

Communication for Safe Care

Enhancing Healthcare Access for People with Communication Disabilities

South Western Sydney Local Health District Oral Health Services

Project Report

May 2025



In partnership with



South Western Sydney
Local Health District

Western NSW Local Health District



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.

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Project Contributors

We extend our sincere gratitude to Dr Ravi Srinivis and Dr Zanab Malik for their invaluable contributions as enablers of this work. Their dedication has been instrumental not only in supporting the project but also in its ongoing promotion and integration into broader practice.

We also acknowledge the significant contributions by Senior Leaders in SWSLHD Oral Health services. Their deep knowledge, commitment, and collaboration were essential in shaping and delivering this work. Without their efforts, the achievements of this project would not have been 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 were central to ensuring that this project remains responsive, inclusive, and impactful.



Table of Contents

Executive summary	4
Improving communication accessibility in SWSLHD Oral Health Services	5
Definitions	6
Australian National Safety and Quality Health Service Standards (NSQHS)	7
Project recommendations	8
Project phases	9
1. Partnering and scoping	10
2. Issue identification and prioritisation	11
3. Solution design.....	14
4. Implementation	17
5. Evaluation.....	19
Learnings	23
Appendix A: SWSLHD Oral Health Services Snapshot	24
Appendix B: References	25
Appendix C: Image sources.....	25
Appendix D: C4SC Resources and training materials.....	26
Appendix E: SWS Oral Health Triage Data	27
Appendix F: More information.....	29

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 SWSLHD Oral Health Services

Key achievements

- Developing and implementing improvements specific to the needs of the Campbelltown Hospital Oral Health Service using co-design methodology
- Introducing a new triage question to identify patients with communication support needs early in their care journey, ensuring appropriate reasonable adjustments are provided.
- Delivering targeted staff training to enhance communication skills, with a focus on supporting patients with communication support needs.
- Creating tools to support effective patient-staff interactions, including visual resources and communication boards.
- Raising awareness of communication accessibility in oral health settings through staff engagement and resource development.
- Influencing local and statewide policies and procedures to embed communication access into organisational practices.

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.

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 SWSLHD Oral Health Services 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.

Routine training in communication support needs

Provide regular training for staff on communication disabilities, inclusive communication, and reasonable adjustments to improve patient outcomes.

Integrate communication access into policies

Embed communication access requirements into organisational policies, aligning with legal obligations and NSQHS Standards.

Assess communication support needs at intake

Standardise triage processes to identify communication support needs early and ensure tailored care.

Develop accessible resources

Create materials in Plain English, Easy Read, and other accessible formats to accommodate diverse consumer needs.

Implement co-design methodologies

Collaborate with healthcare workers, consumers, and carers to develop tailored solutions for specific services.

Provide visual aids and tools

Equip staff with communication boards, visual aids, and tools to support effective interactions.

Strengthen collaboration with carers and interpreters

Enhance support for working with carers and interpreters, addressing access and communication challenges.

Focus on patient-centred care

Foster an inclusive environment by tailoring communication strategies to individual needs.

Raise awareness of communication access

Conduct campaigns to increase understanding of communication access among staff, patients, and the community.

“I’ve had so many more patients feel comfortable enough to say, I don’t understand what that means. Can you explain that differently?”

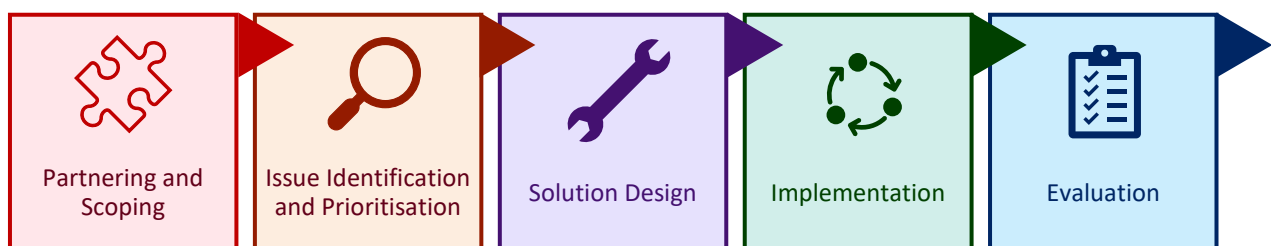
Healthcare worker feedback after intervention

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 Oral Health Services.





