

Communication for Safe Care

Enhancing Healthcare Access for People with Communication Disabilities

South Western Sydney Local Health District
Campbelltown Hospital Emergency Department
Project 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 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.

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.

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.

Project Contributors

We extend our sincere gratitude to Campbelltown Hospital Emergency Department for their invaluable contributions as enablers of this work. Their dedication has been instrumental in supporting the project and integrating it into broader practice.

We also acknowledge the significant contributions of Senior Leaders, whose expertise, commitment, and collaboration were essential in shaping and delivering this work. Their leadership made these achievements possible.

Finally, we recognise the consumers, healthcare staff, and partners who played a vital role in co-designing and implementing solutions. Their insights and lived experiences ensured that this project remains responsive, inclusive, and impactful.



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

Executive summary

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

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

Improving communication accessibility in Campbelltown Hospital Emergency Department

Key achievements

- Developing and implementing improvements tailored to the Emergency Department using a co-design methodology.
- Delivering targeted staff training to enhance communication skills, with a focus on supporting patients with communication support needs.
- Creating tools that support patients to self-identify communication support needs and support effective staff-patient interactions, such as communication boards and posters.
- Raising awareness of communication accessibility in the Emergency Department through staff engagement and education.
- Delivery of training to Patient Experience Officers: “Making the Emergency Department accessible: Inclusive care for patients with disabilities”

Consumer involvement

Consumers with lived experience of communication support needs were actively involved in the project through surveys, interviews, co-design sessions, resource development, advisory groups, and training delivery.

To support meaningful participation, reasonable adjustments were provided, including extra time, accessible documents, preparation support, access checks, and tailored adjustments. Consumers were remunerated in line with policy.

Student placements

Student placements played a key role in strengthening healthcare workers' ability to support people with communication needs. This innovative model aligned speech pathology students' practical training with real-world demands. Under supervision, students assessed communication practices, evaluated environments, developed resources, and delivered training. The initiative aimed to build workforce capacity, improve service delivery, and support regional recruitment and retention.

Definitions

Communication support needs

This includes lifelong disabilities such as autism or cerebral palsy, acquired brain injuries, or situational challenges such as information overload or emotional distress. Communication support needs can range from mild to severe and be temporary or long term – but regardless of the severity, the impact on someone’s life can be significant (Worrall, & Hickson, 2003).

In 2024, Speech Pathology Australia released the "Communication Access and Inclusion Terminology Report", highlighting communication access as essential for inclusion. The report introduced terms like "communication support needs," "communication difficulty," and "communication disability," with "communication support needs" identified as the preferred terminology.

Communication access

The term “**communication support needs**” means any condition that affects a person’s ability to send, receive or understand verbal and nonverbal communication.

Speech Pathology Australia

Communication access ensures that individuals with communication support needs can interact and engage effectively. This can involve tools such as communication boards or the use of specific communication strategies. While most Australians recognise the importance of physical accessibility (wheelchair ramps and railings) awareness and support for implementing communication access standards remain significantly limited. (O'Halloran & Worrall, 2012).

Addressing communication access is crucial for fostering inclusive and equitable healthcare environments. The C4SC project has effectively identified communication challenges, engaged stakeholders through co-design workshops, and implemented tailored solutions across rural and metropolitan services.



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.

Project recommendations

These recommendations are based on the project findings in Campbelltown Hospital Emergency Department and are intended to support the development of more inclusive and accessible services. Implementing them will contribute to better meeting the needs of all patients.

Improve patient resources

Create and update Plain English, Easy Read materials, and visual aids like communication boards.

Streamline intake processes

Introduce questions to identify communication needs and develop clear pathways for support.

Expand staff training

Provide ongoing training in disability awareness and practical communication strategies.

Enhance physical environments

Reduce noise, provide quiet areas, and use tools like headphones and posters to support communication.

Embed communication in culture

Integrate inclusive practices into policies with strong leadership support.

