

SPEAK Project

Disability Education and Resource Development Report

Janine Standen

Nora Halpin

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AlfredHealth

speak
better health, together

 South West
Healthcare

TABLE OF CONTENTS

1	Executive summary	4
2	Background	6
2.1	SPEAK Project Overview.....	6
2.1.1	Project aim	6
2.1.2	Project objectives.....	6
3	Education and Resource Development Project Phases	7
3.1	Project Establishment	7
3.2	Understanding Current State and Planning	7
3.2.1	Disability Education and Resource Development (DEARD) Working Group.....	8
3.2.2	Co-Design	9
3.2.3	Co-Design Team.....	9
3.2.4	Learning How: Co-designing with People with Communication Disability	9
3.2.5	Co-Design Workshops	9
3.2.6	Baseline Evaluation	10
3.2.7	Endorsed Plan.....	12
3.3	Staff Education: Online Disability Awareness Training.....	13
3.3.1	Design	13
3.3.2	Development Team	13
3.3.3	Content Development.....	13
3.3.4	Learning Design.....	15
3.3.5	Sourcing of imagery and publications	15
3.3.6	Accessible Learning Design	16
3.3.7	Iterative Design	16
3.3.8	Lived experience voices	17
3.3.9	Launch of Online Disability Awareness Training.....	17
3.3.10	Implementation and outcomes	18
3.4	Staff Education: Face to Face Training.....	24
3.4.1	Design and Implementation.....	24
3.5	Deaf Awareness Training.....	25
3.6	Resources	27
3.6.1	Intranet Page – ‘Disability Hub’	27
3.6.2	Communication Resources	28
3.6.3	Resource Boxes	28

3.6.4	Scoping of Sensory Rooms	29
4	Recommendations	30
4.1	Education.....	30
4.1.1	Online Disability Awareness Training	30
4.1.2	Face-to-Face Session	30
4.1.3	Evaluation.....	30
4.1.4	Development of Further Training	30
4.2	Resources	31
4.2.1	Intranet Page – ‘Disability Hub’	31
4.2.2	Communication Resources	31
4.2.3	Resource boxes.....	31
4.2.4	Sensory Room/Cubicles.....	31
5	Appendices.....	32
5.1	Appendix 1: SPEAK Project Governance Structure	32
5.2	Appendix 2: Co-design recommendations for raising awareness and training about disability.....	33
5.3	Appendix 3: Co-design recommendations for providing accessible information	34
5.4	Appendix 4: Stage 1 Survey and interviews: key learnings for the training and resource objectives.....	35
5.5	Appendix 5: Medical Record (File) Audit (Stage 1): Recommendations for Healthcare Worker Education.....	37

1 EXECUTIVE SUMMARY

In 2020, Alfred Health and South West Healthcare (SWH) commenced the SPEAK (SPEcialist Education And Knowledge) Project, funded through the Department of Social Services' Information, Linkages and Capacity (ILC) program. The project aimed to build the capability of the health workforce and improve systems to better meet the healthcare needs of people with disability, particularly autistic people and those with intellectual or communication disability.

This report outlines the delivery of two key objectives of the SPEAK Project:

- Development of staff disability training
- Creation of resources to improve communication between healthcare workers and people with disability

A co-design methodology was employed throughout the project, ensuring the voice of lived experience was embedded across planning, design, implementation and evaluation.

Key Achievements:

Co-design and Planning

- Eleven online and two in-person workshops were conducted with 41 people with disability and 12 support people. Key recommendations were published in accessible formats and used to inform project outputs

Online Disability Awareness Training (DAT)

- Course launched in May 2024 at Alfred Health and SWH. The training includes lived experience videos, practical strategies, and accessible design features.
- Pilot evaluation demonstrated a significant increase in staff knowledge ($p < 0.001$, Cohen's $d = 0.93$) and 92% of participants rated the training as acceptable or highly acceptable.
- Multiple health services have demonstrated interest in the training, and it has been implemented by two additional services.

Face-to-Face Training

- Co-delivered with presenters with lived experience, the training reinforces online content through case studies and role plays. Pilot sessions received positive qualitative feedback.

Resource Development

- Communication resources developed and made publicly available

Recommendations

To ensure long-term impact, it is recommended that the training be continuously promoted and integrated into standard workforce development, with content regularly updated and analysed for engagement and effectiveness. Expanding training options to include hybrid and in-service formats will support broader access, while further modules should address sensory needs, communication strategies, supported decision-making, behaviours of concern and care for Deaf

patients. Establishing a lived experience workforce and a Disability Champion Model will further embed inclusive practice.

Sustaining and expanding resources is also essential, including maintaining the Disability Hub, producing Easy Read and instructional materials, and increasing access to sensory and communication tools. Continued collaboration across the sector, comprehensive evaluation, and broader dissemination through external learning platforms will help ensure these innovations are embedded and scaled across healthcare settings.

The SPEAK Project demonstrates the value of co-designed education and resources in improving healthcare inclusion. Sustained funding and sector collaboration are essential for continued impact.

2 BACKGROUND

2.1 SPEAK PROJECT OVERVIEW

In April 2020, Alfred Health received an Information, Linkages and Capacity (ILC) – Mainstream Capacity Building program grant from the Department of Social Services to undertake the SPEAK (**SP**ecialist **E**ducation **A**nd **K**nowledge) Project. The aim of this grant opportunity was to fund projects to produce improved practice approaches in health service systems that enable:

- People with disability to use and benefit from the same mainstream health services as everyone else.
- Improved access and use of mainstream health services by people with disability.

