



Government of **Western Australia**  
Department of **Health**

# Staff with Disability and Allies' Network Conference Summary Report

30 April 2024

The Niche, Nedlands

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## Overview

The Staff with Disability and Allies' Network (SDAN) Conference was held on Tuesday 30 April 2024 at The Niche Nedlands. The focus and purpose of the Conference was to highlight the importance of diverse and inclusive workplaces for staff with disability, the benefits this brings to the entire WA Health workforce and our patient cohort, and an exemplar of designing for inclusion. A video of the keynote speeches and panel discussion can be found on the Department of Health YouTube channel: <https://youtu.be/hYixnpsPf9Q>

The Conference was for all staff working in WA Health, including staff with disability. The Disability Health Network (DHN) worked in partnership with the SDAN organising team to plan and run the conference. In-kind support was provided by various health service providers (HSPs) and other organisations (see [Appendix A: Program](#)).



**Figure 1:** Group photo of the presenters, speakers, panel members, and honoured guests. Back row (left to right): Assoc. Prof George Eskander, Dr Kien Chan, Tayla Taseff (MC), Mr Simon Millman MLA, Jeff McDonald, Dr Sarah Bernard, Stephanie Coates. Front row (left to right): Kat Johns, Dr Jazmin O'Reilly-Hawes, Jocelyn Franciscus.

## Context

In 2019-2020, 44% of Australian Human Rights Commission (AHRC) complaints were about disability discrimination. In the 12 months preceding data collection, 22% of people with a disability reported experiencing some form of discrimination and 44% of people avoided situations because of their disability. Of the second cohort:

- 82% avoided situations
- 55% report fair or poor health
- 70% report high or very high levels of psychological distress
- 74% have a low level of income.<sup>1</sup>

The WA Public Sector has an aspirational employment target of 5% for people with disability. As of December 2023, people with disability made up:

- 1.6% of the overall public sector workforce
- 1.7% of Senior Executive Service officers
- 2% of public sector leaders in management tiers 1 to 3

While gains have been made in employment of people with disability, it is important to continue to highlight areas of improvement and strive for substantive equality for our staff with disability to achieve a life and career that provides fulfilment and to improve the health and wellbeing outcomes for the people with disability who access our health services.<sup>2</sup>



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<sup>1</sup> Australian Institute of Health and Welfare (2022) People with disability in Australia 2022: In brief, catalogue number DIS 81, AIHW, Australian Government.

<sup>2</sup> Public Sector Commission (2023) State of the WA Government Sector Workforce 2022-23, PSC, Perth.

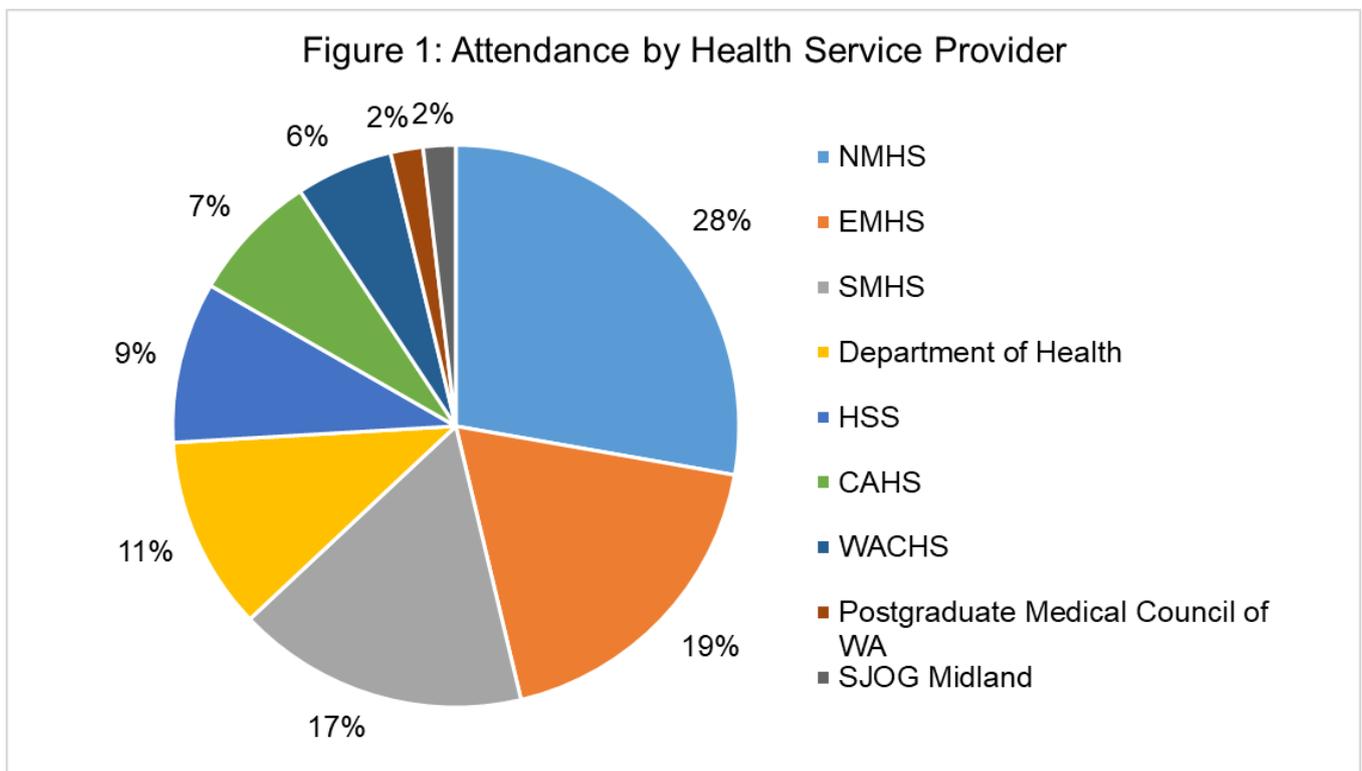
## Attendance

Ninety-one people registered for the event; approximately 70 people attended with all HSPs represented (see figure 1). Attendees came from a variety of roles including front line staff across nursing, medicine, allied health, and hospital support service; executive staff; and policy and project staff from HSPs and Department of Health.

The Conference was attended by Mr Simon Millman MLA, Member for Mount Lawley on behalf of the honourable Amber-Jade Sanderson, Minister for Health; Mental Health.

The Conference was advertised across Health Service Providers and the Department of Health via:

- Posters in several hospitals and the May Holman building
- Direct email to existing SDAN, NeuroKin, and DHN members
- Direct invitation and request for circulation to all HSP chief executives and metropolitan hospital executive directors
- Health Happenings
- Health Networks Bulletin
- Requests to HSP communications teams to circulate



## Structure

The Conference included:

- An overview of SDAN presented by Kat Johns, lead of SDAN.
- Keynote presentations:
  - All means All: A disability inclusive workforce for healthy hospitals by Dr Sarah Bernard.
  - The Junior Medical Officer (JMO) Manifesto: The benefits of flexible and individualised workplace support by Associate Professor George Eskander.
- A panel discussion facilitated by Kat Johns on journeys to inclusion from the perspective of staff with disability and managers supporting staff (see [Appendix B: Panel questions](#)).
  - Lisa Burnette, a clinical information nurse with disability working at St John of God Hospital, Midland
  - Dr Jazmin O'Reilly-Hawes, a medical registrar and advocate for neurodivergent staff at North Metropolitan Health Service, with experience of the JMO Manifesto
  - Dr Kien Chan, a consultant geriatrician at Sir Charles Gairdner Hospital who manages various staff members with disability
  - Stephanie Coates, Co-Lead of the Disability Health Network and Head of Occupational Therapy at Fiona Stanley and Fremantle Hospital Group who has managed and actively employed staff with disability.
- A workshop discussion on building an inclusive workplace in WA Health facilitated by Whitney Darlaston-Jones, Department of Health, with scene setting presentations by Allan MacDonald, Equal Opportunity Commission; Jeff McDonald, South Metropolitan Health Service (SMHS); and Damita Sherwani, WA Country Health Service (WACHS).

Given time constraints, opportunities for questions was limited. A box was available for attendees to write questions that would be answered after the event (see [Appendix C: Burning questions](#)). Attendees also had the opportunity to put down their thoughts and ideas throughout the day on the Whispering Wall. Guiding questions included:

- What's working well
- Opportunities
- Who need to be involved in the change?
- What system changes need to occur in the next 3-5 years?
- Other ideas?



