication disabilities.

Australian Human Rights Commission, 2020

# Background

The project aimed to improve healthcare access for people with communication disabilities by focusing on three key areas: enhancing healthcare workers' skills, creating practical tools and resources, and increasing the service's ability to meet diverse consumer needs. Specifically, the project aimed at addressing:

## Healthcare disparities

Despite legal frameworks, people with communication support needs are at higher risk for adverse events and receive lower-quality care.

## Workforce challenges

Healthcare professionals often report low confidence and insufficient training in handling communication disabilities.

## Rural & regional specifics

In rural areas like Western NSW, factors such as vast geography, limited infrastructure, and workforce shortages compound access issues.

## Alignment with standards

The project is designed to support NSQHS Standards, notably by partnering with consumers and ensuring effective communication for safety.

## Consumer involvement

Consumers with lived experience of communication support needs played a central role in the project through various forms of engagement, including consumer surveys and interviews, sharing healthcare experiences and insights, participating in co-design sessions, contributing to resource development and review, joining advisory groups, and co-delivering training sessions.

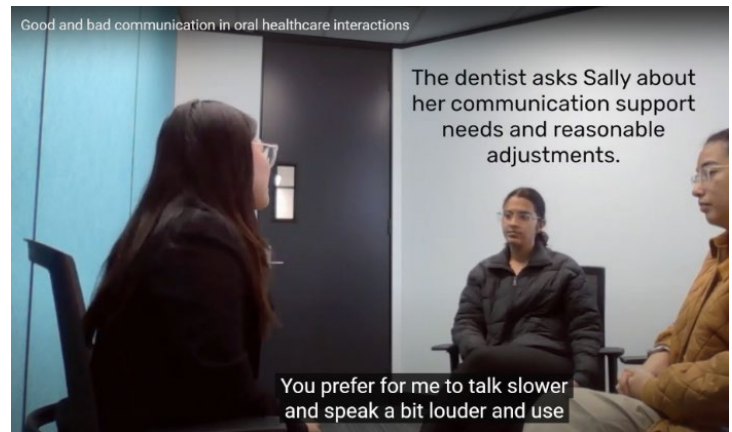
To ensure meaningful consumer participation, reasonable adjustments were embedded throughout the project. These included providing additional time, offering accessible documentation such as easy-read versions, allowing preparation time before meetings, conducting access checks, and developing participant profiles to identify and implement appropriate adjustments.

In alignment with policy, consumers were remunerated for their contributions to the project.



## Student placements

The project improved healthcare workers' support for people with communication needs by offering innovative student placements. These placements addressed gaps in health education by aligning practical experiences with real-world demands. Speech pathology students, under supervision, evaluated healthcare workers' communication skills, assessed environmental factors, and provided training. The model aimed to strengthen the workforce, improve service delivery, and boost recruitment and retention in regional areas.



## The rural and regional context

Delivering inclusive and accessible healthcare in rural and regional areas presents unique challenges that shaped the co-design process and solutions in this project. As the largest LHD geographically, WNSWLHD serves widely dispersed communities, making effective communication essential to ensuring equitable access to care. Western NSW's vast geography and diverse communities create opportunities for tailored, community-driven solutions that enhance healthcare access for consumers with communication support needs.

### Impact on the co-design process

Engaging consumers and healthcare workers across a large, rural health district required thoughtful planning and flexibility. Key considerations included:

#### Geographic barriers

Dispersed communities made in-person engagement more complex.

#### Digital access and literacy

Variability in internet connectivity affected online participation

#### Workforce constraints

Competing demands on healthcare workers time can make participating in additional projects, like co-design, more challenging.

To address these barriers, the project team implemented:

#### Flexible engagement models

Participation options included phone interviews, surveys, and small in-person discussions at community hubs.

#### Technology support

Pre-workshop assistance and alternative participation methods helped address connectivity issues.

#### Local champions

Partnering with local clinicians strengthened relationships and encouraged rural workforce engagement.

### Impact on the solution

The rural context shaped the development of practical, sustainable communication access solutions:

#### Resource limitations

Rural clinics often have limited access to specialist support, such as on-site interpreters. To address this, visual communication aids were developed for independent use, ensuring accessibility without reliance on external resources.

#### Staff training

Solutions were easy to integrate into existing workflows, ensuring they were practical and widely applicable.

#### Community-centred approaches

Long travel distances can make follow-up appointments difficult if communication challenges go unresolved. If most of an appointment is spent trying to communicate rather than receiving treatment, returning for further care may not be feasible due to transport limitations, costs, and time. By ensuring communication supports were identified and implemented before appointments, the solution improved access, efficiency, and patient outcomes. By embedding these rural-specific considerations, the project delivered solutions that were effective, practical, and sustainable for regional healthcare settings.

The expectation is that we assess, diagnose, and treat in one appointment, but taking the time to explain things properly makes it difficult to fit everything in.