1. Partnering and scoping

Aim

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

Selection of SWSLHD Oral Health Service - Campbelltown

The SWSLHD Oral Health Service – Campbelltown was selected as a key partner for the C4SC project due to its complex communication processes, multiple care touchpoints, and readiness for change. Critical stages – calling the contact centre, booking appointments, communication during care, and following post-appointment instructions – present significant opportunities to address communication challenges impacting patient safety and care quality.

Oral Health Service overview

The Oral Health Service delivers dental care across the district through a network of District-operated clinics and partnerships with private providers. Registered dentists and oral health therapists lead care delivery and oral health promotion initiatives to improve prevention and community awareness.

Access to services

Oral health services are managed via the Centralised Oral Health Intake and Information Services (COHIS), shared between Sydney and South Western Sydney Local Health Districts. Eligibility criteria include:

Children: Free dental care for individuals under 18.

Adults: Free dental care for concession card holders with a valid Medicare card.

Equity in access

Patients are prioritised based on clinical urgency, ensuring equitable and timely care for urgent cases.

Project partnership

The C4SC project collaborated with SWSLHD Oral Health Service 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 relies on creating a positive environment where patients can understand and be understood. Tailoring strategies to each patient's specific communication needs is essential for delivering high-quality care.

Engagement with carers

Family members and carers play a vital role in supporting communication, especially for patients with communication disabilities. Their involvement is crucial to addressing patient needs effectively.

Sharing of skills

Experienced staff are valuable resources for sharing knowledge about communication, fostering a culture of collaboration and support within the team.

“I didn't feel that my patient was understanding exactly what I needed them to do.”

Healthcare worker interview



Opportunities for growth

The top areas for growth for SWSLHD Oral Health service were identified as:

Intake process

Communication needs and disabilities are not identified during appointments or at the front desk.

Support collaboration

Working with carers, family, or interpreters can be challenging, with interpreters often difficult to access.

Resources

Accessible materials, such as Easy Read handouts or picture boards, are not readily available.

Exchange of healthcare information

Clinical jargon and insufficient explanations leave patients confused and disengaged.

Physical environment

Noisy, overstimulating spaces lack quiet areas, hindering clear communication.

Disability training

Staff may have limited training, especially in working with non-verbal patients.

Awareness and attitudes

Limited training, rushed interactions, and diagnostic overshadowing can lead to poor communication and care.

Time constraints

Staff shortages and pressure to meet performance targets limit time for effective communication strategies.

“Did you have any information about what his needs might be before he arrived at the clinic?
No, not at all.”

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:

- Poor exchange of healthcare information.
- The intake process does not identify communication needs or communication disability.
- Lack of knowledge or training in disability.

The top priority issues were shared with consumers and healthcare workers to determine the focus for further co-design. Consumers participated in interviews to rank the three issues by importance, while healthcare workers completed an online survey to prioritise them.

The top issue selected for further co-design was:

The top issue chosen for co-design

Lack of knowledge or training in disability and how this impacts the exchange of healthcare information.

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. Several 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.

Accessible formatting

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

Accessibility Matters!