## Workshopping the Workplace

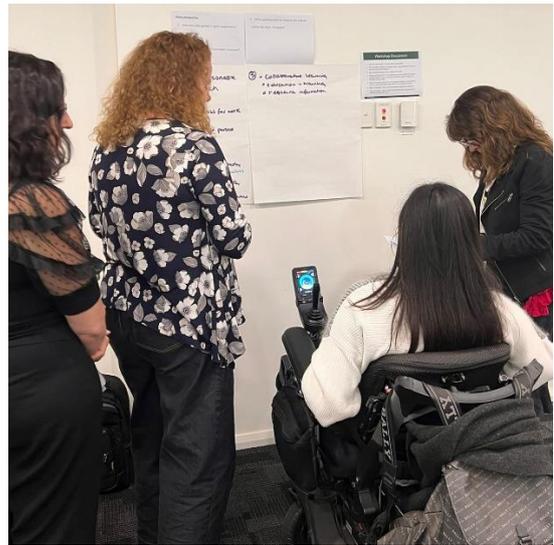
The purpose of the workshop was to provide attendees with the opportunity to discuss the ideas from the keynote presentations and the panel discussion and apply it to real-world scenarios through the use of case studies. The session began with three, five-minute scene setting presentations which covered three critical areas of creating a diverse and inclusive workplace:

- A person's rights at work (presented by Allan MacDonald Allan MacDonald, Senior Legal Officer, Equal Opportunity Commission).
- How to make adjustments (presented by Jeff McDonald, Senior Workforce Strategy Consultant, South Metropolitan Health Service)
- How to be a good ally (presented by Damita Sherwani, Organisational Development Officer, WA Country Health Service)

This was followed by a 40-minute discussion in small groups, with each group focussing on one of three case studies and using the discussion questions to analyse the challenges and opportunities from multiple perspectives: individual, team, and organisational. See [Appendix D: Workshop case studies and discussion questions](#).

At the conclusion of the discussion time, attendees were invited to reflect on their discussion conversation and using an online platform, Slido, answer the question: *what is one thing your workplace can do to be more inclusive?* This was followed by a request for them to use an index

card to record one thing they could do as a result of attending the conference that was within their capacity and authority to achieve, which would lead to an improvement in diversity and inclusion. The purpose of these two summary activities was to highlight the dual importance of system level change supported by individual motivation and contribution to address inequity. Both are essential to achieving lasting and meaningful change and improvement.



## Lessons from the keynote presentations

### All means All: A disability inclusive workforce for healthy hospitals by Dr Sarah Bernard

- A diverse workforce saves lives.
- People with disability have higher rates of healthcare avoidance for many reasons, including fear of discrimination, not being understood, and difficulties communicating.
- Staff with disability have a fear of disclosing their hidden disability for fear of discrimination and often take additional measures to hide their disability which can lead to financial hardship and reduced physical and mental health outcomes.
- Representation in the workforce improves staff with disability health as well as improve the healthcare provided to patients
  - People with autism spectrum disorder have fewer communication errors when conversing with other people with autism.
  - People feel safer when they see themselves represented in positions of authority (e.g. health care professionals with disability)
  - Equitable practices that create flexible workplaces benefit all staff
- Inclusive workplace design top 5 tips:
  - Select for diversity: peers, mentors, projects.
  - Unexpected response? Be curious, get educated by those with lived experience
  - Invest time for processing, preparation, recovery. Win the long game.
  - Reasonable adjustments are proactive and ongoing: adjust, check-in, repeat!
  - Celebrate success. Low hanging fruit at the start of improvement!



## The Junior Medical Officer (JMO) Manifesto: The benefits of flexible and individualised workplace support by Associate Professor George Eskander

- Vision: Enabled by transforming the Medical Workforce and Medical Education Unit directorates to be responsive to our junior doctors at the heart of our business
- North Metropolitan Health Service JMO Manifesto:
  - Embracing and celebrating part time roles and flexible working arrangements
  - Enshrining a culture of psychological safety through optimizing overtime processes and the elimination of improper conduct
  - Embedding leave at the heart of our doctors in training
  - Medical Workforce On-call and 2nd on-call doctors
  - Below the line reporting pathway
- Developing a culture of open, two-way communication between executive and junior staff is essential to success
- A culture of flexibility supports the needs of all staff, but creates a sense of safety for staff with disability to request adjustments to support their involvement in the workforce
- Results:
  - JMO positions are fully subscribed
  - Burnout rates among JMOs have reduced year-on-year and are lower than the WA average
  - Significant reduction in absenteeism and non-productive FTE
  - Increased retention of JMOs
  - Strongly improved AMA Hospital Health Check Scores 2023



## Areas for action

Content from the whispering wall, workshop discussions, keynote presentations and following discussion, panel discussions, and the Slido question regarding system changes were analysed and themed. The following themes were evident across the three activities; they are in order of most frequently identified to the least frequently identified (see figure 2). Several areas for action were identified during the event; SDAN encourages all HSPs to identify opportunities where they can champion change in these areas. See [Appendix E: Themes](#) for the raw data collated under each theme.

### 1. Creating safe environments

Creating safe environments encompassed the broad system culture change as well as the creation of workplaces where staff with disability feel safe to disclose their disability and request adjustments without fear of discrimination, being proactive with change and not reactive, and fostering a culture of open communication and curiosity. This is considered the single most important change to occur at WA Health; without genuine culture change to make it safe for staff with disability to disclose and to have conversations about their needs, other changes will experience unnecessary challenges and barriers to success. Fear of discrimination, victimisation, and isolation were common concerns amongst attendees. Peer support networks for staff with disability, including SDAN and Neurokin, were recognised as valuable safe spaces. These were seen as positive influences on workforce culture. There was significant discussion following the keynote presentations regarding the creation of safe environments and how to improve culture including the impact and benefit of having staff with disability visible within our health professional workforce and the opportunities available to WA Health entities to be leaders in the space of workforce reform in disability inclusion at a state and national level as it is an area with limited mainstream activity.



## 2. Innovative workforce processes

This theme looks at ways to improve the identification, recruitment, and retention of staff with disability through existing but underutilised mechanisms as well as innovative new methods.

Potential areas for action include:

- The expansion of the NMHS JMO manifesto to other professional groups such as nursing and allied health, as well as other hospital sites.
- Using and education for staff on the use of Section 66R under the Equal Opportunities Act 1984 to recruit staff with disability. See this fact sheet for more information: <https://www.nds.org.au/images/resources/employment/WA-Public-Sector-Disability-Employment-Confidence/Disability-Employer-Resource---Application-of-Section-66-of-the-WA-EO-Act.pdf>
- Creating system-wide employment pools for people with disability for specific professional groups, e.g. graduate occupational therapist, that HSPs must utilise prior to using other recruitment methods
- Supporting flexible working arrangements for all staff across all professional fields
- Having more inclusive recruitment and interview processes across all professional fields
- Department of Health and HSPs becoming accredited Disability Confident Recruiters. See more information here: <https://australiandisabilitynetwork.org.au/how-we-can-help-you/become-a-disability-confident-recruiter/>

## 3. Executive support and accountability

It was highlighted throughout the conference that any change must be authentically supported from the highest levels of the health executive team; high-level commitment must be consistent and ongoing. This is essential to lasting culture change and progress, particularly in relation to the existing Public Sector Commission disability employment target (see here for more information: <https://www.wa.gov.au/system/files/2020-09/People%20with%20Disability%20Action%20Plan%202020-2025.pdf>). Potential areas for action include:

- Establishing a body of work to create consistent disability employment key performance indicators (KPIs) for mandatory use across all WA health system entities with involvement from SDAN and co-led by staff with disability

- Ensuring Disability Access and Inclusion Plans are robust with clear mechanisms for accountability for non-compliance
- Embedding the Disability Equality Index across WA Health. See more information here: <https://disabilityin.org/what-we-do/disability-equality-index/>
- Health executives leading on or sponsoring key areas of change



#### **4. Education improvement, including mandatory training**

Education was seen as an opportunity for staff to educate themselves, have access to reliable information, obtaining authorised time to complete training, and mandatory education on diversity and inclusion, with a particular focus on disability. Potential areas for action include:

- System wide mandatory training on disability awareness, diversity and inclusion, and mechanisms for support
- All staff having time in work hours to complete training modules
- Supporting the development and use of information on reasonable adjustment and manager specific resources related to supporting staff with disability in their team

#### **5. Information**

This theme centred on the need for easily accessible information and resources on a broad range of topics that WA Health staff could access to improve their teams' diversity and inclusion as well as supporting staff with disability. Potential areas for action include:

- Fact sheets and resources on inclusivity and how to support staff with disability
- Resources outlining how to implement reasonable adjustments

- Information that raises awareness of disability and neurodiversity
- Fact sheets on HSP inclusion and workforce policies and processes

## 6. Disability Liaison Officers

A consistent thread was the idea of having a point of contact within the workforce teams to access information and advice on how to support staff with disability. Workforce based disability liaison officers were seen as a critical innovation to support staff with disability to advocate for their needs and managers to access advice to support their staff and create a safe, inclusive working environment. It was identified that these people would need to be trained in disability legislation and occupational health and safety, as well as have a social justice perspective that understood the positioning of people with disability, rather than just human resourcing experience. This area was also discussed in broader terms around adequately funding FTE across the health system to advocate form and support diversity and inclusion champions.