Healthcare worker interview

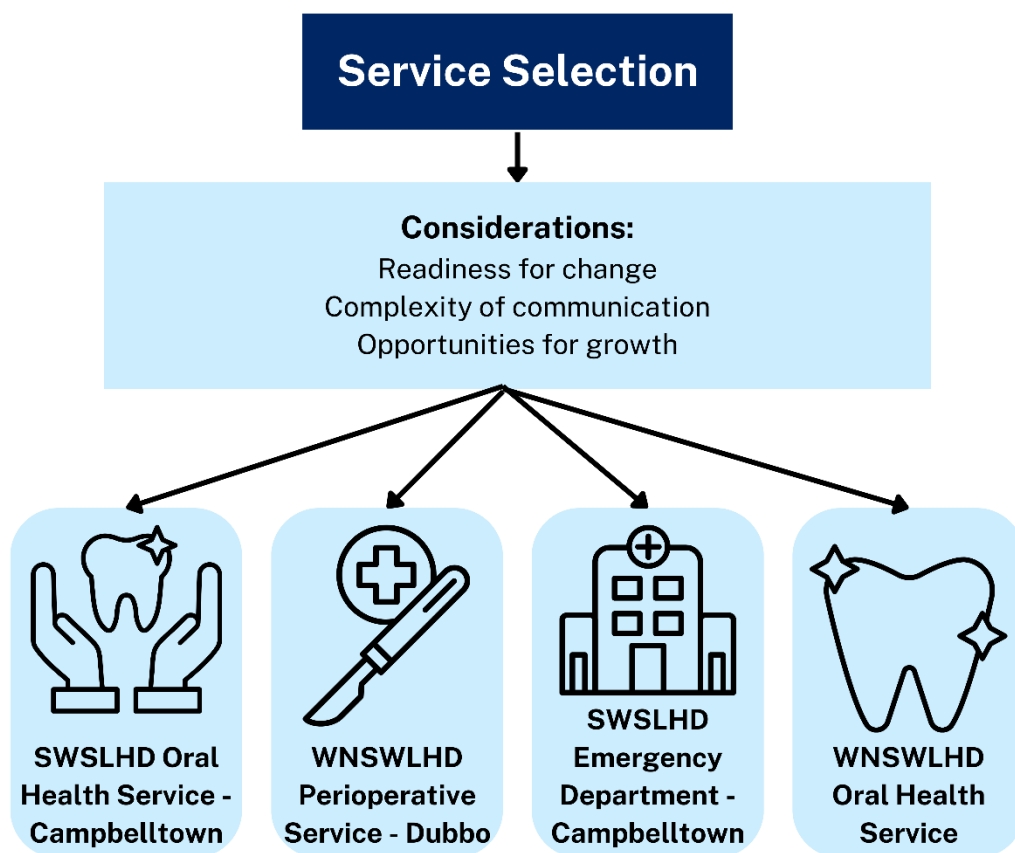
# Methodology

Based on the principles of co-design, the project was structured in five stages:

- 1. Partnering and scoping**  
Identifying key healthcare services, stakeholders, and defining the project scope.
- 2. Issue identification and prioritisation**  
Engaging consumers and healthcare workers to assess communication challenges and determine priority areas.
- 3. Solution design**  
Co-developing practical, scalable solutions tailored to the needs of healthcare workers and consumers.
- 4. Implementation**  
Trialing and embedding solutions into healthcare settings, with ongoing feedback and refinement.
- 5. Evaluation**  
Assessing the effectiveness of implemented solutions, capturing lessons learned, and identifying opportunities for sustainability and scalability.

## Scope

Four healthcare sites, two in South Western Sydney and two in Western NSW were chosen based on opportunity to address communication challenges, improve patient outcomes and readiness to change.



# Objectives and deliverables

## Design, implement, and evaluate a model and supporting resources for people with communication support needs in healthcare settings

- Developed an accessible co-design model, using insights gained from people with communication support needs, healthcare workers, and leaders.
- Used accessible co-design to develop targeted solutions to improve communication access in healthcare settings.
- Delivered and evaluated resources like communication boards and visual a
- Established an evaluation framework to assess the project's success.

## Pilot the project model in diverse metropolitan, rural, and regional locations

- Successfully piloted the accessible co-design model in diverse metropolitan, rural, and regional locations, using a range of different engagement methods.
- Successfully piloted a targeted solution across metropolitan, rural, and regional areas, with adaptations to suit location-specific needs.
- Implemented location-specific solutions for unique communication challenges.

## Build capacity in healthcare environments and workforce by involving allied health professional students

- Facilitated Speech Pathology Clinical Placements for undergraduate and master's students.
- Engaged Speech Pathology students in activities to expand the projects reach and impact including conducting skills audits, developing resources and delivering training.

## Deliver an education and implementation framework with transferrable resources and strategies.

- Created a comprehensive communication training package including:
  - Train the trainer modules
  - Experiential learning
  - Ongoing support for sustainable behaviour change
  - Developed scalable resources for various healthcare settings

# Impact

This section highlights the project's measurable benefits: enhanced communication access, improved staff training, and better support for consumers. Site reports, data captured, resources developed, and training delivered demonstrate how these innovations, aligned with NSQHS standards, are driving safer, more inclusive healthcare.



## Improved communication access

Introduced service-specific solutions, including triage processes, visual aids, and training programs.



## Supported consumers and carers

Improved safety, care and communication experiences in healthcare settings through co-designed solutions.



## Enhanced staff capacity

Delivered targeted training to improve confidence and skills in inclusive communication.



## Influenced local and statewide processes

Embedded communication access principles in everyday practice.

## 1. Accessible Co-design

The accessible co-design guide provides practical strategies to ensure co-design is inclusive, especially for people with communication support needs. It draws on lessons from the project, where lived experience drove meaningful change. When co-design is accessible, everyone can contribute, leading to stronger, fairer, and more sustainable outcomes. This guide helps teams create spaces where all voices are heard, respected, and valued.

**Making Co-Design Accessible**  
Spots and Resources from the Communication for Quality Care Project

South Western Sydney and Western NSW  
Local Health Districts



## Accessible Co-design

[Making Co-Design Accessible for People with Communication Support Needs.pdf](#)



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## 2. Project reports

Each site received a project report outlining the work completed and the resources developed. Project snapshots can also be found in Appendix E-J.