Best Practice Guidelines

[Accessible Documents](#)

[Accessibility and Inclusivity Toolkit](#)

[Accessible Communication Resource Guidelines](#)





Co-designed materials

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

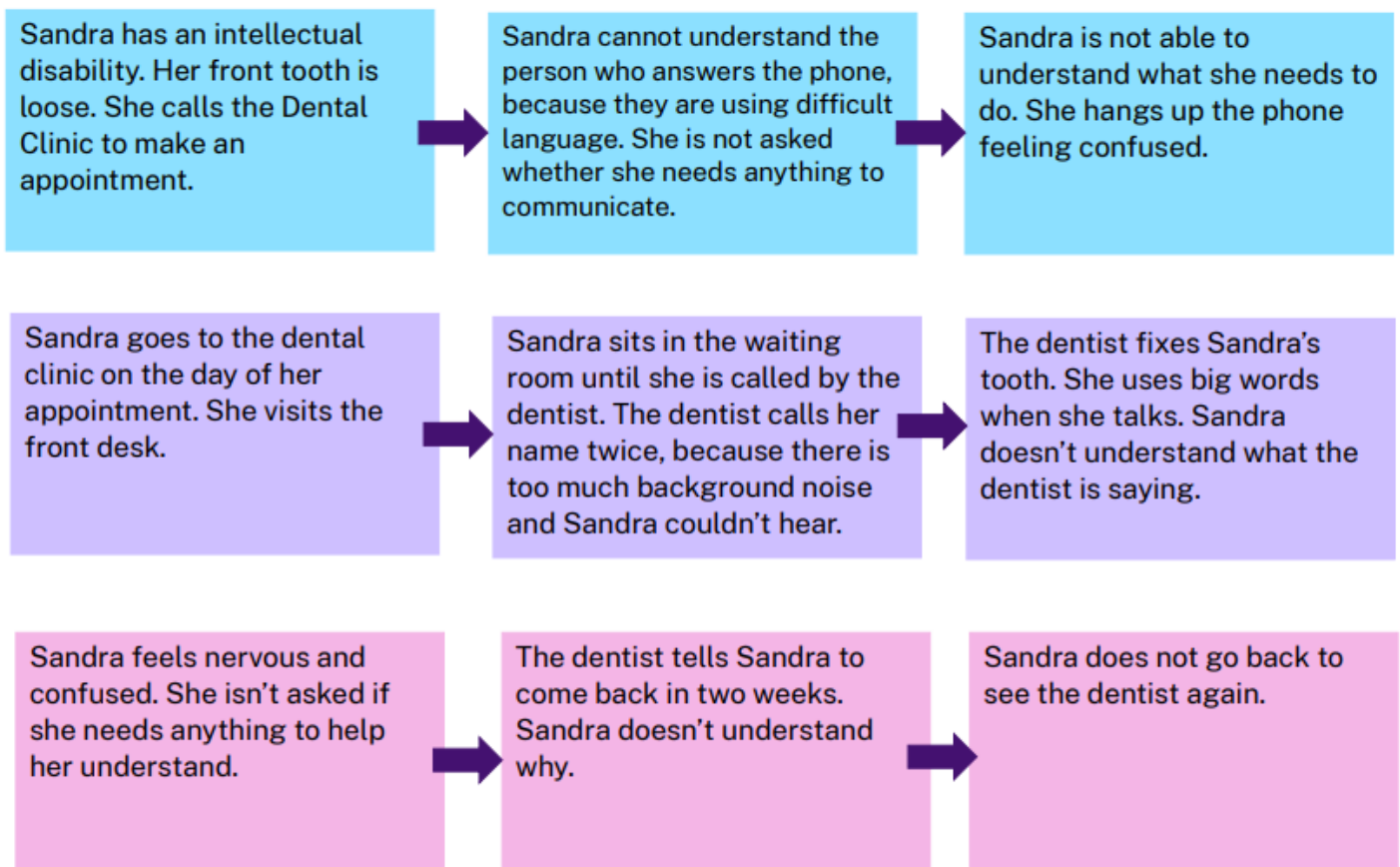
Visual aids and journey maps

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

Journey maps: A visual map of the typical patient journey in oral health 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.

SWSLHD Oral Health patient journey map





Identified solution

Participants shared experiences of communication challenges in the Oral Health service, noting feelings of being tested during appointments and disparities in treatment. One participant described health appointments as feeling like a test, while another observed inconsistent treatment of patients.