Alfred Health partnered with South West Healthcare (SWH), a regional health service based in Warrnambool, Victoria, to deliver this project. The initial 3-year project commenced in September 2020. Following funded extensions, the project has been funded until June 2026.

2.1.1 Project aim

To build capability in the health workforce and improve processes to meet the healthcare needs of people with disability, particularly autistic people, and people with intellectual disability or communication disability.

2.1.2 Project objectives

1. Test a rapid-response secondary consultation model (key areas – emergency, acute wards and acute mental health services).
2. **Provide evidence-based staff training to build the capacity of the workforce (improve communication processes between staff and people with disability and resource use).**
3. Develop improved consumer feedback processes to amplify the voice of people with disability.
4. **Improve the range of resources to facilitate improved communication between staff and people with disability.**
5. Develop/enhance data systems to identify, plan and support people with disability to maximise outcomes and improve safety.

This report is focussed on the delivery of objectives two and four. This report outlines activities and achievements against these objectives for the period until June 2025.

3 EDUCATION AND RESOURCE DEVELOPMENT PROJECT PHASES

This report outlines the activities undertaken to deliver the education and resource objectives of the SPEAK Project from project commencement, understanding current state, design, implementation and evaluation concluding in June 2025.

A stated purpose of the ILC grant received was to ‘ensure our communities become more accessible and inclusive of people with disability’. The SPEAK Project was aware that this could only be achieved by the project if people with disability were included in all stages of the project, along with staff. A co-design approach was chosen to engage consumers with lived experience of disability and staff in all phases of the project and for all project objectives.

Activities completed under each project phase are outlined as follows.

3.1 PROJECT ESTABLISHMENT

Following commencement of the SPEAK Project in September 2020, initial project planning activities commenced.

This included establishment of:

- memorandum of Understanding with SWH as a regional partner, in line with the funder’s intention for projects to have a regional impact.
- project team was recruited over the first year of the project and included the following positions:
 - Alfred Health
 - SPEAK Project Manager
 - Administration Officer
 - Disability Consumer Consultants
 - Service and Co-Design Consultant
 - Senior Research Assistant
 - South West Healthcare
 - Project Manager
 - Administration Officer
- project governance structures which included:
 - The SPEAK Project Steering Committee with representation from Alfred Health, South West Healthcare, disability advocacy groups and consumers with lived experience of disability.
 - Working Groups for each project objective.
 - The Evaluation Advisory Group.

See Appendix 1 for the SPEAK Project Governance Structure.

3.2 UNDERSTANDING CURRENT STATE AND PLANNING

This section outlines the planning steps undertaken to determine a baseline for the education and resource objectives at Alfred Health and SWH for next steps. The key activities of this planning phase occurred concurrently and included working group meetings, co-design initiatives, and baseline evaluation tasks. This was followed by endorsement of a design plan. The progress of this phase was heavily impacted by the Covid-19 pandemic and was completed in late 2022.

3.2.1 Disability Education and Resource Development (DEARD) Working Group

The Disability Education and Resource Development (DEARD) Working Group was established in May 2021 with online meetings and workshops held during 2021 and 2022. The aim of the group was to provide recommendations and support the delivery of both the education and resource objectives of the project.

Membership consisted of staff from Alfred Health, SWH and Austin Health with subject matter and/or education development expertise. In addition, some staff members had lived experience of disability.

The working group and project team spent time:

- reviewing the literature on the two topics of:
 - Healthcare worker education
 - Communication and sensory resources
- reviewing existing internal and external training and resources with a view to suitability for project adoption:
 - The team was unable to find sufficient content suitable for delivery in the Australian healthcare context that could be implemented as is.
- developing a work plan.
- planning for consumer engagement.
- understanding what is required from a staff perspective.
- identifying key themes relevant to consumers, clinicians and governance

The group developed the following working definitions for staff education and resources.

Table1. Definitions for staff education and resources

Staff Education	Resources
<p>A learning package designed to build the knowledge and skills of health care workers in the area(s) of:</p> <ul style="list-style-type: none">• disability awareness• rights of people with disability• supporting people with disability <p>And therefore, improve the experience and access of people with communication disability, intellectual disability and autism when they are admitted to Alfred Health or SWH.</p>	<p>A communication or sensory support that facilitates the participation of a person with a sensory or communication disability or support need. The resource may function to provide any or all the following:</p> <ul style="list-style-type: none">• information to healthcare providers about a patient's health or disability needs• information to patients about healthcare processes or their individual medical needs• increased or reduced sensory input• direct communication support – e.g. a communication board, voice amplifier or whiteboard <p>The resource may be a physical object, such as a room, communication aid or sensory item or a person, such as a paid or unpaid support person, or staff member.</p>

The working group agreed that the design of training or resources could not occur until the findings of the project co-design and evaluation processes were available to ensure that both the consumer and broader staff voice could be included in planning the next steps.

3.2.2 Co-Design

To prepare for use of a co-design approach throughout the SPEAK Project, a consultant was engaged in early 2021 to develop a co-design roadmap. This laid the foundation for the co-design process which would inform all objectives of the project.

3.2.3 Co-Design Team

A co-design team was established to lead the work and consisted of:

- a Service and Co-design Consultant who had experience with co-design in healthcare.
- Alfred Health's first Disability Consumer Consultants (DCC). These two lived experience DCCs were passionate about improving health care.
- support from the project's Administration Officer

With the support of the broader project team, the co-design team spent time:

- learning about different communication disabilities and how to engage people with communication support needs in co-design.
- engaging with the disability community and recruiting people with lived experience of communication and sensory disability to engage in co-design activities.