Communication for Safe Care  
Enhancing Health Care Access for People with Communication Disabilities

South Western Sydney Local Health District  
Oral Health Services  
Project Report  
May 2020



### SWSLHD Oral Health Service

- [SWSLHD Oral Health Service Project Report.pdf](#)
- [SWSLHD Oral Health Service Project Report EASY READ.pdf](#)
- [SWSLHD Oral Health Service Data Report](#)
- [SWSLHD Oral Health Service Project Snapshot.pdf](#)

Communication for Safe Care  
Enhancing Health Care Access for People with Communication Disabilities

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### WNSWLHD Oral Health Service

- [WNSWLHD Oral Health Service Project Report.pdf](#)
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- [WNSWLHD Oral Health Service Data Report](#)
- [WNSWLHD Oral Health Service Project Snapshot.pdf](#)

Communication for Safe Care  
Enhancing Health Care Access for People with Communication Disabilities

Western NSW Local Health District  
Perioperative Services  
Project Report  
May 2020



### WNSWLHD Peri Operative Service

- [WNSWLHD Peri Operative Service Project Report.pdf](#)
- [WNSWLHD Peri Operative Service Project Report EASY READ.pdf](#)
- [WNSWLHD Peri-Operative Service Project Snapshot.pdf](#)

Communication for Safe Care  
Enhancing Health Care Access for People with Communication Disabilities

South Western Sydney Local Health District  
Campbelltown Hospital Emergency Department  
Project Report  
May 2020



### SWSLHD Emergency Department

- [SWSLHD Emergency Department Project Report.pdf](#)
- [SWSLHD Emergency Department Project Report \(EASY READ\).pdf](#)
- [SWSLHD Emergency Department Snapshot.pdf](#)

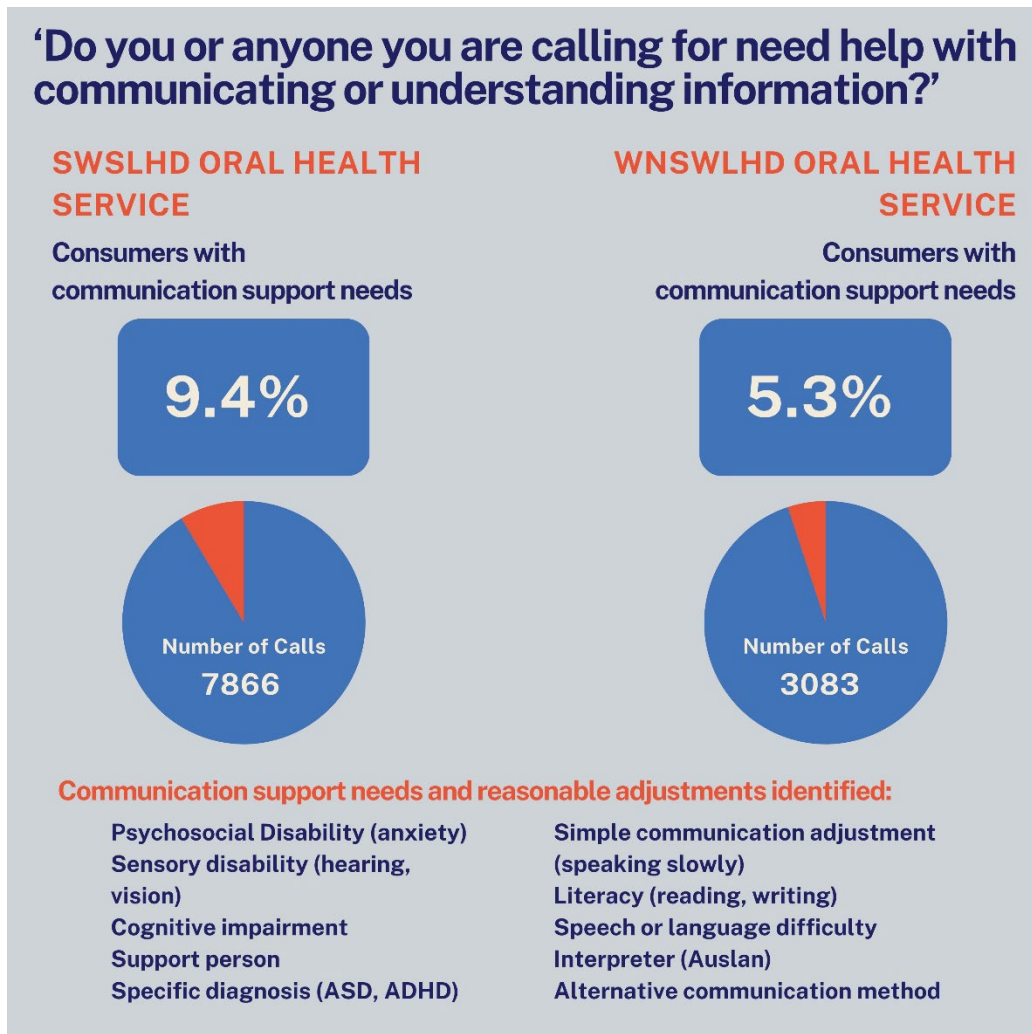
### 3. Data captured

The project leveraged the unique opportunity within SWSLHD and WNSWLHD Oral Health Services to gather insights directly from consumers. Over an eight-week period, the contact centres consistently asking every caller during the Triage process:

**"Do you or anyone you are calling for need help with communicating or understanding information?"**

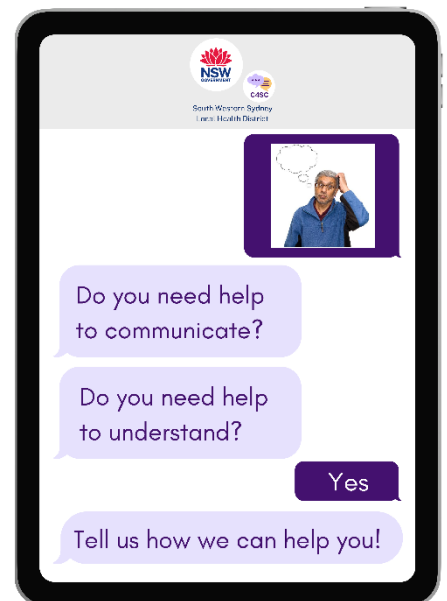
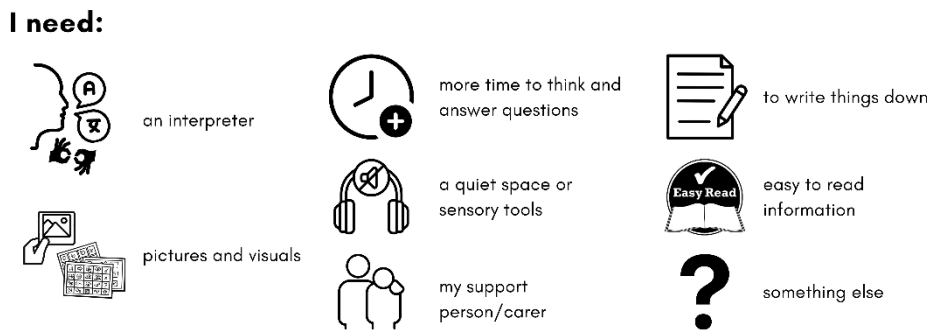
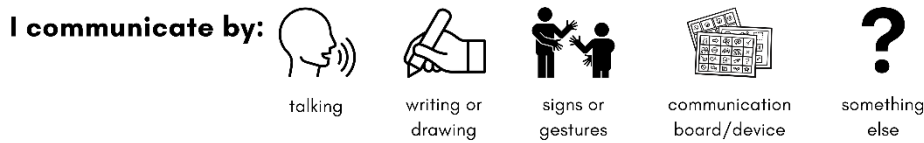
This data collected provided valuable insights into the prevalence of communication support needs among consumers accessing oral health services. This data can now be used to inform future service improvements, accessibility strategies, and policy recommendations.

**9.4%** of consumers in SWSLHD and **5.3%** of consumers in WNSWLHD reported needing support with communication or understanding information.



## 4. Self-identification

In the Emergency Department, the project worked with healthcare workers and consumers with lived experience to co-design communication visuals that help consumers self-identify their communication support needs.



## 5. Training

Bespoke training packages were developed and delivered at each site to meet the unique needs of both clinical and non-clinical staff. The primary goal was to boost staff confidence, knowledge, and skills so they could:

- Engage effectively with consumers who have communication support needs.
- Implement new, efficient processes.
- Ensure clear communication throughout the care continuum.

The training packages comprised three key components: an introduction to communication; understanding inclusive communication and communication support needs; and communication strategies that included practical scenarios.

At the SWSLHD Emergency Department, Patient Experience Officers (PEOs) participated in a 2-hour, 30-minute face-to-face session designed to equip them to provide fair and inclusive care by:

- Learning effective communication strategies.
- Practicing skills to recognise and overcome barriers.
- Exploring resources to foster a patient-centred environment.

This comprehensive training aimed not only to enhance individual capabilities but also to drive systemic improvements that support inclusive healthcare practices.

### Evaluation of training

Across all sites, targeted training significantly increased staff confidence and familiarity in addressing communication support needs. Initially uncertain about how to phrase questions, staff quickly improved by using practical strategies like Teach Back, active listening, visual aids, and the Titanium eMR pop-up note. These gains were maintained over time with minimal workload impact, though staff recommended more group activities and clerical-specific examples to further enhance engagement. Overall, the program successfully fostered inclusive communication practices and improved patient care.

It's nice to see that from the moment a patient is called from the waiting room, staff are more mindful of how to engage with patients flagged as having communication support needs.

Healthcare worker interview after intervention

## 6. Australian National Safety and Quality Health Service Standards (NSQHS)

The **C4SC** project highlights the critical role of effective communication in ensuring patient safety, fostering informed decision-making, and promoting inclusivity. By aligning with the NSQHS Standards, the project enhances healthcare services' capacity to meet accreditation requirements and deliver safer, person-centred care.

### Standard 2: Partnering with consumers



**Clear and accessible information:** Developed resources in Plain English and Easy Read formats to meet diverse consumer needs.

**Co-design with consumers:** Created a co-design package empowering staff to collaborate with consumers in developing accessible materials.

**Informed decision-making:** Supported staff in building communication skills to help consumers make informed choices about their care.

### Standard 6: Communicating for safety



**Assessment of communication needs:** Advocated for identifying communication support needs at admission to address them early.

**Communication plans:** Promoted integrating plans for interpreters, visual aids, and accessible formats into care delivery.

**Collaborative communication:** Emphasised involving patients and carers in care planning and transitions to ensure safety and continuity.

### Standard 5: Comprehensive care



**Clinical handover:** Encouraged consistent communication processes during care transitions to prevent information loss.

**Documentation:** Supported clear and accurate record-keeping to enhance accountability and continuity.

**Communication tools:** Promoted the use of interpreters, visual aids, and standardised tools to address barriers.

**Patient and family engagement:** Empowered patients and families to actively participate in discussions about care plans and progress.

## 7. Healthcare worker feedback

### Healthcare worker feedback

**It's completely changed my mindset. Spending a little more time upfront improves outcomes and reduces the need for repeat visits.**

**Teach-back has been really effective. I'm having fewer angry phone calls from pharmacists because patients are actually understanding the instructions I give them.**



**The expectation is that we assess, diagnose, and treat in one appointment, but taking the time to explain things properly makes it difficult to fit everything in.**

**I've noticed a huge increase in patients who are happy to return and even enthusiastic about coming back, especially those with communication support needs.**



## 8. Consumer feedback

### Consumer Feedback

**I think it's really important...engaging the consumers to work together...to work out how can they make it better.**

**When you've got a disability, you do feel useless. But when you're involved in something like this - you see that - Look what I did in a team of people who wanted to listen to my story and put it on paper.**



**It's good...not to compare me with someone else with the same disability.**

**Exploring the communication needs early is good too because...it takes a little bit longer to explain or understand...sometimes they ask about symptoms or something like that and you're thinking, 'Oh, I can't remember'**



# Learnings

## Inclusive communication is essential

Effective communication ensures patient safety, informed decision-making, and equitable access.