Address systemic barriers

Improve access to interpreters and processes for early identification of communication needs.

Promote inclusive strategies

Train staff to reduce jargon, use Teach Back and incorporate visual aids.

Engage in co-design

Collaborate with consumers and staff to ensure resources and processes meet their needs.

“The mum was just really good, she was hands-on, she helped us with the techniques that settled him.”

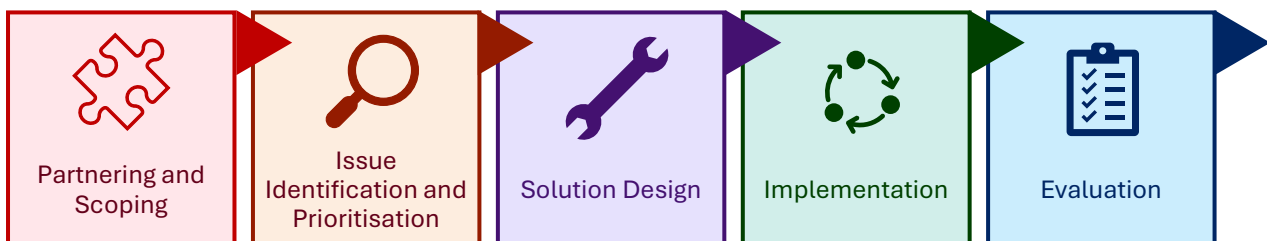
Healthcare worker interview

Project phases

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**
Trialling 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.

The following pages will explore how this was achieved in SWSLHD Campbelltown emergency department.





1. Partnering and scoping

Aim

To identify participating healthcare services and define the scope of their involvement in the project.

Selection of Campbelltown Hospital Emergency Department

Campbelltown Hospital Emergency Department was selected as a key project partner for the Communication for Safe Care (C4SC) project due to the complexity of communication required in its operations, multiple patient interaction points, and the department's enthusiasm and readiness for change. As a high-pressure environment, effective communication in the Emergency Department is crucial for ensuring safe, efficient, and high-quality patient care.

Campbelltown Hospital Emergency Department overview

Campbelltown Hospital Emergency Department (ED) is a major public healthcare facility in South Western Sydney, providing 24/7 emergency medical care to a diverse community. The ED serves both adults and children in urgent and critical medical situations, offering services such as triage, resuscitation, and specialised care for trauma, cardiac, paediatric, and mental health emergencies.

As a high-volume service, the ED manages thousands of patient visits annually, catering to a population of over 150,000 people from Campbelltown, Macarthur, and surrounding areas. It is an integral part of the South Western Sydney Local Health District, working collaboratively with other hospital services to deliver comprehensive and high-quality care to the community.

Project partnership

The C4SC project collaborated with Campbelltown Hospital Emergency Department to address communication gaps, aiming to enhance patient safety, improve care experiences, and reduce adverse events.



2. Issue identification and prioritisation

Aim

To understand the communication challenges and determine the most critical issue to address.

Data collection methods

Data was collected using a mixed-methods approach, including interviews with healthcare workers, patients, and carers, surveys, and feedback from individuals with lived experience of communication disabilities.

Key insights from data

The data revealed three key themes critical to improving communication in healthcare:

Patient-centred care

Effective communication starts with staff fostering a positive environment, using strategies to ensure mutual understanding, and sharing information about each patient's unique communication needs.

Engagement with carers

Family members and carers play a vital role in supporting communication, particularly for patients with communication disabilities.

Use of staff resources

Team resources are used strategically to support communication with patients.

Use of physical space

Physical spaces are optimised to support effective communication with patients.

“The lay person on the street goes “what is febrile?” and we forget that this is common for us.”

Healthcare worker interview



Opportunities for growth

The top areas for growth for Campbelltown Emergency Department were identified as:

Intake process

Communication disabilities and access needs are not identified when presenting to the front desk.