3.2.4 Learning How: Co-designing with People with Communication Disability

As there was limited published material about how to co-design with people with different access and support needs, the team ran two online workshops with people who had experience of co-design and disability, to learn more. Through these workshops they identified principles of practice to inform the recruitment of co-designers and subsequent co-design workshops. Further information can be found in the following resources developed by the SPEAK Project:

- Guide for Accessible Co-design
- Creative Activities Conversation Starter Cards
- Access Conversation Starter Cards

These resources are available on the project website -

<https://www.alfredhealth.org.au/about/patients-come-first/speak/what-is-co-design>

3.2.5 Co-Design Workshops

The SPEAK Project subsequently ran co-design workshops to learn from people with disability (PWD) about their experiences of accessing hospitals and what they would like to see improve.

The project team recruited participants by contacting advocacy groups, engaging with health service consumer advisors, and using social media. Promotional materials were developed in plain language and Easy English. It was important to recruit both people with communication and/or sensory disability and their support people such as family members or paid carers. The following is a summary of the workshops:

- The initial plan was to run the workshops in person when we were out of a Covid-19 lockdown, but our co-designers were hesitant, and when we pivoted to online workshops, we had a greater response.
- We recruited 41 PWD and 12 support people.
- There were three main co-design groups of consumers with:

- lived experience of autism
- lived experience of intellectual disability
- lived experience of communication disability (mixed group).
- Our consumers told us that they found using Zoom more accessible than Microsoft Teams, so we used Zoom for the 11 online workshops.
- We also ran two in person workshops – one with Deafblind participants and one for rural participants.
- All workshops involved creative activities and were co-facilitated by our DCCs and designer.
- Activities included building relationships and creating a safe space for sharing experiences, patient journey mapping, and coming up with ideas to improve hospitals.

Facilitating co-design workshops in a health service during Covid-19 was complex but resulted in great information to inform next steps in the project. Key findings and recommendations from the SPEAK Project co-design workshops were published in November 2022 and can be found in the ‘Improving Hospitals for People with Hidden Disability: SPEAK Project Co-design Report’ in a range of accessible formats from: <https://www.alfredhealth.org.au/about/patients-come-first/speak/what-is-co-design>

A summary of the co-designer recommendations for **health care worker training** can be found in Appendix 2 and for **providing accessible information** in Appendix 3.

3.2.6 Baseline Evaluation

3.2.6.1 Surveys and Interviews

As part of SPEAK Project Stage 1 evaluation activities, surveys and interviews were conducted with PWD and their support people, as well as with health care workers (HCW) at Alfred Health and SWH. PWD were eligible to participate if they were:

- aged 18 or over
- a current or recent patient at The Alfred Hospital or SWH
- had autism, intellectual disability or communication disability/communication support needs, and
- communicated either using (i) Auslan with interpreter, or (ii) basic English (no interpreter required).

Table 2. highlights findings from the evaluation activities.

Table 2. SPEAK Project Stage 1 evaluation findings

Disability Education	<ul style="list-style-type: none"> • Disability awareness training was not currently provided to HCW at Alfred Health or SWH. • People with lived experience of a disability are “a much bigger part of the population than people realise” - education is therefore needed and necessary to provide patient centred care. • In general, the lack of disability awareness training contributes to HCW having a poorer understanding of disability and how to accommodate patients’ support needs and make them feel safe in hospital. It also contributes to negative stereotypes and people with disability feeling undermined by health care workers. This can negatively impact hospital outcomes and experiences for people with a disability. • HCW education should include the voices of people with lived experience of disability and be completed by all staff across the organisation (clinical and non-clinical). • HCW expressed that they would benefit from a mix of face to face and online learning.
Disability Resources	<ul style="list-style-type: none"> • Apart from disability awareness, HCW also mentioned the need to know about what resources and services exist within the hospital to support people with disabilities. • HCW felt they had either limited access to resources to support patient-staff communication or were not aware of the existing resources that could help to support patients in the hospital setting. • People with disability felt they would benefit from hospitals having resources to support patient-staff communication and staff being aware of how to access and use these resources. • HCW need to be aware of the importance of communication preferences / supports for people with a disability and accommodate this. • HCW training needs to include what disability resources and services exist within the hospital to support people with disability.

In addition to the above findings, a summary of the key (actionable) learnings and implications for the education and resources objectives are provided in Appendix 4.

3.2.6.2 File Audit

A retrospective file audit was conducted to examine data routinely collected and recorded in the Electronic Medical Record (EMR) by healthcare staff about characteristics of health care provided to people with disability.

- Thirty files of PWD (specifically, autistic people, people with intellectual disability and people with communication disability / communication support needs) who had been inpatients at The Alfred (n=20) and SWH (n=10) within a six-month time frame were examined.

Patient files were selected based on the following eligibility criteria:

1. Patients were at least 18 years old with intellectual disability, communication disability / communication support needs or who was autistic.
2. Patients had an inpatient admission at either Alfred Health or SWH in the six-month period (November 5, 2021 – May 5, 2022).

Findings from the file audit relevant to HCW education is provided in Appendix 5.

3.2.7 Endorsed Plan

Following review of the information collected during the preceding phases of the project, the DEARD working group proposed a plan to develop:

1. Online disability awareness training initially aimed at all staff as a priority, followed by
2. Face to face training to develop practical skills and pilot in key areas.

The working group agreed that the training needed to:

- be co-designed with staff and people with disability,
- enable a blended learning model,
- ensure content included the voice of lived experience and staff with personal and professional experience,
- provide a balance of both positive and negative experiences,
- give practical advice with activities to apply the content,
- provide simple and practical resources to access at any time.