## Co-design drives success

Collaboration with consumers and staff produced practical, relevant solutions.

## Training builds capacity

Tailored education improved staff confidence and skills showing that capacity building is essential for sustained behavioural change.

## Visual aids enhance accessibility

Communication boards and posters supported patient interactions and staff workflows.

## Scalability requires simplicity

Scalable tools, such as communication boards and visual aids, demonstrated that straightforward solutions can have broad applicability and impact.

## Systemic barriers persist

Time constraints, limited resources, and noisy environments require targeted solutions.

## Leadership support enhances responsiveness

Integrating communication accessibility into policies and procedures required buy-in from senior leaders to achieve systemic change.

## Student involvement adds value

Engaging allied health students expanded the project's reach, built future workforce skills, and contributed to resource development.

## Continuous evaluation strengthens outcomes

Using an evaluation framework rooted in Implementation Science allowed continuous adjustments and improvements during the project.

I'm having fewer post-operative complications ... patients are coming back less frequently with issues like dry sockets because I've changed the way I explain post-operative instructions.

Healthcare worker feedback after intervention

# Best practice for accessible communication in healthcare

Drawing on insights from our target sites, our project has identified the top five recommendations for accessible healthcare (Appendix C). Refined through feedback from all sites and validated by our consumers, these recommendations serve as an important guide for shaping statewide policy. This framework aims to promote positive change across healthcare settings by ensuring every patient experiences clear, inclusive communication at every stage of care.

## Top 5 recommendations

Effective communication is essential for safe, equitable healthcare. To achieve this, we must take five key actions:

- 1. Build staff capacity**  
Provide ongoing training, establish disability champions, and engage students to develop a skilled, inclusive workforce.
- 2. Identify communication support needs early**  
Introduce triage questions, create clear support pathways, implement reasonable adjustments, and improve interpreter access.
- 3. Enhance patient resources and environments**  
Use Plain English and Easy Read materials, visual aids, and signage, and create quiet zones for accessibility.
- 4. Embed inclusive communication in policy**  
Align with NSQHS Standards, integrate inclusive strategies into policy, and promote Teach-Back.
- 5. Strengthen co-design and consumer engagement**  
Work with consumers and staff to refine solutions, gather feedback, and drive innovation.



# Call to action

The Communication for Safe Care project highlighted the importance of inclusive communication for equitable healthcare. Through co-design, training, and systemic improvements, the project enhanced staff capacity, patient engagement, and service delivery, creating a scalable foundation for safer, more person-centred care.

This is absolute best practice. Not only these five recommendations, but the way you've brought a group together that it's been run in such a cohesive manner and that you actually have achievable goals, and you have proof that it works."

End of project consumer feedback

Key achievements included building healthcare workers' capacity, developing resources to improve communication accessibility, and addressing the needs of diverse consumers. It successfully piloted a model adaptable to different healthcare settings, engaged students for future workforce development, and improved patient experiences. The project offered scalable solutions for long-term impact across metropolitan, rural, and regional healthcare settings.

## Model of service delivery

We urge healthcare providers, policymakers, and leaders to embrace the five key recommendations by:

- Investing in continuous staff training and capacity building
- Proactively identifying and addressing communication support needs
- Enhancing patient resources and optimising healthcare environments
- Embedding inclusive communication practices into policy
- Strengthening co-design and consumer engagement in every facet of care.

## Using the model

We encourage healthcare services to use the C4SC model of improvement developed from this project (Appendix D). To create communication-accessible environments, services should:

### Ask the question early and ask it often

Check if someone needs help to understand or communicate.

### Adjust communication

Change how you speak or share information based on what the person needs.

### Share the information

Let other staff know about the person's communication needs.

To support this, healthcare providers should:

### Embed and strengthen

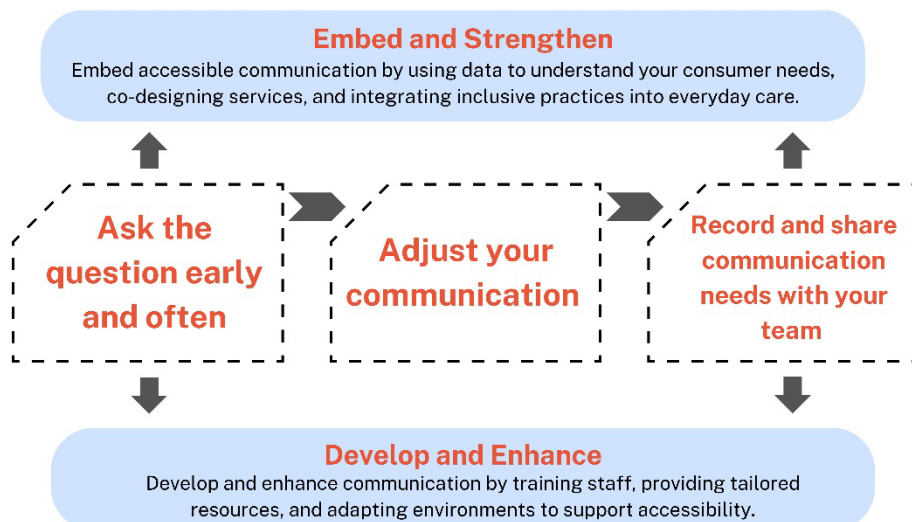
- Make accessibility part of everyday care
- Use data and consumer feedback to improve services

### Develop and enhance

- Train staff in inclusive communication
- Provide resources and environments that support communication needs

By integrating these strategies into everyday practice and statewide policy, we can ensure that every patient benefits from clear, effective, and inclusive communication — driving a safer and more responsive healthcare system for all.