## 7. Funding

Along with executive support and accountability, funding was seen as an essential driver of change. Potential areas for action include:

- Formalising and funding SDAN including FTE for co-lead roles, resources, and clear lines of interaction with decision makers
- Funding staff with disability to attend training rather than using leave allocations
- Investing in diversity and inclusion actions

## 8. Leadership roles

Discrepancies in employment are evident between people with disability and those without, and the unemployment rate varies considerably across disability groups and increases sharply for people with multiple impairments. However, career progression was also noted as an area requiring reform for staff with disability. It was identified that more could be done to facilitate staff with disability accessing acting opportunities and leadership roles on boards and committees.

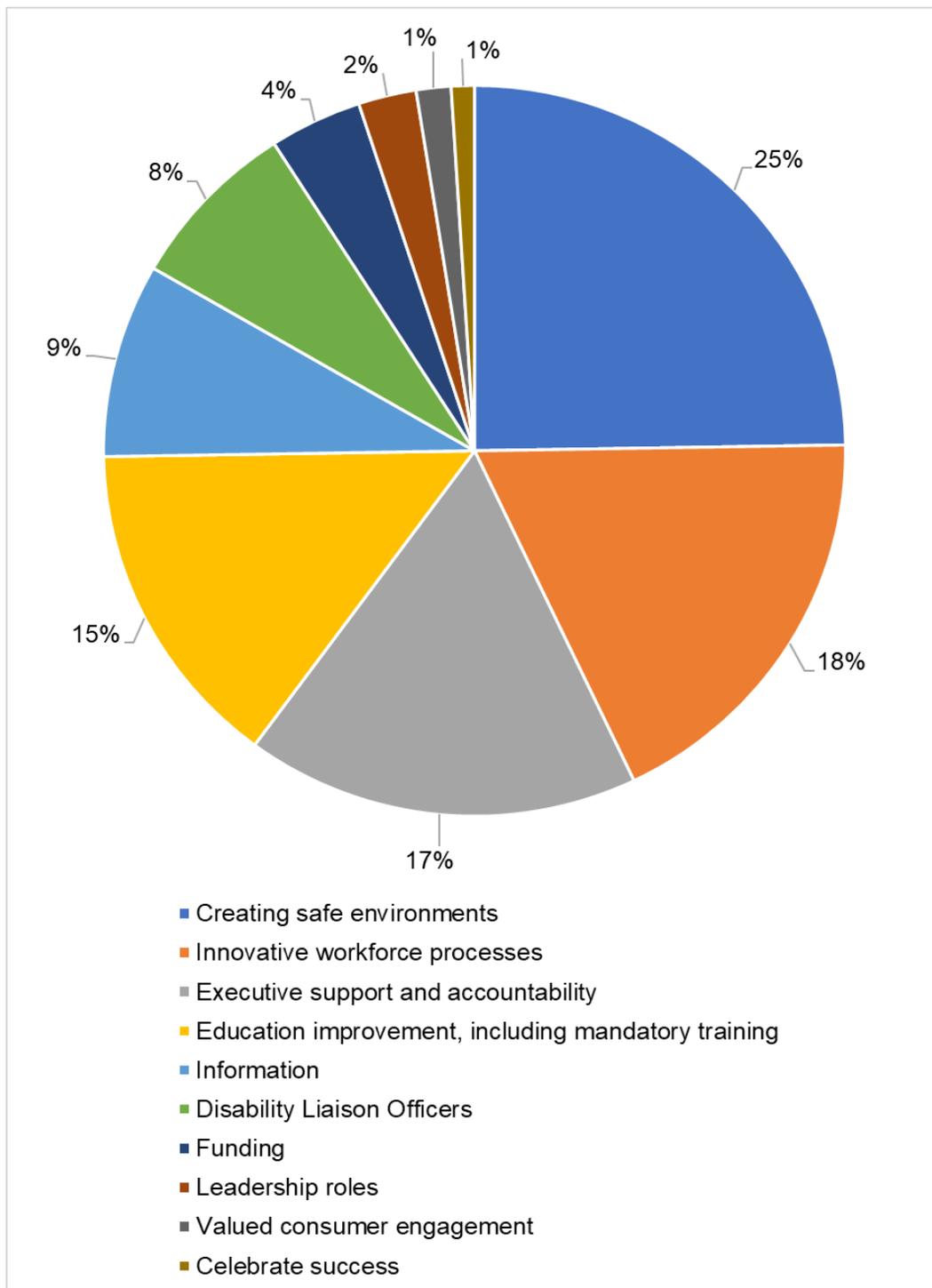
## 9. Valued consumer engagement

It was noted that any changes required people with lived experience of disability being involved in the change, preferably in lead roles as opposed to “experts” without lived experience.

## 10. Celebrate success

Celebrating successes, large and small, is an important step in change management processes to boost morale, maintain momentum, and to take stock of achievements as well as remaining actions.





**Figure 2:** Percentage frequency of themes across three activities - workshop, Slido, and whispering wall

## Evaluation

Overall, the event was a resounding success. Formal and informal feedback indicate that attendees found the event valuable, inspirational, insightful, and inclusive. Participants were asked to respond to an evaluation of the event via Citizen Space (see [Appendix F: Evaluation survey](#)). Results are outlined below:

- 95% of respondents (n=22) were satisfied or very satisfied with the event overall
- 95% of respondents felt supported to fully participate in the event
- 91% of respondents (n=21) strongly agreed or agreed that the keynote addresses increased their understanding of the benefits gained from a diverse and inclusive workforce
- 82% of respondents (n=21) strongly agreed or agreed that the panel discussion increased their understanding of the impact of making adjustments
- 91% of respondents (n=21) strongly agreed or agreed that the event increased their understanding of the need for change at all levels - individual, team, and organisational

Qualitative feedback indicated that respondents found the keynote speakers to be very good, informative, and inspirational with one person commenting that they want other HSPs to follow the North Metropolitan Health Service (NMHS) model outlined in Associate Professor George Eskander's presentation on the JMO Manifesto; this echoes comments made on the day. Respondents also noted the inclusivity of the event with many speakers, organisers, and attendees being staff with disability from across various HSPs. Respondents noted the importance of having a space for these conversations to occur and the value it presents for networking and learning from other areas.

There was a call for the conference to be repeated and the SDAN are currently investigating the possibility for creating an annual conference. Recommendations to improve future events is to:

- add more time to provide more space for discussion
- consider an alternate venue to facilitate better parking
- use different seating arrangements to create more space between seats to facilitate people moving around the room and reducing the likelihood of people becoming uncomfortable due to sitting too close to others
- using more online solutions to provide spaces for online chat throughout the event.

# Appendices

## Appendix A: Program



Government of **Western Australia**  
Department of **Health**  
Health Networks

### Staff with Disability and Allies Network (SDAN) Conference 2024

Tuesday 30 April 2024, 9.30am – 2.30pm  
The Niche, Nedlands

An inclusive workplace is a healthy workplace. This conference brings together health staff with disability and allies to work together to make the WA health system a more inclusive workplace. In support of this, a low stimulation room will be available on the day for anyone who needs to use it.