Accessing support services

Limited availability of interpreters and difficulty collaborating with support people create communication barriers.

Physical environment

Excessive noise, overstimulation, and lack of quiet spaces hinder effective communication.

Accessible resources

Tools like communication boards and Easy Read materials are unavailable.

Time constraints

Staffing shortages, rigid KPIs, and limited flexibility lead to rushed care.

Healthcare information exchange

Excessive jargon, lack of non-verbal communication options, and patients feeling unheard impact understanding.

Awareness and attitudes to disability

Insufficient training and diagnostic overshadowing affect communication and care quality.

Disability training gaps

Limited staff training on disability and communication, coupled with a lack of psychological safety, hinders effective interactions and teamwork.

“I can never complete a conversation without being interrupted.”

Healthcare worker interview



Prioritisation Process

The issues were shared with senior leaders to decide which ones should be addressed first. Leaders were asked to think about how important each issue was and how easy it would be to solve when setting priorities for their service.

The top priority issues for the service were identified as:

- Intake process does not identify communication disability or communication needs
- Awareness and attitudes towards disability
- Lack of a communication accessible environment

The top priority issues were shared with consumers and healthcare workers to identify the focus for further co-design. Consumers participated in interviews to rank the four issues by importance, while healthcare workers voted on the top issue using ballot boxes in their tea room and an online survey.

The top issue selected for further co-design was:

The top issue chosen for co-design

Awareness and attitudes towards disability and how the environment impacts inclusive communication.

Detailed results from the interviews and surveys can be found in the evaluation report.



3. Solution design

Aim

To collaborate with healthcare workers and consumers to identify and prioritise solutions.

Workshop process

Healthcare workers and consumers participated in an 8-hour face-to-face workshop that focused on:

- Enhancing understanding of communication support needs.
- Exploring the importance of effective communication in healthcare.
- Examining solutions implemented by other services for inspiration.
- Practicing brainstorming and creative thinking techniques.
- Generating ideas to address communication challenges.
- Prioritising solutions for implementation.

The workshop fostered equal collaboration between healthcare workers and consumers, guided by the project team. This approach created an environment of mutual respect and facilitated productive discussions.

Facilitating participation

It was important to demonstrate inclusive communication to support healthcare workers and ensure consumers could participate safely. The following strategies were used to make this happen:

Pre-workshop access checks

All participants (healthcare workers and consumers) completed an access check to outline their communication support needs and identify necessary reasonable adjustments.

Accessible workshop materials

All materials shared with participants followed accessibility best practices:

Plain language

Documents, emails, and presentations were written in Plain English and Easy Read formats to help people with different literacy levels or cognitive challenges.

Accessibility Matters!

Best Practice Guidelines

[Accessible Documents](#)

[Accessibility and Inclusivity Toolkit](#)

[Accessible Communication Resource Guidelines](#)





Accessible formatting

Documents followed Web Content Accessibility Guidelines (WCAG), so they worked with screen readers and other assistive tools.

Co-designed materials

All materials were created with input from consumers, to make sure they were appropriate.