## “Do you need help communicating or understanding information?”



## Appendix A - Definitions

Term	Definition
<b>Communication for Safe Care (C4SC) Project</b>	An initiative designed to improve communication practices in healthcare settings, ensuring safe, equitable, and accessible care for individuals with communication support needs.
<b>Inclusive Communication</b>	The practice of ensuring that everyone – regardless of communication disabilities – can understand and be understood in healthcare settings, using plain language and accessible formats.
<b>Communication Disability / Communication Support Needs</b>	Challenges in speaking, understanding, or processing language that require additional support to ensure effective communication.
<b>Co-design</b>	A collaborative process in which consumers, healthcare workers, and experts work together to develop practical solutions that meet the needs of all stakeholders.
<b>Capacity Building</b>	Enhancing the skills, abilities, and resources of individuals and organisations, through training and practical experience, to achieve sustainable improvements in service delivery.
<b>Accessible Healthcare</b>	Healthcare services that are designed and delivered in a way that is easily reachable and understandable for everyone, including those with disabilities.
<b>NSQHS Standards</b>	The Australian National Safety and Quality Health Service Standards that provide benchmarks for safe, effective, and patient-centred care.
<b>Triage Process</b>	The initial assessment conducted when patients access healthcare services, including the evaluation of communication support needs, to ensure timely and appropriate care.
<b>Allied Health Students</b>	Students in fields such as speech pathology and other allied health disciplines who gain practical experience through clinical placements, contributing to workforce development.
<b>Disability Champions</b>	Designated individuals within healthcare organizations who advocate for and promote practices that address the needs of people with disabilities.
<b>Visual Communication Aids</b>	Tools such as communication boards, signage, and visual aids that support effective communication, particularly for individuals with communication challenges.
<b>Co-design Framework</b>	A structured approach that guides the collaborative development of solutions, ensuring they are user-friendly, practical, and meet the needs of the community.

## Appendix B - References

Australian Bureau of Statistics. (2015). *Survey of Disability, Ageing and Carers: Summary of findings*. Retrieved from <https://www.abs.gov.au>

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O'Halloran, R., Worrall, L., & Hickson, L. (2008). Environmental factors that influence communication between people with communication disability and their healthcare providers in hospital: A review of the literature within the International Classification of Functioning, Disability and Health (ICF) framework. *International Journal of Language & Communication Disorders*, 43(6), 601–632. <https://doi.org/10.1080/13682820701861832>

United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. Retrieved from <https://www.un.org/disabilities>

Wallace, S. J., Worrall, L., Rose, T., & Le Dorze, G. (2018). Improving access to services for adults with acquired communication disabilities: The views of hospital staff. *Disability and Rehabilitation*, 40(2), 204–215. <https://doi.org/10.1080/09638288.2016.1250129>

# Appendix C – Best practice for accessible communication in healthcare

[Best Practice for Accessible Communication in Healthcare.pdf](#)

## Best practice for accessible communication in healthcare

### Top 5 recommendations

Effective communication is essential for safe, equitable healthcare. To achieve this, we must take five key actions:

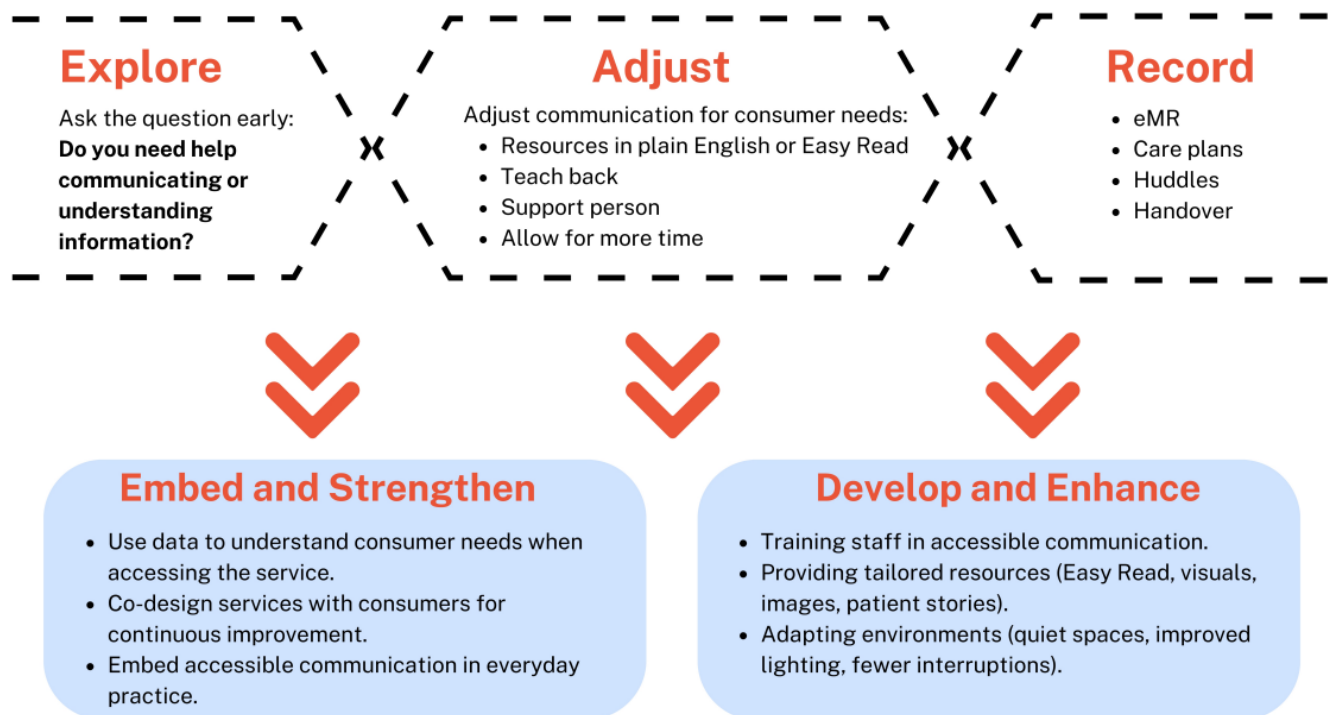
- 1. Build staff capacity**  
Provide ongoing training, establish disability champions, and engage students to develop a skilled, inclusive workforce.
- 2. Identify communication support needs early**  
Introduce triage questions, create clear support pathways, implement reasonable adjustments, and improve interpreter access.
- 3. Enhance patient resources and environments**  
Use Plain English and Easy Read materials, visual aids, and signage, and create quiet zones for accessibility.
- 4. Embed inclusive communication in policy**  
Align with ACSQHC Standards, integrate inclusive strategies into policy, and promote Teach-Back.
- 5. Strengthen co-design and consumer engagement**  
Work with consumers and staff to refine solutions, gather feedback, and drive innovation.