Time	Topic	Presenter
9:15 am	Registration and doors open	
9:30 am	Open event <ul style="list-style-type: none"> <li>Acknowledgement of Country</li> <li>Conference welcome and housekeeping</li> <li>Introduction to SDAN</li> </ul>	Jocelyn Franciscus Tayla Taseff Kat Johns
9:45 am	<b>Keynote address</b> All means all: A disability inclusive workforce for healthy hospitals	Dr Sarah Bernard
10:15 am	<b>Keynote address</b> Junior Medical Officer Manifesto: The benefits of flexible and individualised workplace support	Associate Professor George Eskander
10:45 am	Discussion	Tayla Taseff
<b>11:00 am</b>	<b>Break</b>	
11:15 am	<b>Panel discussion:</b> Journeys towards inclusion Panel members: Lisa Burnette, Steph Coates, Dr Kien Chan, and Dr Jazmin O'Reilly-Hawes Facilitated by Kat Johns	
<b>12:00 pm</b>	<b>Lunch break</b> <b>Concurrent Session:</b> Healing space and connection for staff with disability	
1:00 pm	<b>Workshopping the workplace</b> Facilitated by Fran Downey <ul style="list-style-type: none"> <li>Making adjustments for an inclusive workplace</li> <li>How to be a good ally</li> <li>My rights at work</li> </ul>	
2:20 pm	Closing remarks	Kat Johns and Dr Sarah Bernard
2:30 pm	Close event	Tayla Taseff

#### Let us know your thoughts about the Conference

Complete the event evaluation form online by scanning the QR Code.



## Presenter overview



**Jocelyn Franciscus**

**Disability Health Network co-lead (she/her)**

An Occupational Therapist and a person with lived experience of disability, Jocelyn is passionate about the inclusion and representation of people with disability across the disability/health interface. Previously the Community Awareness Strategist for National Disability Services (NDS) and the AT Chat project for Indigo.



**Tayla Taseff (she/her)**

**Consumer Co-Chair, Child and Adolescent Health Service Disability Access and Inclusion Committee**

At 24, Tayla Taseff proudly serves as the consumer co-chair of the Disability Access and Inclusion Committee at CAHS. My unwavering passion lies in advocating for disability rights and fostering inclusion within our community and society. With a professional dedication to creating positive change, I strive to ensure equal opportunities and access for all. Together, let's build a more inclusive future.



**Kat Johns (they/them)**

**Project Director, Demand and Capacity Management, North Metropolitan Health Service**

Kat has lived experience on the 'double rainbow' as an Autistic and LGBT person. Kat has a key role on the Disability Health Network, representing people with disability. Kat is also a Director on the Board of Management at People with Disability WA and has worked in government and non-government organisations. They are currently a staff member at NMHS.



**Dr Sarah Bernard (she/her)**

**Geriatrician, Speciality and Ambulatory Services, Sir Charles Gairdner Osborne Park Health Care Group**

Dr Bernard is a Specialist Geriatrician working in the Sir Charles Gairdner Hospital Emergency Department Geriatric Assessment Team and is the clinical lead of the Frailty Rapid Access Clinic at Osborne Park Hospital. Dr Bernard is passionate about disability and neurodiversity inclusion for people who work in and use hospitals, bringing her unique perspective to this as a disabled, neurodivergent doctor.



**Associate Professor George Eskander (he/him)**

**Executive Area Director Clinical Services, North Metropolitan Health Service**

Dr George Eskander has held numerous executive positions in hospitals across WA. He is passionate about ensuring proper and meaningful clinician engagement is at the heart of organisational decision making, empowering clinical roles to lead across health service providers, and leading organisations to embrace genuine staff wellness through organisational strategic reform. George is very proud to be the executive sponsor of the NMHS JMO Manifesto, a multiple award-winning organisational approach focussing on the NMHS caring for its Junior Medical Officers.



**Stephanie Coates, Disability Health Network co-lead (she/her)**

Stephanie is a registered Occupational Therapist with over 20 years of experience working with the South Metropolitan Health Service. She is currently the Head of Department for Occupational Therapy at Fiona Stanley Fremantle Hospital Group and chairs their Disability Access and Inclusion Plan Committee.



**Lisa Burnette (she/her)**

**Clinical Information Nurse, SJOG Midland**

Lisa Burnette (RN, MPH, CHIA) has worked in and around hospitals for thirty years. After acquiring a physical disability only five years into her nursing career, Lisa moved to non-clinical nursing roles including research and information technology. For the last 8 years she has worked at Midland Public Private hospital in the role of business liaison and change manager between the clinicians and the technical teams, advocating and problem-solving business issues around the clinical information systems. Lisa also has experience in the disability community, as past president of People with Disabilities WA and currently on her hospital Disability Reference Group



**Dr Jazmin O'Reilly-Hawes (she/her)**

**Medical Registrar/ Medical Administration Registrar, North Metropolitan Health Service**

Dr Jazmin O'Reilly-Hawes is passionate about creating a healthcare system that creates a psychologically and physically safe place for all patients and staff. She currently advocates for neurodivergent and disabled staff within WA health, specifically at NMHS, and also within the Australian Medical Association.



**Dr Kien Chan (he/him)**

**Consultant Geriatrician, Sir Charles Gairdner Osborne Park Care Group, North Metropolitan Health Service**

Consultant geriatrician with clinical interest in stroke rehabilitation and perioperative care. Service development interest in improving care closer to home.



**Frances Downey (she/her)**

**A/Director, Health Networks Unit, Department of Health**

Fran Downey is the current Director for Health Networks within the Clinical Excellence Division at the Department of Health WA, having recently joined after working in a variety of senior health service improvement roles since 2006. As a former Nurse, Midwife and Social Worker, Fran is passionate about new and innovative ways to optimise patient experience and support truly person-centred care, as well as supporting clinicians to deliver equitable, accessible, and supportive health care.



**Jeff McDonald (He/him/his)**

**Senior Workforce Strategy Consultant, South Metropolitan Health Service**

Advocate, cultural change champion, innovator and leader of equity, diversity and inclusion improvement in private and public industry recruitment, employment, reasonable adjustment practice and workforces. Talent attraction specialist and HR professional.

## Thank you to our conference partners

The SDAN Conference was made possible through the support and partnership of the following teams and organisations.



Government of **Western Australia**  
Department of **Health**  
**Health Networks**



Government of **Western Australia**  
**Child and Adolescent Health Service**



Government of **Western Australia**  
**North Metropolitan Health Service**



Government of **Western Australia**  
**South Metropolitan Health Service**



Government of **Western Australia**  
**WA Country Health Service**



**Neurological Council WA**

### Join SDAN

SDAN is a space for people with disability and allies. Come and connect with us on MS Teams.



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### Join NeuroKin

NeuroKin is a peer support group for WA Health staff who self-identify or are diagnosed as Neurodivergent. This means any person who has a brain difference, including but not limited to: ADHD, autism, dyslexia, mental health conditions, dementia, cognitive or intellectual disability, epilepsy, and more!

### Contact

Dr Sarah Bernard:  
[Sarah.Bernard@health.wa.gov.au](mailto:Sarah.Bernard@health.wa.gov.au)

Kat Johns:  
[Kat.Johns@health.wa.gov.au](mailto:Kat.Johns@health.wa.gov.au)

## Appendix B: Panel questions

- Dr Jazmin O'Reilly-Hawes
  - Given your involvement in the JDM?
  - Do you have any advice to other service providers who are looking to be more flexible and inclusive?
- Lisa Burnette
  - If you had an opportunity to change one thing, what is the thing you would change in the system to ensure inclusion?
- Dr Kien Chan
  - How would you advise other managers who want to do things better but don't know what to do when making adjustments in the workplace?
- Stephanie Coates
  - What are your hopes for the future in disability inclusion?

## Appendix C: Burning questions

Attendees had the opportunity to ask questions of the conference organisers via a burning questions box if they were not able to ask their question during designated discussion time. These questions were taken on notice and answers were sought after the conclusion of the event. The questions below have been written verbatim and where acronyms have been used, the full term has been added for clarity.

### 1. How do we obtain reasonable accommodations without being fired?

Dr Bernard's presentation outlined the well-established research evidence that many healthcare employees with disability do not disclose due to fear of stigma, discrimination, and being fired. This is a barrier to requesting reasonable adjustments that the work of SDAN and DHN continues to work to improve.