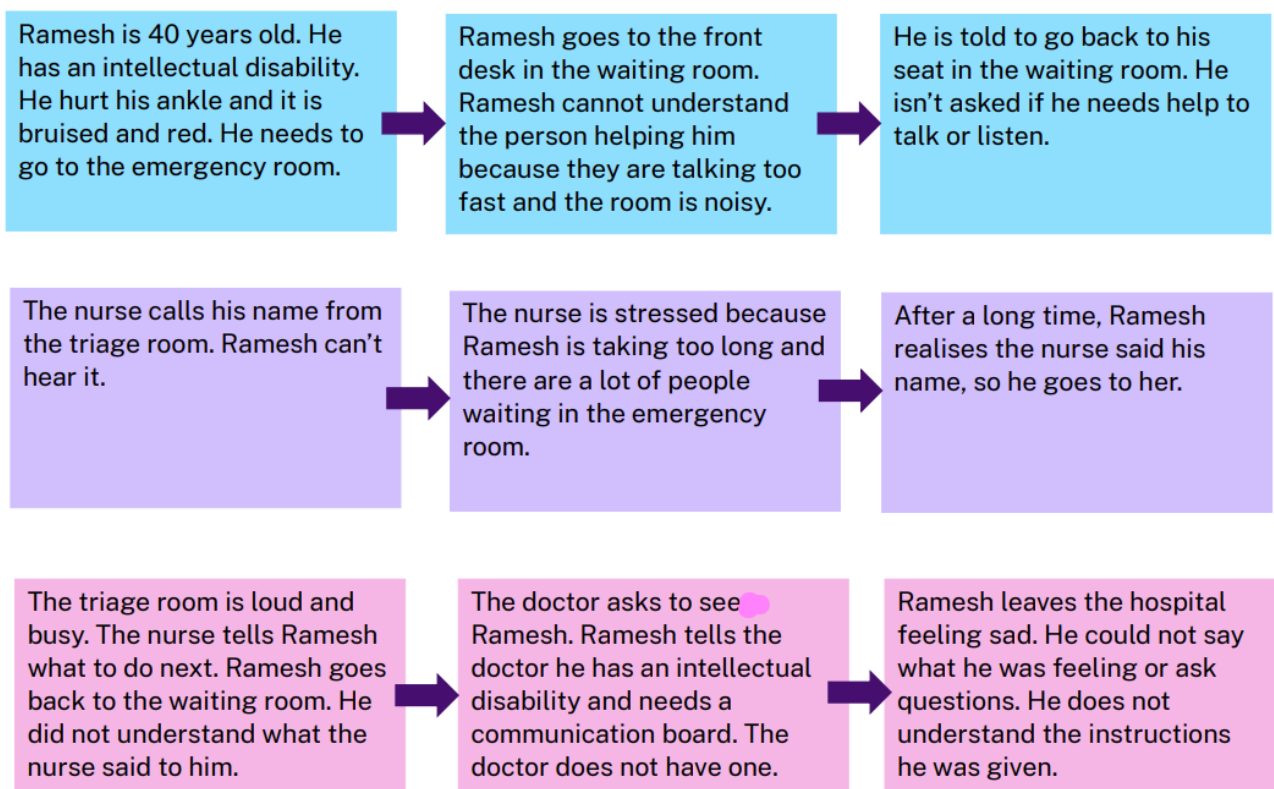
Visual aids and journey maps

To help consumers and healthcare workers understand the perioperative journey and communication challenges, the following resources were developed:

Journey maps: A visual map of the typical patient journey in perioperative services, highlighting key challenges for people with communication needs.

Reasonable adjustments examples: Visual aids showing adjustments made in other services to demonstrate how changes could improve communication.

Emergency Department patient journey map





Identified solution

Participants shared their experiences with communication challenges in the Emergency Department and brainstormed solutions to address these issues. The ideas were grouped into the following themes:

Resources

Visual aids like picture and information cards to support communication.

Education

Disability awareness training and guidance on tools like Top 5 and My Health Matters.

Physical environment

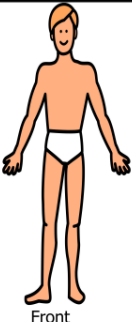




































Quiet pathways, headphones or earplugs, acoustic panelling, and patient stories to improve processes.

Process

Early identification of communication needs and clear pathways or flowcharts for managing them.