# Appendix D – Communication for Safe Care Model of Service Improvement

[Communication for Safe Care Model for Service Improvement.pdf](#)

## Communication for Safe Care Model Service Improvement



# Appendix E – Executive snapshot

			<h2 style="margin: 0;">Communication for Safe Care</h2>
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## Improving communication accessibility






Goal	Improving healthcare access for people with communication support needs.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> <span style="color: #007060; font-size: 24px; margin-right: 10px;">✔</span> <b>Co-designed service improvements</b> - Developed and implemented solutions tailored to service needs with consumers and healthcare staff.                 </li> <li style="margin-bottom: 10px;"> <span style="color: #007060; font-size: 24px; margin-right: 10px;">✔</span> <b>Improved communication access</b> – Introduced service-specific solutions, including triage processes, visual aids, and training programs.                 </li> <li style="margin-bottom: 10px;"> <span style="color: #007060; font-size: 24px; margin-right: 10px;">✔</span> <b>Supported consumers and carers</b> – Improved safety, care, and communication experiences in healthcare settings through co-designed solutions.                 </li> <li style="margin-bottom: 10px;"> <span style="color: #007060; font-size: 24px; margin-right: 10px;">✔</span> <b>Driving systemic change</b> – Embedded communication access principles in everyday practice and influencing local and statewide processes.                 </li> <li style="margin-bottom: 10px;"> <span style="color: #007060; font-size: 24px; margin-right: 10px;">✔</span> <b>Enhanced staff capacity</b> – Delivered targeted training to improve confidence and skills in inclusive communication.                 </li> <li style="margin-bottom: 10px;"> <span style="color: #007060; font-size: 24px; margin-right: 10px;">✔</span> <b>Building future workforce capacity</b> – Facilitated 24 “service level” student placements.                 </li> </ul>

### Top 5 recommendations for communication accessibility

- 1
**Build staff capacity**  
 Provide ongoing training in inclusive communication, establish disability champions, and engage students to build a skilled workforce.
- 2
**Explore communication support needs early**  
 Introduce triage questions to identify communication support needs early, establish clear support pathways, implement reasonable adjustments and improve interpreter access.
- 3
**Enhance patient resources and environments**  
 Develop Plain English, Easy Read, and visual materials, use signage and communication aids, and create quiet zones in high-pressure areas.
- 4
**Embed inclusive communication in policy**  
 Align practices with NSQHS standards, integrate inclusive strategies into policies, and promote Teach-Back and accessible communication.
- 5
**Strengthen co-design and consumer engagement**  
 Collaborate with consumers and staff to refine solutions, gather feedback, and drive innovation in communication accessibility.

# Appendix F – SWSLHD Oral Health Services





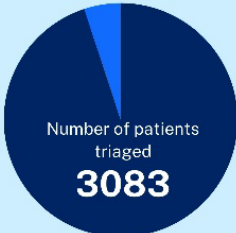
## SWSLHD Oral Health Service

<b>Goal</b>	<b>Improving healthcare access for people with communication support needs.</b>
<b>Solution</b>	A new triage process that identifies communication support needs.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li> <b>Co-designing service improvements</b> – Developed and implemented solutions tailored to SWSLHD Oral Health Service needs with consumers and healthcare staff.</li> <li> <b>Enhancing communication support</b> – Introduced a triage question to identify patients' communication needs early and ensured reasonable adjustments are recognised and accommodated.</li> <li> <b>Building staff capacity</b> – Delivered targeted communication training and supported staff to develop resources specific to their service.</li> <li> <b>Driving systemic change</b> – Raised awareness, engaged staff, and influenced policies to embed communication accessibility in oral health practices.</li> </ul>
<b>Data captured</b>	<p style="text-align: center;"><b>“Do you or the person you are calling for need help with communicating or understanding information?”</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Number of patients triaged <b>7866</b></p> </div> <div style="border: 2px solid #003366; border-radius: 15px; padding: 10px; background-color: #003366; color: white; text-align: center;"> <p style="font-size: 24px; font-weight: bold;">9.4%</p> <p>consumers identified as having communication support needs.</p> </div> </div>
<b>Feedback</b>	<p><b>“The screening question has brought awareness to all staff regarding the importance of identifying communication support needs so that we can now make reasonable adjustments and modifications to improve our service delivery”</b></p> <p>Healthcare Worker</p>