Under the Disability Discrimination Act 1992 (Cth) and Equal Opportunity Act 1984 (WA) employers must make reasonable adjustments to accommodate a person's disability unless that adjustment would result in unjustifiable hardship. (Source:

<https://www.wagov.pipeline.preproduction.digital.wa.gov.au/organisation/public-sector-commission/workplace-adjustments-people-disability#:~:text=Under%20the%20Disability%20Discrimination%20Act,would%20result%20in%20unjustifiable%20hardship.>)

Section 4(1) of the Disability Discrimination Act 1992 defines reasonable adjustment as 'an adjustment to be made by a person is a reasonable adjustment unless making the adjustment would impose an unjustifiable hardship on the person'. (source:

[https://www.wa.gov.au/government/publications/fact-sheet-reasonable-adjustment-and-inclusive-practice#:~:text=Section%204\(1\)%20of%20the,unjustifiable%20hardship%20on%20the%20person%27.](https://www.wa.gov.au/government/publications/fact-sheet-reasonable-adjustment-and-inclusive-practice#:~:text=Section%204(1)%20of%20the,unjustifiable%20hardship%20on%20the%20person%27.) )

More information on making adjustments can be found in the following links:

- South Metropolitan Health Service workforce resources on making adjustments: <https://smhs-healthpoint.hdwa.health.wa.gov.au/workingatsmhs/ED/Pages/Reasonable-Adjustment.aspx>

- Includeability:
  - <https://includeability.gov.au/>
  - [https://includeability.gov.au/sites/default/files/2021-07/11\\_-\\_includeability\\_-\\_guide\\_-\\_identifying\\_as\\_a\\_person\\_with\\_disability\\_in\\_the\\_workplace.pdf](https://includeability.gov.au/sites/default/files/2021-07/11_-_includeability_-_guide_-_identifying_as_a_person_with_disability_in_the_workplace.pdf)

## **2. What disabilities do we need to disclose to AHPRA (Australian Health Practitioner Regulation Agency)?**

Answer provided by AHPRA via general online enquiry on 2 May 2024:

“All applicants/practitioners are required to tell us about any impairments that may affect their ability to practise.

Impairment means any physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect practitioner’s ability to safely practise the profession.

Having an impairment will not necessarily prevent someone from practising. However, we need to know what practitioners are doing to manage any impairment disclosed to us.

We may require current documentation about the diagnosis and/or treatment plan and a statement regarding the current fitness to practise from your treating health practitioner.

You can get further advice about declaring your impairment to AHPRA from your treating practitioner as well.”

For more information: [https://includeability.gov.au/sites/default/files/2021-07/11\\_-\\_includeability\\_-\\_guide\\_-\\_identifying\\_as\\_a\\_person\\_with\\_disability\\_in\\_the\\_workplace.pdf](https://includeability.gov.au/sites/default/files/2021-07/11_-_includeability_-_guide_-_identifying_as_a_person_with_disability_in_the_workplace.pdf)

## **3. How do we get mandatory training from SCGH (Sir Charles Gairdner Hospital)?**

For questions or suggestions please fill out the [SCGOPHCG Mandatory Training Queries form](#)

For more information on training, visit:

- NMHS Mandatory Training: <https://nmhs-healthpoint.hdwa.health.wa.gov.au/directory/WFT/EducationandTraining/Pages/MTR.aspx>

- Sir Charles Gairdner Osborne Park Health Care Group Mandatory Training (safety skills): <https://scgophcg-healthpoint.hdwa.health.wa.gov.au/workingatscgh/LnD/MandatoryTraining/Pages/default.aspx>

#### 4. Accommodations/Reasonable adjustments:

- a. How do you know what you need?
- b. Is there an Ax (*assessment*)?
- c. Is there someone who can help you?
- d. Is there advocacy – who – how access?

The best place to start is by having an open and safe conversation with the staff member with disability and asking them what adjustments they require. Sometimes people do not always know the full extent of adjustments that will help them, or their needs might change over time. It is valuable to make it clear that these conversations can be ongoing whenever the staff member feels they need to review their adjustments.

More information on making adjustments can be found in the following links:

- South Metropolitan Health Service workforce resources on making adjustments: <https://smhs-healthpoint.hdwa.health.wa.gov.au/workingatmhs/ED/Pages/Reasonable-Adjustment.aspx>
- Includability:
  - <https://includeability.gov.au/>
  - [https://includeability.gov.au/sites/default/files/2021-07/11\\_includeability\\_guide\\_identifying\\_as\\_a\\_person\\_with\\_disability\\_in\\_the\\_workplace.pdf](https://includeability.gov.au/sites/default/files/2021-07/11_includeability_guide_identifying_as_a_person_with_disability_in_the_workplace.pdf)
- Asking for advice from a relevant community advocacy group such as People with Disabilities WA: <https://www.pwdwa.org/>

#### 5. 6R8 that there has been huge success for RMO. How + who + when can this be implemented with other HCP? R other HS involved? Health Dep?

SDAN is very excited about the potential of the JMO Manifesto and will be circulating the recording of the conference to all executives in the WA health system, the Disability Access and Inclusion Plan Chairs and Champions, Disability Health Network, and other networks. We

encourage all attendees to circulate this and other relevant information throughout their networks.

**6. Do you know who designed the above and below the line behaviours document/initiative? Because it was peer based, majority are neurotypical and some behaviours that are acceptable for NT are not for neurodiverse.**

Unfortunately, the organising committee was not able to identify an answer to this question prior to the publication of this summary document. However, it is a beneficial reminder that resources are created in partnership with a diverse user group to ensure that the variety of experiences are incorporated, and different groups of people are not unfairly marginalised as a result of how behaviours are defined.

**7. Fix the WA Health staff diversity survey – the disability questions preclude the majority of people with disability. This has been an issue for many years and still not solved.**

The Office of the Deputy Director General, along with representatives at all HSPs, are reviewing the WA Health staff diversity survey. The Public Sector Commission (PSC) requires WA Health entities to report on a number of diversity metrics as part of the Human Resource Minimum Obligatory Information Requirements (HRMOIR). PSC are planning revisions to the HRMOIR data definitions for disability, which will inform updates to the WA Health staff diversity survey.

## Appendix D: Workshop case studies and discussion questions

### Case study 1: Alex

Alex, a health worker with a neuro-divergent disability, met with their manager to ask for an adjustment at work. Alex's disability relates to sensory input and information processing.

The request was for written directions to be provided to support the completion of work, rather than verbal. This was because Alex felt it was sometimes hard for them to keep track of verbal instructions.

Alex perceived that the manager sometimes spoke at a fast pace, which could lead to sensory discomfort, and it was hard for Alex to follow all the task details. Written instructions were much easier for Alex to follow.

Alex also commented that they struggled to sit next to a colleague who played music at their desk. Alex requested to be moved to a vacant desk at the other side of the office, where it was quieter and would enable Alex to be able to concentrate on the tasks.

After the discussion, Alex was referred by the manager for a fitness for work assessment by the OSH team. Alex was also informed that a planned leadership training course would be delayed until after the assessment.

### Case study 2: Minh

Minh, a person who has a psycho-social disability involving depressive episodes, has disclosed her disability to her manager and gone through the process of having adjustments approved in her workplace.

The approved changes were for additional rest breaks and flexible working hours.

Some of Minh's colleagues have viewed the accommodations as being unfair. They have been outspoken in their response and asked for all team members to be enabled the same flexibility.

The manager has informed the team that the service needs staff working 7 days per week, 24 hours a day and refused to offer the same roster pattern to the whole team.

### Case study 3: José

José is a person who applied for a job, involving some physical labour, at a mental health facility. He has a physical disability that results in him having an issue with balance and a substantial limp when walking.

José completed the Pre-Employment Health Assessment (PEHA) but did not disclose his disability for fear of discrimination and losing the job offer.

When José was interviewed, he was deemed as appropriate for the role with the required skills, knowledge, and professional accreditations.

José began his job and worked well within the team, he enjoyed the work and was often commended by their manager for the work he completed.

The job required the occasional use of a ladder, and a colleague was concerned about balance and safety and raised this with José's manager.

The manager contacted the Work Health and Safety team, who recommended that the manager put in an incident report as a "near miss" so that an investigation could take place to minimise the risk for the organisation.