SWSLHD Speak Easy – Healthcare Communication Tool

To view and download, Click here: [NDIS - SWSLHD](#)

 Front	 Yes	 I'm not sure	 No	10	
	 Happy	 Hungry	 Thirsty	 Pain	9
	 Sad	 Hot	 Cold	 Tooth Ache	8
	 Angry	 Diarrhea	 Constipated	 Bleeding	7
	 Scared	 Breathing	 Itchy	 Sleep	6
	 Numb	 Sick	 Coughing	 Headache	5
	 Dizzy	 Ask Carer			4
	 Night				3
	 Excellent	 Great	 Very Good	 Good	2
	 Ok	 Not Great	 Pretty Bad	 Bad	1
 Very Bad	 Horrible				

Accessibility Matters!

Work in other services

[Accessibility at the Australian Open](#)

[Transport NSW Accessible Travel](#)

[Scope Australia](#)





4. Implementation

Aim

To design tailored resources, tools, and training, implement the solution effectively, and evaluate outcomes to refine and improve as needed.

Final solution chosen for implementation

Implementation of a process that identifies communication support needs early in the Emergency Department journey, including the use of visual aids to support the communication exchange.

Implementing the solution

The C4SC project team addressed the solution by:

1. Designing and delivering a **training package** for clerical (reception) staff and patient experience officers (PEO's) in understanding communication support needs. (Appendix D)
2. Designing **visual resources** that allow patients to self-identify to clerical staff and PEO's if they have communication support needs. (Appendix E/F)



Pathway to implementation

Step 1 **Feasibility**

- Identify** service gaps.
- Engage** senior leaders and stakeholders at Campbelltown Hospital ED.
- Assess** intake/triage modifications for communication needs.

Step 2 **Design and development**

- Implement** the reception question: “Do you need help with communicating or understanding information?”
- Train** clerical staff and Patient Experience Officers (PEOs).
- Establish** a backup plan for when a PEO is unavailable.

Step 3 **Training**

- Co-design** training materials and outcomes with consumers and staff.
- Phase 1:** Deliver training to clerical staff and PEOs.
- Phase 2:** Provide specialist disability and communication support for PEOs.

Step 4 **Implementation and monitoring**

- Track** weekly data on consumers needing communication support.
- Conduct** regular check-ins with reception staff and PEOs.
- Gather** feedback to refine resources.

Step 5 **Evaluation and optimisation**

- Ensure** all reception staff and PEOs complete communication support training.
- Screen** all patients for communication needs at reception.
- Analyse** data, evaluate training, and report findings to senior leaders.



Changes to implementation

After evaluating feasibility, it was determined that integrating a process to identify patients with communication support needs into the electronic medical record at Campbelltown Hospital Emergency Department was not viable. As a result, the ability to screen and track the number of consumers with communication support needs accessing the service could not be implemented. To address this, the project team collaborated with the ED to create visual aids, such as posters, encouraging consumers to self-identify their communication support needs. Additionally, communication boards were installed at the triage desk to enhance communication and facilitate interactions.

Training Patient Experience Officers (PEOs)

Recognising a knowledge gap, the project partnered with PEOs, the Disability Resource Team, and consumers with lived experience to co-design and pilot the district's first training session:

Making the Emergency Department Accessible: Inclusive Care for Patients with Disabilities.

The training focused on accessibility, effective communication, reasonable adjustments, and available resources to improve care for patients with disabilities.

The aim of the training was for PEO's to develop skills to provide patient-centered care, apply communication and accessibility strategies, identify barriers, and implement reasonable adjustments. They will use Teach-Back, access checks, and accessibility tools, with support from Disability Resource Coaches (DRCs).

This co-designed initiative demonstrates the impact of collaboration in improving emergency care for people with disabilities. In 2025, it will be expanded to all PEOs across SWSLHD and WNSWLHD emergency departments, ensuring equitable and inclusive care.





5. Evaluation

Aim

To assess the effectiveness of clerical staff training in enhancing knowledge, confidence, and skills to support individuals with communication support needs and to evaluate the accessibility and impact of visual aids in improving patient communication in the Emergency Department (ED) setting.

Clerical staff training on communication support needs

Familiarity and confidence

Varying familiarity with "communication support needs"; confidence high but lower in handling language barriers or deaf patients.