The plan was endorsed by the SPEAK Project Steering Committee and Alfred Health's Interprofessional Education Committee to be developed as an optional or non-mandatory training package. While the development of staff education was the priority for the working group, the project team planned to develop resources to support/ accompany the training.

3.3 STAFF EDUCATION: ONLINE DISABILITY AWARENESS TRAINING

3.3.1 Design

The design and development of the online disability awareness training (DAT) commenced in early 2023. The SPEAK Project Steering Committee oversaw DAT development. The activities involved in developing the training are outlined in this section.

3.3.2 Development Team

In the design phase, the composition of the team who developed the training consisted of:

- Project Team
 - SPEAK Project Manager and DEARD working group lead (Professional background: Speech Pathologist)
 - Senior Research Assistant (Professional background: Speech Pathologist)
 - Disability consumer consultant (casual basis)
 - Service and Co-Design Consultant (casual basis)
 - SPEAK Project Rapid Response Disability Liaison Officer whose primary role was to support objective 1 of the project
 - Disability Educator (Professional background: Speech Pathologist) commenced December 2023
- DEARD Working Group members
- Learning Designer (provided by Alfred Health Education in kind)
- Lived experience consumers

3.3.3 Content Development

The DEARD working group reviewed the co-design workshop recommendations and evaluation findings and initially decided to develop content around the following topic areas:

- disability rights
- models of disability
- respectful language
- respect, understanding and compassion
- specific disability diagnoses / impairments e.g. autism, intellectual disability, hearing, vision, Deafblind, Acquired Brain Injury and aphasia
- general communication
- hidden / invisible disability
- behaviours of concern
- capacity and consent
- partnering with support people
- resources
- disability data systems
- reasonable adjustments.

A coordinator for each topic area was established and small teams of staff established content using a template (see Appendix 6) including training overview and purpose, content, presentation format, delivery mode (online, face-to-face or both), and time.

The working group met fortnightly to share, progress and discuss plans for developing the training. Keeping the momentum for content development was challenging as most group

members were clinicians and training was developed during the recovery period from the Covid-19 pandemic. This was a challenging time in the health sector to balance current service demands with long wait lists and manage staff well-being and burnout.

While the content development was occurring, subgroups of the DEARD working group met to:

- draft intended learning outcomes for both the online and face to face training.
- review documentation from the co-design workshops held in 2022 to theme the discussion/comments to assist with developing strategies to include in the training.
- develop a deeper understanding of the experience of Deafblind people who had participated in an in-person co-design workshop in 2022, to assist with content development.

The working group agreed on the following principles for the development of both the online and face-to-face training.

Table 3. Principles for training development

Online training course	Face-to-Face session
<ul style="list-style-type: none">• 30-40 minutes maximum to complete• Suitable for clinical and non-clinical staff• Limit the amount of content delivered to 'priority content' in this pilot phase as follows:<ul style="list-style-type: none">◦ disability awareness – legislation, models of disability, appropriate language use◦ treating people with disability with dignity, respect and compassion◦ challenges faced by people with disability◦ reasonable adjustments including e.g. communication, sensory environment, using support people and resources• Ensure content is relevant to supporting all people with disability, with a particular focus on hidden disabilities.• Content to be relevant to a range of health service settings, and not only hospitals.	<ul style="list-style-type: none">• 60-minute session• Targeted at clinical staff• Reinforce the online content• Include case studies e.g. patient who is deafblind, patient who is autistic and has an intellectual disability. Focus on the patient journey, disability information in the EMR, and capacity and consent.• Link to the eight domains of patient centred care and the Australian National Safety and Quality Health Service Standards (NSQHS).• Completion of the online training a pre-requisite for attending the face-to-face session.

As the DEARD working group progressed and content for the original planned topic areas developed, it became clear that all the intended information could not be included in a single online training course. Recognising that there is a limit to how much information a learner can absorb via online training and that training was for both clinical and non-clinical audiences, focus was shifted towards the development of introductory level training that could be expanded in the

future. The DEARD working group decided to not include information on specific types of disabilities, behaviours of concern, capacity and consent or disability data systems in the initial online training.

The project team completed the following steps to progress the content development:

1. review and collation of content from templates completed by the working group, into one document, consolidating duplicated information.
2. development of a first draft of content and ordering of information in PowerPoint as a slide set
3. review of slide set by the working group and consumers with a view to prioritising content as duration/ content was too much for a 30–40-minute course,
4. consultation with the broader Disability Team and members of the Patient Experience and Consumer Engagement team followed by SPEAK Project's - Project Manager, Senior Research Assistant and Service and Co-Design Consultant, to further review and prioritise content
5. sourcing publicly available co-designed content such as videos, diagrams, websites and reports that could be included in the training to highlight key messages in an engaging way
6. grouping of content around three themes (i) general disability awareness / rights, (ii) lived experience of disability and healthcare, (iii) what healthcare staff can do to support people with disability.
7. revisions to the slide set as content was refined.

The initial content development was completed by May 2022.

3.3.4 Learning Design

The SPEAK Project team was able to source an in-house Learning Designer (LD) from Alfred Health to convert the content into modules.

Initially the collated PowerPoint slide set was provided to the LD to commence the design of the online modules. This was followed by the project team providing a wireframe to support module development which detailed the content, suggestions on how it could be presented, and ordering of content.

The LD utilised the Rise Articulate 360 platform with the addition of Articulate Storyline 360, Adobe Photoshop and Speechelo to complete the modules. The learning design process was completed over a 12-month period. The following outlines the key design activities.