Through brainstorming, participants proposed solutions grouped into themes:

Environment

Sensory tools (e.g., earplugs) and mobile dental services.

Education and training

Inclusive communication training with lived experience input and awareness of diagnostic overshadowing.

Systems and processes

Pre-appointment questions to identify communication needs and team coordination.

Pre-appointment preparation

Pre-appointment conversations, universal icons for communication needs, accessible resources, and safety huddles for action planning.

“Even a small change in work practice can have wide reaching benefits to not only patient care but also their experience.”

Healthcare worker interview

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

To develop processes for appointments that raise awareness and support the identification of consumers with communication support needs.

Implementing the solution

The C4SC project team addressed the solution by:

1. Introducing a **triage question** to identify communication support needs.

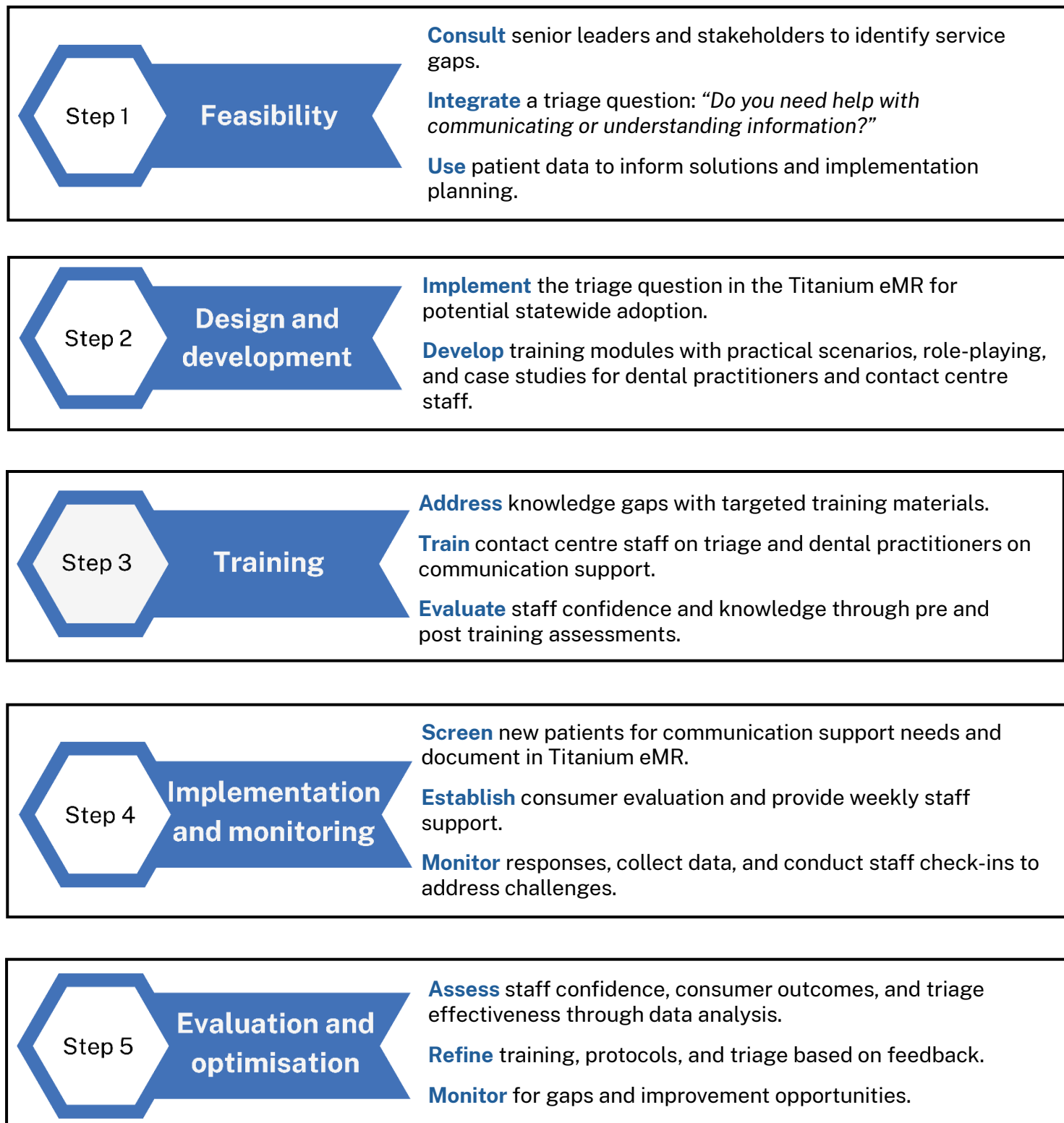
“Do you or the person you are calling for need help with communicating or understanding information?”