Training impact

Enhanced understanding and practical strategies, including communication boards, visual aids, and interpreters. Some content could be tailored more to clerical tasks.

Suggestions for improvement

Include clerical-specific examples, use more visual elements, and simplify terminology. A dedicated clerical communication board was recommended.

Challenges and additional training

Address challenges with language barriers and deaf patients. Staff requested further training on using communication boards and handling interpreter-reliant scenarios.

Communication visual feedback for ED setting

Ease of understanding and accessibility

Positive feedback on visual appeal and clarity; suggestions included increasing font size and adding more symbols (e.g., AUSLAN).

Layout and cognitive load

Simplify layout to reduce cognitive load (consistent format, more white space) and consider portrait orientation for better readability.

Clarity and language

Simplify wording (e.g., "We can support you" or "Do you need help to communicate?") and use accessible fonts like Comic Sans.

Suggestions for improvement

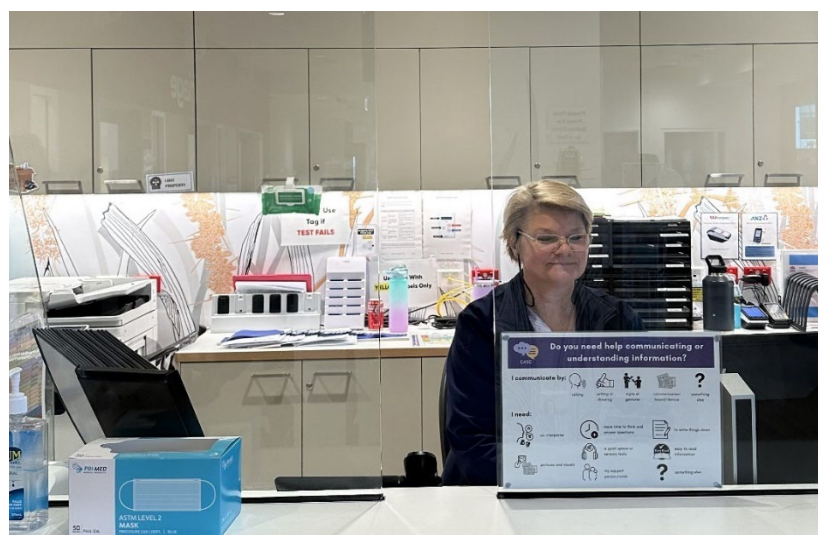
Add symbols for specific communication needs and emergency cues (e.g., who to contact or what to do).

Overall feedback

Overall, the visual aids were considered a valuable resource in the ED setting, with positive comments about their potential to improve communication with patients who have communication support needs. The use of colour, simplicity, and direct language was appreciated, though there were specific suggestions to refine the layout, font size, and clarity of the wording to ensure maximum accessibility.

Summary

The training and visual aids are valuable tools for improving communication in the ED. The training has empowered clerical staff with practical strategies, while the visual aids offer an accessible way for patients to self-identify their communication needs. Both elements received positive feedback, with actionable recommendations aimed at making them even more effective in supporting patients with communication support needs in the ED setting.



Learnings

Inclusive communication is essential

Effective communication ensures safer and more equitable healthcare experiences, especially for individuals with communication support needs.

Staff training improves confidence and skills

Targeted training enhances clerical staff's ability to identify and address communication needs, but tailored content and ongoing education are necessary for sustained impact.

Visual aids improve accessibility

Tools like posters and communication boards help patients self-identify their needs. Simplified layouts, accessible fonts, and additional symbols can further enhance usability.

Systemic barriers require adaptive solutions

Challenges such as the inability to integrate processes into electronic medical records highlight the need for practical, alternative strategies, like self-identification posters.

Collaboration drives success

Engaging consumers and healthcare workers in co-design ensures solutions are practical, relevant, and effective.