3.3.5 Sourcing of imagery and publications

The project team continued to collate engaging imagery and publications to support the key messages. To enhance the product, in July 2022, Maitree House, a digital studio with extensive experience working with PWD, was engaged to develop videos to be included in the training.

The process involved:

- project consultation – co design workshop for the videos.
- pre-production – scripting, location sourcing and casting of consumers we had previously worked with and actors with lived experience of disability.
- film production – filming interviews, scenarios and other content.
- post-production – film editing, audio mix and accessible formats.

The project team worked with Maitree House through all production stages and worked with the wider Disability Team at Alfred Health to make choices about the footage to be included in the videos. In March 2024, the videos were finalised as follows:

- introduction video
- interview montage videos x 8
- mini-documentary videos x 4
- thankyou video

In addition to the videos produced by the SPEAK Project, the project team collated:

- videos (showing the lived experience of disability and/or highlighting key messages) by:
 - internet searching
 - contacting owners of chosen video content to seek permission to obtain and use source video files when indicated with the support of Alfred Health's Legal department.
- photos (people with disability, resources, healthcare settings) by:
 - searching for stock images from Shutterstock and Adobe
 - utilising Alfred Health stock images
 - taking photos
- documents and websites that could be referenced in the training modules.

3.3.6 Accessible Learning Design

The project team worked with the LD to ensure that the training modules would be accessible to a diverse audience of HCW with varying education levels and access needs. The training was developed with the following accessibility features.

- use of plain language where possible, aimed for Grade 7 level.
- each video, made by the SPEAK Project, was produced and incorporated in three accessible versions:
 - captions and audio
 - Auslan
 - audio described
- content in the modules was designed to meet Web Content Accessibility Guidelines.

3.3.7 Iterative Design

The development of the training modules was more resource intensive than initially anticipated. In December 2023 a Disability Educator was employed, as a dedicated resource, to work with the LD to finalise the online training.

The focus of this role was to progress the development of the online course content in preparation for launch. This work included:

- ongoing and iterative review, with input from members of the DEARD Working Group, consumers and other stakeholders (Disability Team and wider staff network).
- review and refinement of the learning objectives and content already developed (as above)
- analysis and actioning of the feedback from the DEARD working group and SPEAK Steering Committee

- development/progression of additional content to be included, which was informed by the co-design report findings. This included:
 - plain language translation across modules
 - image selection for module content
 - presentation and layout of the modules, interactive activities and knowledge checks.
 - video scenario for module 1, called Jeremy's scenario, was also reviewed and updated in consultation with Alfred Health staff, consumers and the LD.

3.3.8 Lived experience voices

Throughout the learning design process, the project team worked to ensure the voice of lived experience was included in the training content development, through a combination of co-design and consultation approaches. These included:

- co-design of the videos developed:
 - video producer with lived experience
 - consumers sharing their healthcare experiences in videos incorporated into the training.
- seeking feedback on drafts of the training modules from:
 - Disability Consumer Consultant and other consumers with lived experience
 - staff on the DEARD working group with lived experience reviewing drafts of videos and training modules.
- including videos and resources co-designed by disability advocacy groups.

3.3.9 Launch of Online Disability Awareness Training

The finalised product was called 'Online Disability Awareness Training' and went live as a pilot in May 2024, via the learning management system (LMS) at Alfred Health and SWH.

The training consists of three modules and when completed in full, it is anticipated to take HCW approximately 60 minutes to complete. Due to the volume of learning content developed, it was challenging to contain the content in line with the initial plan of a 30–40-minute package. Content covered in each of the three modules is outlined in Table 4 below.

Table 4. Online Disability Awareness Training module content

Module 1 – About Disability	Module 2 – Lived Experiences of Accessing Healthcare	Module 3 – Making Healthcare Better for Everyone
<ul style="list-style-type: none"> • Lived experience perspective – What is important when accessing health care • Definition of disability • Models of disability • Legislation • Discrimination • Language about disability 	<ul style="list-style-type: none"> • Features and challenges of healthcare settings • Mini documentary videos 	<ul style="list-style-type: none"> • Reasonable adjustments • Communication • Healthcare environment • Role of support people • Disability resources

3.3.10 Implementation and outcomes

3.3.10.1 Pilot implementation and evaluation

Associate Professor, Robyn O'Halloran, from La Trobe University, was engaged to evaluate the pilot implementation of the Online Disability Awareness Training (DAT). Robyn's research involves accessible and inclusive healthcare environments with particular focus on people with communication support needs. A summary of the evaluation process and results is provided below. Full details will be provided in a published manuscript expected in late 2025.

The objectives of the evaluation were to answer the following research questions:

- Efficacy: Does the online DAT improve staff knowledge of disability and how to communicate with patients who have a disability?
- Feasibility: Is the online DAT a feasible training package?
- Acceptability: Is the online DAT an acceptable training package?

The evaluation was a mixed methods study design looking at:

- Efficacy: Pre – post-test design
- Feasibility: % completion rates,
- Acceptability: >80% acceptability rating

An opportunity to participate in the pilot evaluation of the training was promoted to all staff at Alfred Health and SWH. In addition, there was targeted recruitment at Alfred Health to involve:

- Nurses and Allied Health staff in the Emergency Department
- Pathology Collectors
- Radiology staff

Staff completed evaluation questions before completing the three modules in the online DAT, and on completion of the modules.

Results of the evaluation of the pilot implementation were provided to the project team in September 2024. A summary of results is outlined in the table below for the 79 participants (63 Alfred Health, 16 SWH) who completed the pilot of the online DAT (Table 5).