2. Establishing a **formal process to document** communication support needs in medical records.
3. Delivering **training to contact centre staff** to enhance their understanding of communication support needs. (Appendix D)
4. Developing a **training package for dental practitioners** to build their knowledge, skills, and confidence in supporting individuals with communication needs. (Appendix D)



Pathway to implementation

The implementation process combined two complementary approaches: introducing a triage process to identify communication support needs and delivering targeted education and training to enhance staff capacity.





5. Evaluation

Aim

To assess the success of implementing a triage process to identify communication support needs and delivering targeted training to improve staff capacity and service culture.

Triage process and education and training for contact centre staff

The Oral Service introduced a triage question to identify communication support needs at the first point of contact, with responses documented in Titanium eMR, including any required adjustments (e.g., speaking louder).

Data insights

- Over 8 weeks, **7,866** calls were triaged, identifying **1,464 consumers** with communication support needs





Staff feedback

- Staff feedback highlighted increased confidence and familiarity with communication support needs, though challenges included time constraints and workload perceptions.

Staff knowledge, confidence, and skills were assessed before training, immediately after training, and four weeks post-training.

Pre-training observations

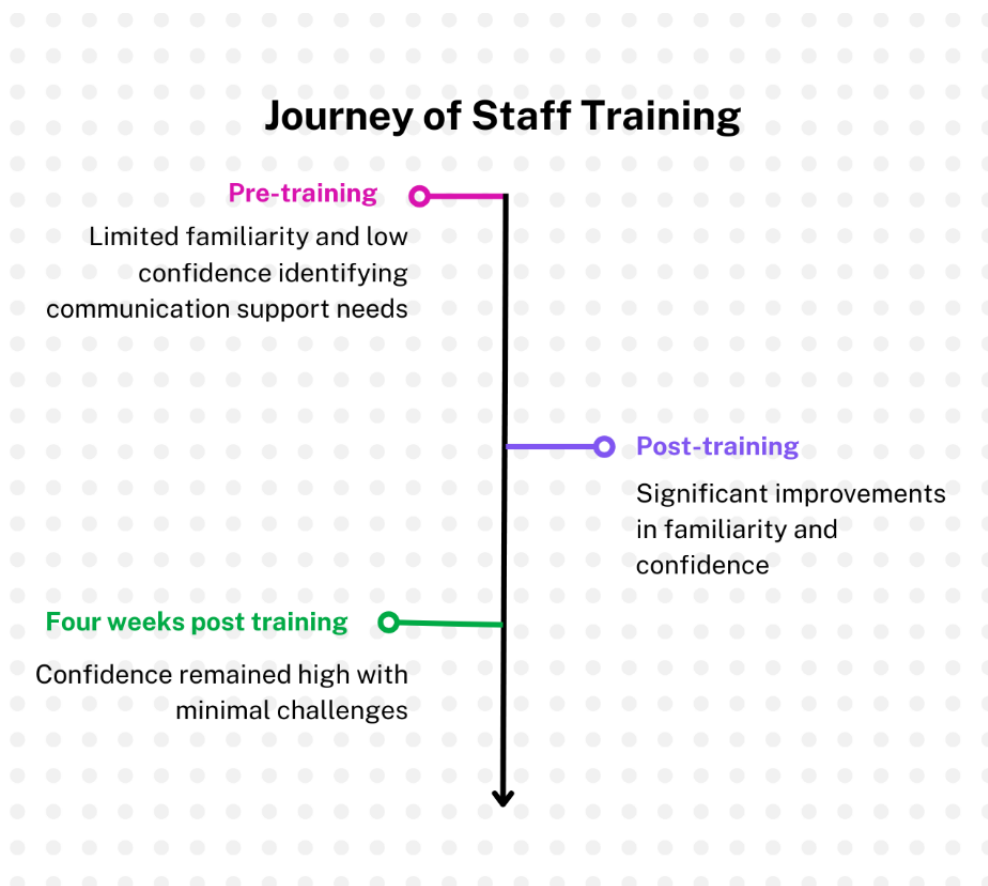
- Limited familiarity with "communication support needs."
- Confidence and comfort in addressing needs were low, with concerns about offending patients or phrasing questions appropriately.