Continuous improvement is key

Regular feedback from staff and patients helps refine resources and training, ensuring ongoing relevance and effectiveness in addressing communication challenges.

Environment influences communication

Optimising physical spaces, like reducing noise and providing quiet areas, can significantly improve the communication experience in high-pressure settings like Emergency Departments.

Clarity in messaging matters

Simplified language, consistent formats, and visual elements are critical for making resources accessible to diverse users.

Appendix A: Campbelltown ED Snapshot



Health
 South Western Sydney
 Local Health District



Health
 Western NSW
 Local Health District



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Communication for
 Safe Care

SWSLHD Emergency Department

Goal	Improving healthcare access for people with communication support needs.
Solution	Implementing communication visuals to support people with communication support needs, and building the capacity of staff.
Outcomes	<ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> ✔ Co-designing service improvements – Developed and implemented solutions tailored to the Emergency Department with consumers and healthcare staff. <li style="margin-bottom: 10px;"> ✔ Enhancing communication support – Created tools that help patients self-identify communication support needs and support effective staff-patient interactions, such as communication boards and posters. <li style="margin-bottom: 10px;"> ✔ Building staff capacity – Delivered training clerical staff to enhance communication skills, with a focus on supporting patients with communication support needs. <li style="margin-bottom: 10px;"> ✔ Building staff capacity – Provided Patient Experience Officer training: “Making the Emergency Department Accessible: Inclusive Care for Patients with Disabilities.” <li style="margin-bottom: 10px;"> ✔ Driving systemic change – Raised awareness of communication accessibility through staff engagement and education.

Communication visuals in the Emergency Department

Do you need help communicating?
Tell us how we can help you!

Do you need help to communicate?
Do you need help to understand?
Yes
Tell us how we can help you!

Do you need help communicating or understanding information?

I communicate by:

- ☎ talking
- ✍ writing or drawing
- 👤 signs or gestures
- 🗣 communication board/device
- ❓ something else

I need:

- 🗣 on interpreter
- 🕒 more time to think and answer questions
- 📄 to write things down
- 🖼 pictures and visuals
- 👂 a quiet space or sensory tools
- 📄 easy to read information
- 👤 my support person/carer
- ❓ something else

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

Appendix B: References

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

Australian Human Rights Commission. (2020). *Disability discrimination: The law and the rights of people with disability*. Retrieved from <https://www.humanrights.gov.au>

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Appendix C: Image sources

- **Page 1:** Dharawal National Park from Coast and Country Magazine
- **Page 2:** Tracey Lundgren via Pixabay
- **Page 7:** Inclusive playgrounds via [Symbol Communication Sign - INCLUSIVE PLAYGROUNDS](#)

Appendix D: C4SC Resources and training materials

Links to the resources are embedded in the images below.



Non-Clinical Staff: Inclusive Communication Quick Bites



Accessible co-design

This guide offers practical ways to make co-design inclusive, especially for people with communication support needs.



It's based on learnings from the Communication for Safe Care project, where lived experience shaped real change.

When co-design is accessible, everyone can contribute — and the outcomes are stronger, fairer, and more sustainable.

Use this guide to create spaces where all voices are heard and valued.

Create Easy Read version of your resources: [EASY READ TEMPLATE](#)

Appendix E: Communication Visuals and Guide

Links to the resources are embedded in the images below.

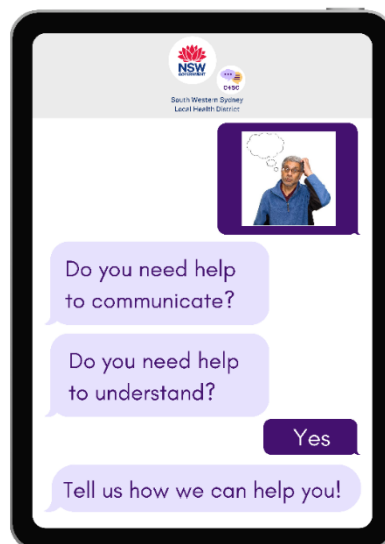
Do you need help communicating or understanding information?