Table 5. Evaluation results: Disability Awareness Training Pilot

Area	Measure	Results
Efficacy	<ul style="list-style-type: none">• A knowledge quiz (Version A and Version B).• Max score /10• Participants completed:<ul style="list-style-type: none">• Knowledge quiz Version A before the modules (pre-test)• Knowledge quiz Version B after the modules (post-test)• Data Analysis: A paired samples t-test	<p>Is the online DAT efficacious? YES</p> <ul style="list-style-type: none">• Staff demonstrated a significant increase in knowledge pre and post online learning modules. ($t(78) = -8.347$), ($p < 0.001$)).• <i>Corrected effect size was strong (Cohen's d = 0.93).</i>

Feasibility	Feasible: if > 80% of participants completed the modules.	Is the online DAT feasible? MAYBE <ul style="list-style-type: none"> • Of 134 staff who commenced the modules, only 79 completed them (59%) • Some professional groups had high completion rates: Pathology Collectors (100%)
Acceptability	Acceptable: if > 80% of participants rated the modules as acceptable or completely acceptable	Is the online DAT acceptable? YES <ul style="list-style-type: none"> • 73/79 (92%) participants rated the learning modules as 'acceptable' or 'completely acceptable'

3.3.10.2 Internal Promotion and Course Completion

Following receipt of the online DAT pilot evaluation results, promotion of the course has occurred as follows:

- Promotions team
 - SPEAK Project Manager (Alfred Health)
 - Deputy Director Allied Health (SWH)
 - SPEAK Project Disability Educator
 - Disability Liaison Officers (Alfred Health and SWH)
 - Alfred Health Access & Inclusion Leads
- Key messages for promotion
 - online course now available
 - learn how to provide care that is accessible in a healthcare environment
 - suitable for all staff
 - self-paced
 - Three modules
 - 1 hour –don't need to complete all at once
 - training access
 - Staff to self-enrol via LMS
 - Managers add training to staff profiles via cost centre enrolments.
- Development of promotional materials
 - Promotional video
 - Alfred Health version
 - Generic health service version – see <https://youtu.be/egOdWMW3vbQ>
 - PowerPoint slide set
 - Poster
- Internal promotions opportunities
 - All staff newsletters
 - 2024 International Day of People with Disability events

- Viva-engage posts (staff electronic sharing platform)
- Promotion on staff disability information SharePoint site
- Posters in staff rooms
- Presentations at staff meetings / forums / nurse musters
- Meetings with key leaders (e.g. Education leads and program executive groups) in areas of the organisation identified as priority areas for training.

Staff were initially provided with instructions to self-enrol in the training, however as the number of staff completing the training was low, there was a need to change the focus of education promotions. At Alfred Health, the project team subsequently sought permission from leaders of programs / workforces to consent to having the training added to current and future staff's LMS profiles via cost centre enrolment.

At the start of June 2025, the training was added as 'non-mandatory' or recommended training to 105 cost centres across Alfred Health in the following areas:

- Nursing Services
- Home and Community (HAC) Services
- Support Services e.g. Security, Orderlies, Ward Support Assistants
- Pathology Collection
- Specialist Clinics
- Allied Health

Support of the training in this way has supported the message to HCW that disability awareness is important and is a positive step towards broader culture change in healthcare.

Prior to the addition of these cost centres, 262 staff had completed the training over a 13-month period. Following the addition of cost centres in June 2025, the number of completions has increased by 189% with total of 494 completions at the 30th of 2025 (refer to Figure 1). An additional 5449 staff have been enrolled, ongoing promotion within these areas and the wider organisation is required. At SWH, a total of 131 staff completed the online DAT (reported at 25.06.2025).

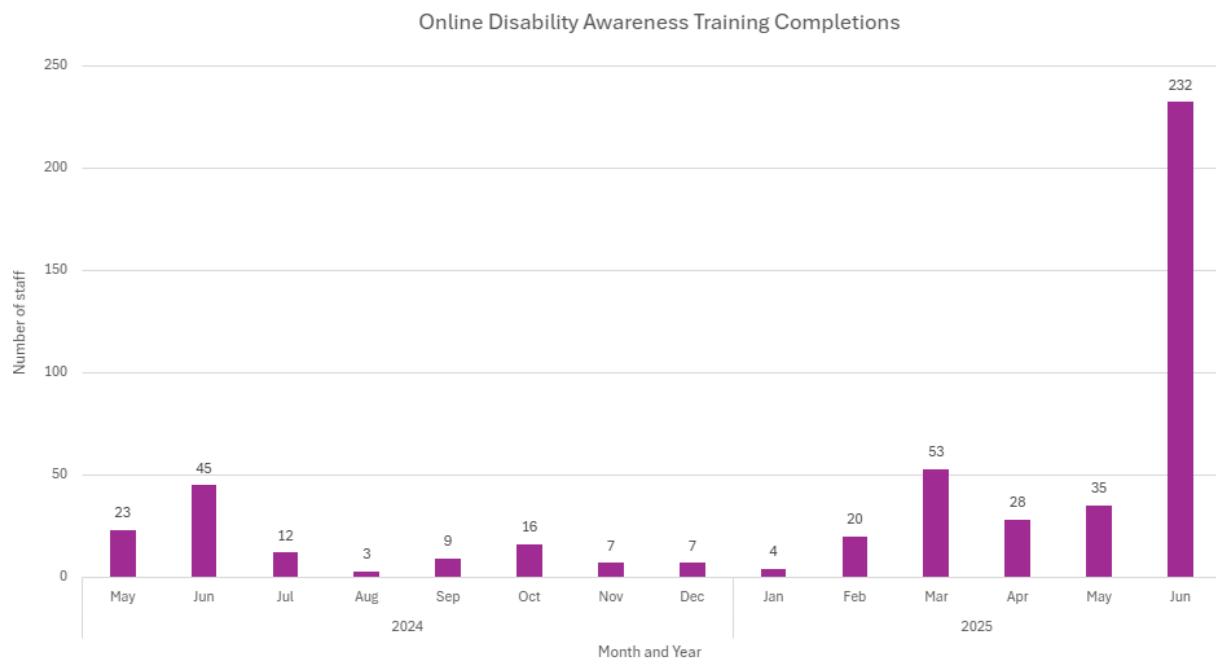


Figure 1. Alfred Health Online Disability Awareness Training Completion (May 2024 – June 2025)