Post-training improvements

- Significant increases in familiarity and confidence.
- Staff found the question effective in identifying needs, with the pop-up note feature in Titanium eMR ensuring clinicians were prepared to make necessary adjustments.
- Concerns about workload decreased as the process was integrated into routines.

Suggestions for improvement

Incorporate group activities to enhance engagement and understanding during training.





Education and training for dental practitioners

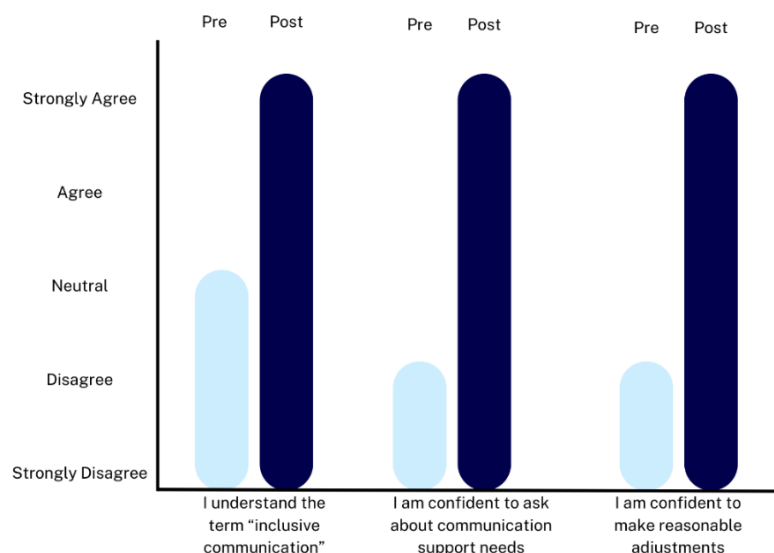
A comprehensive training program was delivered, featuring practical tools such as Teach Back, active listening, and visual aids.

Pre-training observations

- General understanding of key concepts but gaps in confidence in asking about communication support needs and using reasonable adjustments.
- Concerns included how to approach patients and uncertainty about system support.

Post-training improvements

- Significant improvements in confidence and knowledge of inclusive communication and reasonable adjustments.
- Practical strategies were well-received, with many staff planning to integrate them into their practice.