# Appendix G – WNSWLHD Oral Health Services

			<h2 style="margin: 0;">Communication for Safe Care</h2>
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## WNSWLHD Oral Health Service

<b>Goal</b>	<b>Improving healthcare access for people with communication support needs.</b>
<b>Solution</b>	A new triage process that identifies communication support needs.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> <b>Co-designing service improvements</b> – Developed and implemented solutions tailored to WNSWLHD Oral Health Service needs with consumers and healthcare staff.</li> <li style="margin-bottom: 10px;"> <b>Enhancing communication support</b> – Introduced a triage question to identify patients' communication needs early and ensured reasonable adjustments are recognised and accommodated.</li> <li style="margin-bottom: 10px;"> <b>Building staff capacity</b> – Delivered targeted communication training and supported staff to develop resources specific to their service.</li> <li style="margin-bottom: 10px;"> <b>Driving systemic change</b> – Raised awareness, engaged staff, and influenced policies to embed communication accessibility in oral health practices.</li> </ul>
<b>Data captured</b>	<p><b>“Do you or the person you are calling for need help with communicating or understanding information?”</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Number of patients triaged <b>3083</b></p> </div> <div style="border: 2px solid #003366; border-radius: 15px; padding: 10px; background-color: #003366; color: white; text-align: center;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">5.3%</p> <p style="font-size: 12px; margin: 0;">consumers identified as having communication support needs.</p> </div> </div>
<b>Feedback</b>	<p><b>“I’m leaving work happier at the end of the day knowing that my patients have all the information that they need and actually felt comfortable in their appointment.”</b></p> <p style="font-size: 12px; color: #003366;">Healthcare Worker</p>

# Appendix H – SWSLHD Campbelltown Emergency Department



## SWSLHD Emergency Department

<b>Goal</b>	<b>Improving healthcare access for people with communication support needs.</b>
<b>Solution</b>	Implementing communication visuals to support people with communication support needs, and building the capacity of staff.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>✔ <b>Co-designing service improvements</b> – Developed and implemented solutions tailored to the Emergency Department with consumers and healthcare staff.</li> <li>✔ <b>Enhancing communication support</b> – Created tools that help patients self-identify communication support needs and support effective staff-patient interactions, such as communication boards and posters.</li> <li>✔ <b>Building staff capacity</b> – Delivered training clerical staff to enhance communication skills, with a focus on supporting patients with communication support needs.</li> <li>✔ <b>Building staff capacity</b> – Provided Patient Experience Officer training: “Making the Emergency Department Accessible: Inclusive Care for Patients with Disabilities.”</li> <li>✔ <b>Driving systemic change</b> – Raised awareness of communication accessibility through staff engagement and education.</li> </ul>





### Communication visuals in the Emergency Department

**Feedback**      “The visual aid is a valuable resource to have in the emergency department”  
Healthcare Worker

# Appendix I – WNSWLHD Peri Operative Service

  	<h2 style="margin: 0;">Communication for Safe Care</h2>
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## WNSWLHD Peri Operative Services

<b>Goal</b>	<b>Improving healthcare access for people with communication support needs.</b>
<b>Solution</b>	Education and training to build the capacity of staff in the pre-admissions clinic.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li> <b>Co-designing service improvements</b> – Developed and implemented solutions tailored to WNSWLHD Dubbo Peri-Operative service needs with consumers and healthcare staff.</li> <li> <b>Enhancing communication support</b> – Raised awareness of communication accessibility and reasonable adjustments through staff engagement and education.</li> <li> <b>Building staff capacity</b> – Delivered targeted staff training to enhance communication skills, with a focus on supporting patients with communication support needs.</li> <li> <b>Driving systemic change</b> – Raised awareness and engaged staff to embed communication accessibility in Peri-Operative services.</li> </ul>
<b>Best practice</b>	<p><b>Strategies to improve communication accessibility</b></p> <p><b>Enhance accessibility of patient resources</b> – Translate materials into Plain English and Easy Read formats, with regular updates based on input from individuals with lived experience.</p> <p><b>Streamline pre-appointment processes</b> – Implement systems to identify and communicate patient support needs in advance, ensuring smoother interactions and better care preparation.</p> <p><b>Expand staff training</b> – Provide ongoing inclusive communication training, supported by disability champions to offer expertise and guidance.</p> <p><b>Develop communication aids</b> – Create and implement visual tools to enhance patient-provider interactions, ensuring effective and patient-centered communication.</p>
<b>Feedback</b>	<p><b>“The training made me feel more comfortable using Teach Back and active listening to ensure patients fully understand their care”</b></p> <p>Healthcare Worker</p>

# Appendix J – Student placements

 **Health**  
South Western Sydney  
Local Health District

 **Health**  
Western NSW  
Local Health District

 **THE UNIVERSITY OF SYDNEY**

**Communication for Safe Care**

## Student Placement Snapshot

24 Students participated in the project

<b>Student contributions</b>	<ul style="list-style-type: none"><li>• Development of Communication Access Observation Tool (CAOT)</li><li>• Delivered inclusive communication training</li><li>• Created accessible document guidelines</li><li>• Conducted site visits and accessibility audits</li><li>• Supported co-design workshops</li></ul>
<b>Key outcomes</b>	<ul style="list-style-type: none"><li>• Practical application of clinical skills</li><li>• Improved project delivery capacity</li><li>• Improved student readiness for clinical roles</li><li>• Piloted a hybrid model of student supervision</li></ul>
<b>Success factors</b>	<ul style="list-style-type: none"><li>• Student autonomy and independence</li><li>• Strong team integration</li><li>• Regular reflection opportunities</li><li>• Structured project planning</li><li>• Workplace readiness</li></ul>



**“This experience has broadened my understanding of the Speech Pathologists role and heightened my awareness of inclusive communication.” - Student Feedback**