While it is positive to see the number of staff completing the course increasing, further investigation into the feasibility of the training is required as 32% of Alfred Health staff are completing the training in under 15 minutes (see Figure 2), and completion of the training over the initial year since implementation has been lower than anticipated.

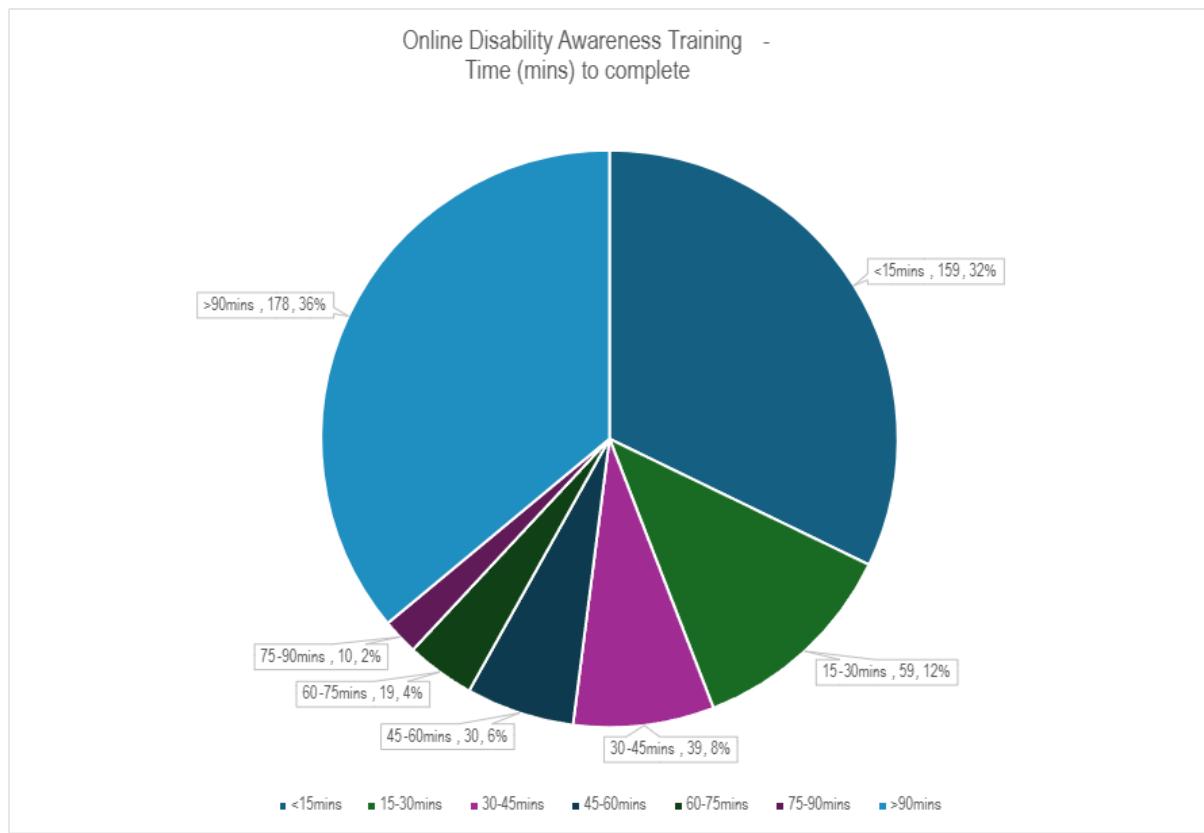


Figure 2. Online Disability Awareness Training – Time to complete (minutes)

3.3.10.3 External Dissemination

Following implementation, promotion of the online DAT has occurred outside of Alfred Health and SWH through:

- presentation at a Victorian Disability Liaison Officer Community of Practice meeting in November 2024
- ad-hoc meetings with disability leads in health services across Victoria
- engagement with Victorian state government representatives
- presentation national Speech Pathology Australia conference in June 2025, “*Co-Designing Learning Modules with People with Disability: The role of Speech Pathologists*”,
- word of mouth

A poster presentation has also been accepted at the International Forum on Quality and Safety in Healthcare, Canberra October 2025 titled ‘Co-designed disability awareness training with people with disability: design, implementation and evaluation within a metropolitan and regional health service’.

In addition, 14 other Victorian metropolitan and regional health services have requested to view the training, plus two advocacy groups, one in Victoria and one in New South Wales. In conjunction with Legal Services, the project team developed a Confidentiality Agreement to support initial sharing of the training for review, and a Licence Agreement for organisations who wish to implement. Austin Health and St Vincent’s Hospital Melbourne have progressed to implementation. Another three health services have requested the Licence Agreement. With the support of SPEAK Project funding, the training and supporting materials has been able to be shared at no cost.