### **Questions:**

- Individual perspective:
  - How was the person with disability able to advocate for their needs?
  - How would the different people in the case study be feeling about the situation?
- Team perspective:
  - How were the person's rights supported or not supported?
  - How could the support have been improved?
  - What could be done to improve the culture within the team, if needed?
- Organisational:
  - What initiatives could be started or enhanced at an organisational level on an ongoing basis to improve the inclusivity of the organisation?
  - What else could have been done by the employing organisation to ensure the appropriate resources and avenues were in place to support the rights of people with disability and ensure staff understand those rights?
  - What supports and opportunities need to be considered to ensure we retain existing staff with disability as well as build our workforce, including the accessibility of career pathways?

## Appendix E: Themes and raw data

### Whispering wall

What's working well	Theme
There are people committed to and brave enough to be heard and keep going till (sic) theres (sic) movement (even if sideways to start)	Creating safe environments
Discussions are happening early days	Creating safe environments
Opportunities?	
Get involved in discussions and put ideas forward	Creating safe environments
Disability liaison officers	Disability Liaison Officers
66R	Innovative workforce processes
Disability liaison officers have a “seat at the table” to give <u>actual</u> input – not just talk about talking about it = REAL ACTION	Disability Liaison Officers
Like federal employment/job as “affirmative measures – disability” to build disability candidate pools	Innovative workforce processes
More “accessible” interview/application processes to support hiring diverse staff from all areas – disability and beyond!	Innovative workforce processes
Who needs to be involved in the change?	
Each of us – rethink how we do things... can be done more inclusively	Education improvement, including mandatory training
Higher up the chain at DOH	Executive support and accountability
People who have a disability/invested people	Valued consumer engagement
System manager	Executive support and accountability
HR dept	Executive support and accountability
Old school thinking needs to cease	Creating safe environments
system needs to change with the world	Creating safe environments
Focus on disability as much as other diversity groups get attention, i.e. LGBTQI+ and Aboriginal employment	Executive support and accountability
EVERYONE! Starts top down but managers need support	Executive support and accountability
In a worker’s PD – can they have a project e.g. look at all our DOH forms in that area. Do they need to include disability	Innovative workforce processes

<b>What system changes need to occur in the next 3-5 years?</b>	
Acknowledgement of shortfalls, real commitment \$\$\$ not lip service to overcoming – stop doing studies or fact finding & start doing something & R/V / Modifying on the way	Executive support and accountability
Education	Education improvement, including mandatory training
Investment: Time, Money, People, Meaningful change won't happen without	Executive support and accountability
DOH to become accredited disability confident recruiter – followed by HSPs	Innovative workforce processes
Mandatory training for all staff for disability awareness and acceptance	Education improvement, including mandatory training
Consistency	Executive support and accountability
Centralised database: Recruitment, Management templates	Innovative workforce processes
CEO statement of commitment to inclusive practices	Executive support and accountability
Mandatory managerial attendance on disability	Education improvement, including mandatory training
<b>Other ideas?</b>	
Maybe get across HS collaboration so they/we aren't reinventing the wheel! – then narrow areas individual to each	Innovative workforce processes
Seek neurospicy employees from a young age, nurture them with open career opportunities forum, mentorship, throughout high school, higher education, and workplace. Strength based!	Innovative workforce processes
HR/Recruitment support managers to enable acting opportunities for disabled staff to get experience	Leadership roles
Formalise SDAN – resources, support, a seat at the table with decision makers	Funding
Reporting system of ableist/unsupportive managers who don't support or who block access, needs and adjustments	Other
Adapt strength-based recruitment approach	Innovative workforce processes

**Slido: What is one thing your workplace can do to be more inclusive?**

<b>Slido comments</b>	<b>Theme/s</b>
invest in FTE to advocate for people with disability	Disability liaison officers

Slido comments	Theme/s
top down drive and support to progress disability policy and procedure, inclusive of funding for disability liaison officers and additional education and supports	<ol style="list-style-type: none"> <li>1. Executive support and accountability</li> <li>2. Funding</li> <li>3. Disability liaison officers</li> <li>4. Education improvement, including mandatory training</li> </ol>
treat diversity more seriously	Executive support and accountability
every department becomes inclusive enough that there are openly disabled role models at all levels	Creating safe environments
make disability inclusivity more than just tick boxes and lip service by execs	Executive support and accountability
DAIPs with teeth - having people with disability on boards	<ol style="list-style-type: none"> <li>1. Executive support and accountability</li> <li>2. Leadership roles</li> </ol>
have resources available on SharePoint to help managers and employees to understand inclusivity and how they can offer support to colleagues with disabilities	Information
resource disability awareness and neurodiversity training and making this available to staff as a compulsory item	Education improvement, including mandatory training
use 66R!	Innovative workforce processes
having allocated time to complete required learning packages	Education improvement, including mandatory training
build ergonomic assessments and discussions of accommodations into the mandatory onboarding for all staff. These help everyone and making something general policy destigmatises needing support	Innovative workforce processes
mandatory training (in disability and inclusion) for managers and recruiting staff	Education improvement, including mandatory training
HSPs to give fractional FTE to SDAN champions	Funding
invest in diversity and inclusion	Funding
dedicated 66R roles and pools for people with disability	Innovative workforce processes
more resources information for disability	Information
invite those with lived experience to be involved in redesigning care models	Valued consumer engagement

<b>Slido comments</b>	<b>Theme/s</b>
Direction to make DEI (disability equality index) to be a requirement, not an idea for HSPs	Executive support and accountability
become aware of HSP policy and procedure	Information
ask questions on my disability	Education improvement, including mandatory training
include disability considerations in the upcoming state STI/BBV strategy	Executive support and accountability
increase awareness of easy modification that can be made to increase accessibility around the workplace (go for the quick wins)	Information
mandatory training / Education	Education improvement, including mandatory training
safe space to be heard	Creating safe environments
open communication and a resource detailing reasonable adjustments	Information
being proactive not reactive	Creating safe environments
disabled people lead and make up the majority of members of DAIP committees	Leadership roles
Apprenticeship programmes	Innovative workforce processes
provide a list of reasonable adjustment examples available to applicants during recruitment process	Innovative workforce processes
education for ALL staff	Education improvement, including mandatory training
incorporate more training and awareness for staff and managers in organisations	Education improvement, including mandatory training
leader led	Executive support and accountability
have a dedicated FTE to diversity and inclusion or champions within the workplace. Support from top down is essential!	<ol style="list-style-type: none"> <li>1. Disability liaison officers</li> <li>2. Executive support and accountability</li> </ol>
be more supportive of regular work from home	Innovative workforce processes
create a culture where it is safe to speak up	Creating safe environments
mandatory disability training for all staff	Education improvement, including mandatory training

<b>Slido comments</b>	<b>Theme/s</b>
mandatory staff training	Education improvement, including mandatory training
genuine commitment by chief exec	Executive support and accountability
sensory awareness and considerations	Information
education	Education improvement, including mandatory training
have a FT dedicated for diversity and inclusion or champions within the workplace - it is important and leadership support is essential	<ol style="list-style-type: none"> <li>1. Disability liaison officers</li> <li>2. Executive support and accountability</li> </ol>
open communication and a resource of what can be offered	Creating safe environments
disability awareness and acceptance	Information
employ a Disability liaison officers for all staff, who are trained in disability legislation and occupational health and safety	Disability liaison officers
open conversations	Creating safe environments
Disability liaison officers	Disability liaison officers
disability Liaison, central pools for disability including all professions and HSPs, fund the SDAN	<ol style="list-style-type: none"> <li>1. Disability liaison officers</li> <li>2. Innovative workforce processes</li> <li>3. Funding</li> </ol>
Increase awareness of easy modifications that can be made to increase accessibility around the workplace (go for the quick wins)	Information
HR have Disability liaison officers for staff	Disability liaison officers
Greater understanding of neurodiversity, greater thought into what adjustments can be made and make these available	Information
get to know staff and their preferences. People like to feel seen and heard rather than a number. Celebrate differences! We're not problems that need fixing	<ol style="list-style-type: none"> <li>1. Creating safe environments</li> <li>2. Celebrate Success</li> </ol>
celebrate success in this space internally and externally	Celebrate success
ask everyone if they require any adjustments	Innovative workforce processes
executive sponsor for strategies for inclusive psychologically safe workforce	Executive support and accountability