I communicate by:

- talking
- writing or drawing
- signs or gestures
- communication board/device
- something else

I need:

- an interpreter
- more time to think and answer questions
- to write things down
- a quiet space or sensory tools
- easy to read information
- pictures and visuals
- my support person/carer
- something else



Guide: Identifying Communication Support Needs Visual

This resource was developed to:

- allow patients identify their communication needs
- identify appropriate strategies to help patients communicate and understand information in hospital
- support staff to have conversations about a patient's communication support needs

TIPS

- Place the poster at eye level and within the patient's reach.** This is so patients can see and point to the words or pictures on the page.
- Know what resources and supports are available** in the service.
- Use the questions and visuals** to guide conversation and prompt for further information
- Repeat information** back to the patient to check that you understood correctly.
- Document information** appropriately and **notify clinicians** involved in the patient's care

SWSLHD Interpreter Services:
8738 6088



Information about the SWSLHD Disability Resource Team



Feedback about this resource

Appendix G: More information

Communication for Safe Care Project

- Email: SWSLHD-CommunicationforSafeCare@health.nsw.gov.au
- Website: [Communication for Safe Care: About - ABI Communication Lab](#)

My Health Learning

- Intellectual Disability: Just Include Me (9 eLearning modules)
- Let's Talk Disability: Course code: 67951622
- Introduction to disability and accessibility: Course code: 338035490
- Learn about teach-back: Course code: 409377612

SWSLHD links

- SWSLHD [Disability Network Intranet](#)
- [SWSLHD - CARERS PROGRAM - Home](#)

WNSWLHD links

- WNSWLHD [Disability Intranet](#)

Ministry of Health

- [Accessible communications](#)
- [Statewide Health Literacy Hub](#)

Creating accessible and inclusive communications

- [NSW Health Accessible Communications Policy](#)
- [Accessible communication resources for health professionals](#)
- [Accessible documents | NSW Public Service Commission](#)
- [Accessibility and Inclusivity Toolkit | Digital NSW](#)
- [Creating accessible and inclusive communications Australian Human Rights Commission](#)

Policy, reports and frameworks

- [Responding to the health care needs of people with disability](#)
- [Final Report | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)

Policy, reports, and frameworks continued

- [Diversity, Inclusion and Belonging Guide](#)
- [Speech Pathology Australia: Communication Access and Inclusion Terminology Report](#)
- [Australia's Disability Strategy 2021–2031 | Disability Gateway](#)
- [NSW Health Literacy Framework-2019 2024](#)
- [Disability Inclusion Action Plan](#)

Other training and information

- [CID Reasonable Adjustments Checklist for Health Professionals.pdf](#)
- [NDIS Quality & Safeguards commission eLearning: NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)

Websites

- [Hidden Disabilities Sunflower: A symbol for non-visible disabilities, also known as hidden disabilities or invisible disabilities.](#)
- [Communication Hub: Communication Disability.](#)
- [The World Health Organisation: Disability inclusion for successfully achieving health and well-being for all \(youtube.com\)](#)

Video resources

- [Julian and Paula's experience with accessibility in healthcare | Statewide Health Literacy Hub](#)
- [Scope Australia: What is communication access? \(Video, 3 minutes\)](#)
- [Scope Australia: Best Care for People with Communication Disabilities: Emergency Healthcare Key Word Signs - YouTube](#)
- [Victoria Police & Scope: Communication Access at Victoria Police \(youtube.com\)](#)
- [Signage and accessibility at a hospital: Exploring the patient journey \(youtube.com\)](#)
- [CID: Right to speak up - Council for Intellectual Disability \(cid.org.au\)](#)
- [The World Health Organisation: Disability inclusion for successfully achieving health and well-being for all \(youtube.com\)](#)