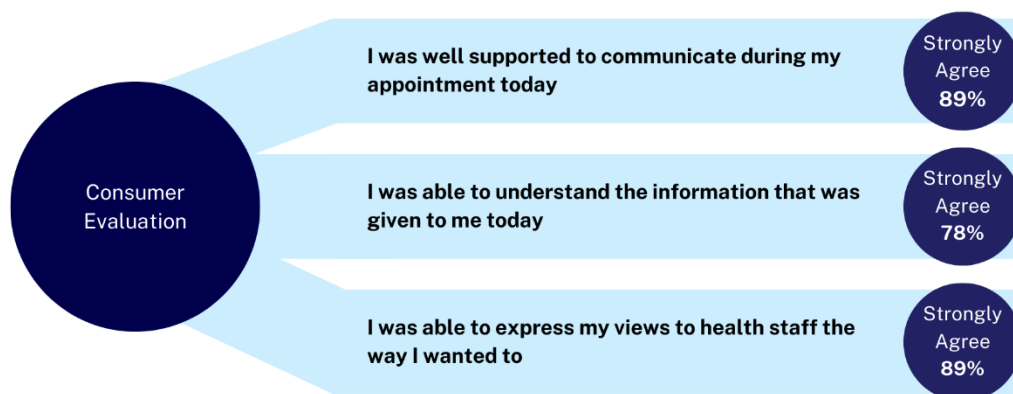
“The entire health journey must cater to accessibility, not just once someone arrives in the chair. That sets the dentist up to fail. It also makes the patient feel they’ve already failed once they get in the chair.”

Healthcare worker interview



Consumer evaluation

To evaluate the success of the dental officer training, consumers were asked to complete an anonymous survey at the end of their appointment. The survey consisted of three questions designed to assess communication support and understanding during the appointment.



Training summary

These findings highlight the effectiveness of the training in supporting communication, ensuring clarity of information, and empowering consumers to share their perspectives. The overwhelmingly positive responses demonstrate the success of the program in achieving its objectives.

“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.”

Healthcare worker interview

Learnings

Co-design ensures practical solutions

Collaboration with consumers and staff led to relevant, person-centered improvements.

Training builds capacity

Tailored training increased staff confidence in supporting communication needs, with interactive activities enhancing engagement.

Early identification is key

Introducing triage processes improved care by identifying communication needs at the first point of contact.

Accessible resources empower care

Materials in Plain English and Easy Read formats supported patients and staff.

Leadership drives change

Senior leadership support was critical for embedding communication access into practices.

Continuous evaluation improves outcomes

Regular feedback enabled process refinement and sustained progress.

Time constraints are a barrier

Streamlining workflows and allocating resources are essential for integrating communication support.

Awareness fosters inclusivity

Ongoing campaigns and training promote a culture of communication accessibility.





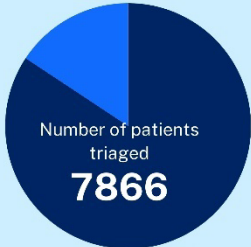
“I feel so much more fulfilled and satisfied knowing that I’m able to give all my patients the care that they need and are entitled to.”

Healthcare worker feedback after intervention

Appendix A: SWSLHD Oral Health Services Snapshot

  	Communication for Safe Care
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SWSLHD Oral Health Service

Goal	Improving healthcare access for people with communication support needs.
Solution	A new triage process that identifies communication support needs.
Outcomes	<ul style="list-style-type: none"> <li style="margin-bottom: 10px;">  Co-designing service improvements – Developed and implemented solutions tailored to SWSLHD Oral Health Service needs with consumers and healthcare staff. <li style="margin-bottom: 10px;">  Enhancing communication support – Introduced a triage question to identify patients' communication needs early and ensured reasonable adjustments are recognised and accommodated. <li style="margin-bottom: 10px;">  Building staff capacity – Delivered targeted communication training and supported staff to develop resources specific to their service. <li style="margin-bottom: 10px;">  Driving systemic change – Raised awareness, engaged staff, and influenced policies to embed communication accessibility in oral health practices.
Data captured	<p style="text-align: center; font-weight: bold;">“Do you or the person you are calling for need help with communicating or understanding information?”</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p style="font-size: 0.8em;">Number of patients triaged 7866</p> </div> <div style="background-color: #003366; color: white; border-radius: 15px; padding: 10px; text-align: center;"> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">9.4%</p> <p style="font-size: 0.7em; margin: 0;">consumers identified as having communication support needs.</p> </div> </div>
Feedback	<p style="text-align: center; font-weight: bold;">“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”</p> <p style="text-align: center; font-size: 0.8em;">Healthcare Worker</p>

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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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: 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



Clinical Staff: Communication Training for Health Professionals

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.