<b>Slido comments</b>	<b>Theme/s</b>
Have a more open door opportunities for employment and the interview process	Innovative workforce processes
have an occupational physician	Funding
have options for accommodations that have worked in the UK NHS	Information
create a safe environment for staff to disclose disabilities without fear of judgement/stigma/consequences	Creating safe environments
easier access to disability and inclusion workers	Disability liaison officers
early intervention for staff that are struggling. Havin the ability to refer for neurodiversity assessment (not a 1-2 year waitlist)	Other
1:1 training for new roles	Innovative workforce processes
teaching staff about making reasonable adjustments	Education improvement, including mandatory training
66R positions at all levels created	Innovative workforce processes
nothing is impossible unless you make it impossible	Creating safe environments
listen to lived experience over "experts" and outdated policies.	Valued consumer engagement
dedicated OSH department for psychosocial or neuridiverse staff	Innovative workforce processes
adherer to federal standards of Australian human rights commission over EOA in regards to reasonable adjustments	Innovative workforce processes
Paid training for disabled staff to attend rather than forced leave to attend seminars and peer support events	Funding
Disability liaison officers	Disability liaison officers
remove forced fit for work to workplace nominated professionals. Allow for more transparency as to why someone needs assessment if documentation pre exists	Innovative workforce processes

## Workshop

<b>Team perspective Questions 2: How could the support have been improved</b>	<b>Theme/s</b>
Normalise	Creating safe environments

<b>Team perspective Questions 2: How could the support have been improved</b>	<b>Theme/s</b>
Seek HR guidance/ref policy	Information
Listened to needs	Creating safe environments
Trail of requested adjustments	Information
Discuss about leadership training but detrimental	NA
Showed understanding and empathy	Creating safe environments
Considered adjustments/alternatives	Innovative workforce processes
Not jump straight to fitness for work	Innovative workforce processes
Managers to seek advice with (indecipherable) to help support	Innovative workforce processes
Approaching person involved for discussion of concerns prior to escalation or reporting	Creating safe environments
Be productive in starting the conversation about reasonable adjustments and what these could look like	Creating safe environments
Team building and culture building exercise	Creating safe environments
Compassion and understanding, open communication re: wants and needs within the workplace. Suggestion boxes? Disability liaison/support for Alex?	Creating safe environments
Listen, get to know team. Manage expectations from employee and management perspective	Creating safe environments
Find out what team want	Creating safe environments
It does not appear Alex's rights were supported at all	na
Discussion of requests: Not sending for FTW (note: Fitness to work); Not punitively delaying leadership opportunities; Inclusion of team and their perspectives on accommodations	Innovative workforce processes
Training for managers and upwards, care instructions for each team member	Education improvement, including mandatory training

<b>Team perspective questions 3: What could be done to improve the culture within the team, if needed</b>	<b>Theme</b>
Collaborative learning	Education improvement, including mandatory training
Education and training	Education improvement, including mandatory training

<b>Team perspective questions 3: What could be done to improve the culture within the team, if needed</b>	<b>Theme</b>
Resource information	Information
Team rules/boundaries consideration e.g. loud music	Creating safe environments
Encouraging people to speak up	Creating safe environments
Foster psychological safety	Creating safe environments
Team charter/values in relation to disability, safety etc. reasonable adjustments	Innovative workforce processes
Trust employees to meet clear KPIs managers to monitor and check in weekly? Daily? Monthly?	Innovative workforce processes
Education and training – disability awareness training – the disability and accessibility	Education improvement, including mandatory training
Encourage people who have not disclosed	Creating safe environments
Coaching, leadership that supports	Leadership roles
Champions and create a safe “culture brand”	Leadership roles
Understanding confidentiality and consent – when and when not to disclose	Education improvement, including mandatory training
Encourage colleagues to share their concerns – bring everyone onboard	Creating safe environments
Support from leadership – “top down”	Executive support and accountability
Inclusive spaces to nurture well-being	Creating safe environments

<b>Organisational perspective</b>	<b>Theme</b>
More empathy	Creating safe environments
Discussion in supportive way	Creating safe environments
Resourcing inclusion	Executive support and accountability
Disability liaison officers	Disability Liaison Officers
DAIP to be promoted (outcome 7)	Executive support and accountability
DAIP to (indecipherable) support	Executive support and accountability

Clarity and easier and less scary PEHA process	Innovative workforce processes
Comms make accessible information easier to access on disabilities	Information
Encouraging peoples to disclose – a (indecipherable) or written	Creating safe environments
Contact person to contact to disclose = help	Creating safe environments
Human approach	Creating safe environments
Support management e.g. training and mentoring	Education improvement, including mandatory training
Empowered to discuss and (indecipherable) and account	Creating safe environments
Culture change	Creating safe environments
From top to lead and set expectations on inclusion	Executive support and accountability
Too dependent on individual managers to progress no system	Executive support and accountability
Policy and legislation and research more visible	Executive support and accountability
Sustainability of initiatives	Executive support and accountability
Remove stigma – have conversations	Creating safe environments
Showcase stories – champions	Creating safe environments
Learn from best practices and lessons learnt	Innovative workforce processes
Create a safe environment – engage external providers, increase representation	Creating safe environments
Mandatory training – don't just allocate one day to highlight disability – “R U Ok” day	Education improvement, including mandatory training
Use inclusive language	Creating safe environments
Support for SDAN – collaborate – resources, policies	Executive support and accountability
DLOs!	Disability Liaison Officers
Incorporate impacts out of policies	Executive support and accountability
Equality impact statement	Executive support and accountability
Ask what accommodations are needed for all new staff	Innovative workforce processes

Reporting – measure – qualitative from PWD and others	Executive support and accountability
Communication: Regularly checking in – are adjustments working?	Creating safe environments
Empower	Creating safe environments
Work design, review	Creating safe environments
Flexible approach – part-time, WFH.	Innovative workforce processes
Support each other	Creating safe environments
Quiet zones	Creating safe environments
Building culture of trust and psychological safety	Creating safe environments
Manager training: Reasonable adjustments, Disability awareness, Worker rights, Step up/higher duties	Education improvement, including mandatory training
Recruitment; unit LMS before appointment	Innovative workforce processes
Policy/guides: Can/can't do & Process doc/video	Executive support and accountability
Induction: Onboarding managers – DAIP, P&P	Education improvement, including mandatory training
Mandatory disability training	Education improvement, including mandatory training
Comms: Staff knowledge; How to escalate; Day of disability – comms, rights talks etc.; Poster awareness	Information
Having allies, advocates in the workplace	Creating safe environments
Training/policies	Executive support and accountability
Easy to find information that is concise and clear	Information
Guide to workplace adjustments	Information
Look at possible modifications of work environment/zones – activity	Innovative workforce processes
Music – noise cancelling headphones – have discussion person may not be aware	Creating safe environments
Team discussion, manager training	Education improvement, including mandatory training
Reasonable adjustment, policy awareness	Education improvement, including mandatory training
Everybody to understand what inclusive means and make small changes to be inclusive	Education improvement, including mandatory training

Employing a disability liaison officer as part of the WHS team to assist managers	Disability Liaison Officers
Developing a safe workplace culture to allow employees to feel safe to divulge their needs	Creating safe environments
Change of language around FFW (fitness for work) positive process	Innovative workforce processes

# Appendix F: Evaluation survey

## SDAN Conference 2024

### Overview

The Staff with Disability and Allies Network thanks you for attending our inaugural conference. We would greatly appreciate your feedback to help shape future events.

### Your feedback

1 How would you describe yourself? I am a...

**(Required)**

*Please select all that apply*

- Person with disability
- Family member, friend, carer or informal support person for a person with disability
- Health staff member
- Other (please specify below)

Please specify here:

2 How did you hear about this event?

*Please select all that apply*

- Direct email
- Health Happenings
- Health Point/Intranet
- Newsletter
- Word of mouth
- Social media
- Other (please specify below)

Please specify here:

3 Overall, how satisfied were you with the event?

*Please select only one item*

- Very Dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very Satisfied

4 Please rate your level of agreement with the following statements

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
The keynote addresses increased my understanding of the benefits gained from a diverse and inclusive workforce <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The keynote addresses increased my understanding of programs that work in the WA health system <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The panel discussion increased my understanding of the impact of making adjustments <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event helped increase my understanding of peoples' rights at work <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event helped increase my understanding of how to be a good ally <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event helped increase my understanding of making adjustments for an inclusive workplace <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event increased my understanding of the need for change at all levels - individual, team, and organisational <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was supported to fully participate in the event <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Please indicate your satisfaction with following aspects of the event:

	Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	Not applicable
The adjustments made to support people with disability <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event registration process <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The venue <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The keynote speakers <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The panel discussion <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The workshop <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6** What did you enjoy most about the event?