Making Co-Design Accessible
Lessons from the Communication for Safe Care Project

South Western Sydney and Western NSW
Local Health Districts



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

Appendix E: SWS Oral Health Triage Data



Overview

The Communication for Safe Care (C4SC) project has been collecting data in SWSLHD Oral Health service related to communication support needs (any communication disability or difficulty).

The contact centre has been asking every consumer 'do you or anyone you're calling for need help with communicating or understanding information?'

Summary of data

Time period for this report	8 weeks (5th August - 27th September)
Number of consumers who called the SWS Oral Health contact centre for an appointment	Total = 7,866 (Average per week = 983.3)
Number of consumers who were asked if they have communication support needs	Total = 7,862 (99.9% of consumers who called)* (Average per week = 982.8)
Number of consumers who reported communication support needs	Total = 1,464 (18.6% of those who were asked) (Average per week = 183)

Consumers who called the SWS OH contact centre

7,866

Consumers who reported communication support needs

18.6%

Consumers who reported a communication support need that isn't a language interpreter

9.4%**

Communication support needs and reasonable adjustments identified***

Psychosocial Disability (Anxiety)	Sensory disability (Hearing, vision)	Cognitive impairment	Support person	Interpreter (language)
25	47	32	65	756
Specific diagnosis (ASD, ADHD)	Simple communication adjustment (speaking slowly)	Literacy (reading, writing)	Speech or language difficulty	Interpreter (AUSLAN)
61	44	3	24	1
Alternative communication	CALD ****			
0	679			

Appendix E: SWS Oral Health Triage Data

Findings

There are a high number of consumers that require a language interpreter.

There are a high number of consumers that will bring a support person to the appointment.

There are a number of consumers that have a sensory disability, a specific diagnosis that impacts communication, or require simple adjustments to communicate (such as speaking slowly or allowing more time).

No consumers identified as needing an alternative communication method to communicate, such as a communication board or a text to speech device. However, this may be because they were not directly asked if they use one, or they did not identify what their communication support need is.

Considerations

- 1. * There were four callers over the 8-week period that were not asked whether they had communication support needs. This is either because the contact centre staff did not ask the question, or the caller did not answer it.*
- 2. ** 9.4% represents the percentage of consumers that identified a communication support need or reasonable adjustment that was not a language interpreter. This data may be inaccurate due to some consumers not disclosing what they needed as a result of having a language barrier (such as an interpreter), as well as consideration point 6.*
- 3. *** One consumer may have identified more than one communication support need or reasonable adjustment. For example, a consumer who is hard of hearing may also require a support person to be present with them for their appointment. The numbers reflected in this section are the number of times that the particular field was identified or requested, not the number of consumers.*
- 4. **** This data is captured to illustrate how many consumers **may** have communication support needs due to being of CALD backgrounds, for e.g differences in use of body language and interactions or needing simple adjustments to understand, but is not reflective of a total number of people with communication support needs.*
- 5. Consumers that are from CALD backgrounds may or may not have required a language interpreter. Data relating to consumers that do require a language interpreter was reported separately.*
- 6. These results rely on data that was collected from the contact centre over an 8-week period. During this time, of the 1,464 consumers that identified as having communication support needs, 368 consumers had nothing entered into the open text box by the contact centre staff. This means no data was collected regarding what their communication support need is and what reasonable adjustment they may require.*
- 7. This data has been captured as part of the C4SC project, which has been identifying and implementing various solutions across four different health services in NSW. This 8-week data collection was one part of the wider project and was not the primary aim of the project.*

Appendix F: 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 \(youtube.com\)](#)