**7** What, if any, suggestions do you have to improve future events?

**8** Please provide any other feedback about the event that you would like to share with the organisers.

*Additional information*

## Appendix G: Evaluation Results

### Question 1: How would you describe yourself?

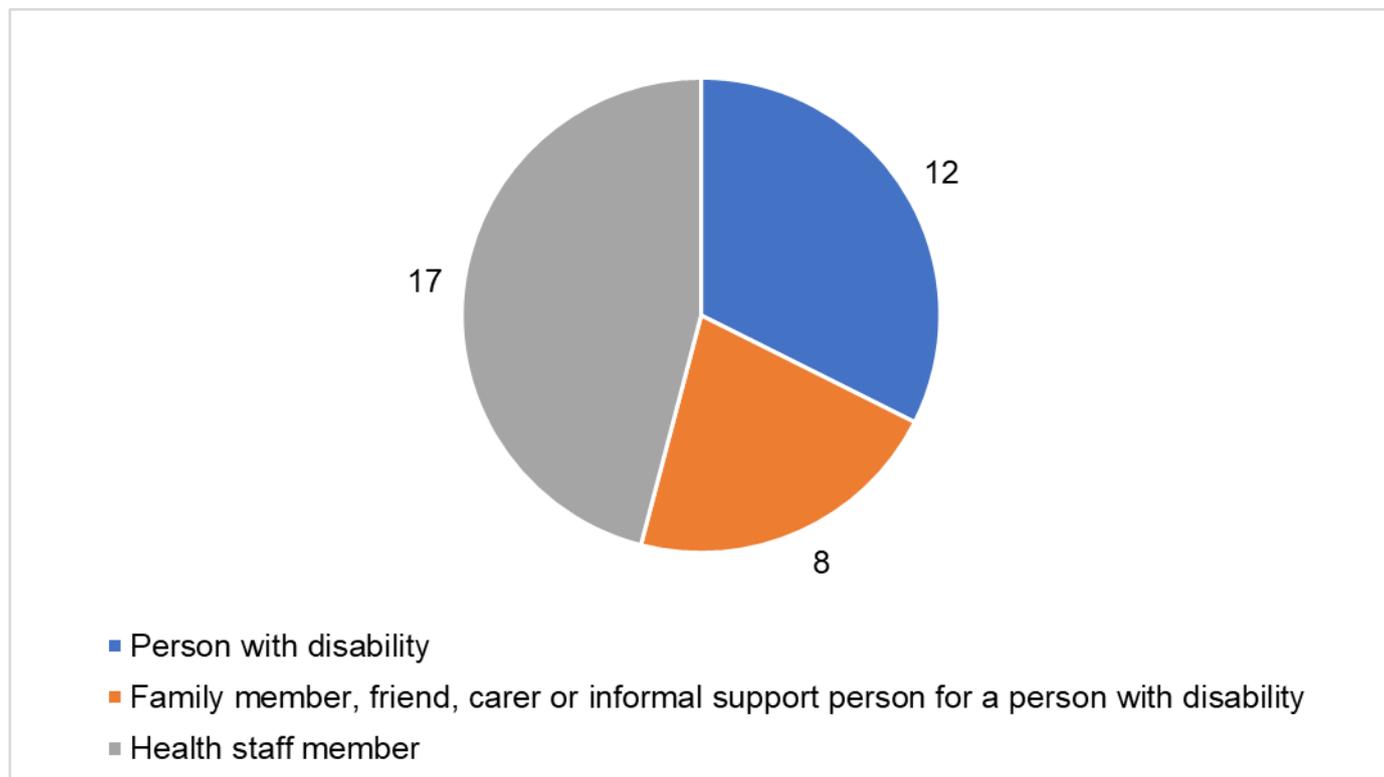
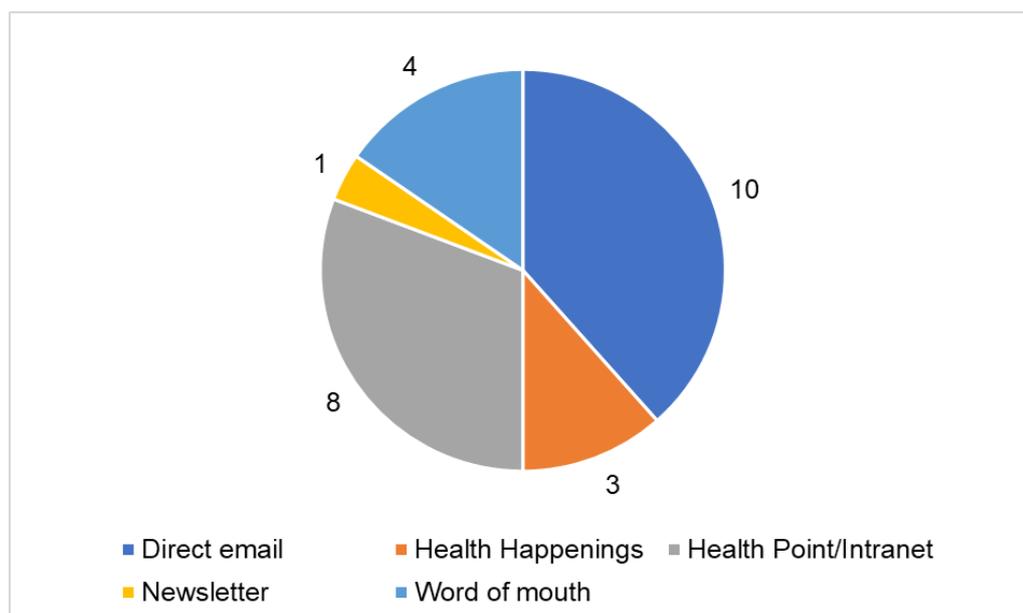


Figure 3: Frequency that people identified the group they self-identified with. Note: people could select multiple groups.

### Question 2: How did you hear about this event?



**Question 3: Overall, how satisfied are you with the event?**

	<b>N</b>	<b>%</b>
<b>Very satisfied</b>	15	68%
<b>Satisfied</b>	6	27%
<b>Neither satisfied nor dissatisfied</b>	1	5%
<b>Dissatisfied</b>	0	0%
<b>Very dissatisfied</b>	0	0%

**Question 4: Please rate your level of agreement with the following statements**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>NA</b>
The keynote addresses increased my understanding of the benefits gained from a diverse and inclusive workforce	50%	41%	0%	5%	0%	5%
The keynote addresses increased my understanding of programs that work in the WA health system	38%	52%	5%	5%	0%	0%
The panel discussion increased my understanding of the impact of making adjustments	45%	36%	5%	5%	0%	9%
The event helped increase my understanding of peoples' rights at work	45%	32%	9%	9%	0%	5%
The event helped increase my understanding of how to be a good ally	36%	50%	5%	5%	0%	5%
The event helped increase my understanding of making adjustments for an inclusive workplace	45%	41%	0%	9%	0%	5%
The event increased my understanding of the need for change at all levels -	59%	32%	0%	5%	0%	5%

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
individual, team, and organisational						
I was supported to fully participate in the event	68%	27%	5%	0%	0%	0%

**Question 5: Please indicate your satisfaction with following aspects of the event**

	<b>Very satisfied</b>	<b>Satisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Dissatisfied</b>	<b>Very dissatisfied</b>
<b>The adjustments made to support people with disability</b>	50%	30%	5%	5%	10%
<b>The event registration process</b>	57%	38%	0%	0%	5%
<b>The venue</b>	43%	29%	10%	10%	10%
<b>The keynote speakers</b>	67%	24%	5%	0%	5%
<b>The panel discussion</b>	45%	40%	5%	0%	10%
<b>The workshop</b>	62%	24%	5%	5%	5%

**This document can be made available in alternative formats  
on request for a person with disability.**

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