3.3.10.4 Online module updates

Updates were made to the online modules following completion of the evaluation of the pilot and feedback from staff groups and disability subject matter experts, including Disability Liaison Officers and staff at other health services who viewed the training. These were minor content updates.

Additional updates were made to ensure that the modules were accessible to screen reader users. These updates were informed by screen reader testing, whereby a screen reader user reviewed the module content and made recommendations for improving accessibility. Repeat testing was completed with the screen reader user when updates were actioned. The updated version of the online course was launched in June 2025. A summary of the main updates made is outlined in Table 6.

Table 6. Online Disability Awareness Training: Module updates

Online Disability Awareness Training: Module updates
<ol style="list-style-type: none">1. Alt Text added to all images2. Transcripts developed for all videos3. Updated interactive features, knowledge checks and instructions throughout to ensure content was clear and accessible, including to screen reader users

4. Ensured consistency in presentation across module content for accessibility purposes. For example, titles of weblinks were updated to be more descriptive, and where possible, use of capital letters were replaced with Sentence case or Title Case.
5. Updated disability statistics in line with new Australian Bureau of Statistics data

3.4 STAFF EDUCATION: FACE TO FACE TRAINING

3.4.1 Design and Implementation

3.4.1.1 *Initial content development*

Initial content development for the face-to-face training session was completed at the same time as content development for the online DAT (see 4.3.1.2 Content Development). These topics included:

- in-depth training around communication (e.g. practical and diverse strategies)
- sensory support and environments (e.g. strategies, sensory tools and supporting overstimulation)
- understanding triggers for behaviours of concerns
- capacity and consent
- health equity and reasonable adjustments (e.g. understanding how to apply adjustments), and
- effective treatment (e.g. the impact of mental health and trauma and how other aspects of life intersect with disability and health).

As project resourcing was focussed on the development of the online DAT, development of the face-to-face content was limited until the establishment of the Disability Educator role in December 2023. Information that could not be included in the online training or needed additional reinforcement was then considered for inclusion in the face-to-face training session.

3.4.1.2 *Iterative design process*

Following the pilot launch of the online course in May 2024, the focus of the Disability Educator turned to the development of the face-to-face course.

Liaison with clinical and workforce educators highlighted that professional development and in-service timeslots for staff are generally limited to 1-hour, with some groups having flexibility to increase to 1.5hrs or run two shorter sessions. Therefore, a session that would run for a maximum of 1hour was developed.

Content was developed as an iterative process with input from various stakeholders, and in collaboration with the Disability Liaison Officer (DLO) at SWH. This was achieved through training ‘testing sessions’ involving disability subject matter experts, Alfred Health and SWH staff, staff with education expertise and consumers with lived experience of disability and accessing healthcare. Testing sessions took place in July and October 2024, with the Disability Educator and SWH DLO providing a simulation session for participants. These sessions were key to the refinement of the training content.

3.4.1.3 *Pilot launch and further refinement*

Whilst ongoing content refinement continued in collaboration with the DLO at SWH and consumers, a co-presenter with lived experience of disability was recruited to deliver the face-to-face sessions alongside the Disability Educator. The co-presenter was contracted through Scope (Aust.) in October 2024, orientated to the project and the training, and consulted on the refinement of the training content.

Three pilot training sessions were delivered to HCW in October and November 2024. Two sessions were ward-specific, and one was an open session which staff booked themselves into. Feedback from HCW attending the training, and the experience of the Disability Educator and co-presenter in delivering the training, informed further content updates, with one of the persisting challenges being covering the intended content within the desired 60-minute session length.

The Disability Educator, co-presenter, SPEAK Project Manager and Honorary Speech Pathology Researcher Associate Professor Robyn O'Halloran, met to further refine the training content. This resulted in the narrowing and streamlining of the intended learning outcomes to ensure that they were achievable within an approximate 1-hour training session. This meant that some topics, such as consent and behaviour, were removed from the training content, as these were viewed as more complex and more appropriate for future or further training offerings in relation to disability.

The finalised content areas covered in the face-to-face training session is outlined below:

- Why is disability awareness training important?
- identifying PWD and their support needs
- disability documentation in the electronic medical record
- Disability Liaison Officer Service
- implementing reasonable adjustments and support strategies focused on communication, and the sensory and physical environments.

Training materials developed include a PowerPoint slide set with embedded videos, with content reinforced through case studies and role play, and linked to the eight domains of patient centred care.

3.4.1.4 Face-to-face training challenges

Following the pilot sessions and update of content, face-to-face training sessions continued at Alfred Health from February 2025, with most scheduled as 1 hour – 1 hour 15minute sessions. Consultation with area department leads, such as Emergency Department Nursing Education, and promotion of both the online and face-to-face training continued. However, there were challenges with enrolment of staff to both as the completion of the online DAT was a deemed to be a prerequisite to enrolment in face-to-face training. Some face-to-face sessions across February and March were cancelled due to low numbers of staff enrolling or non-completion of the online course in advance. These challenges have persisted but with an increase in online course completions in June 2025, it is hoped this will support an increased uptake of the face-to-face training. From June 30th, 2025, onward, the face-to-face training will be managed by the Disability Liaison Service at Alfred Health, in line with SWH.

3.4.1.5 Face-to-face session evaluation

La Trobe University has been engaged to evaluate the pilot implementation of the face-to face session. The aims are to look at the longitudinal impact of the online DAT followed by the face-to-face session and involves surveys and interviews. Evaluation outcomes are expected in late 2025/ early 2026.

3.5 DEAF AWARENESS TRAINING

In June 2023, recognising that the online DAT being developed by the SPEAK Project was just one component of potential staff training on disability topics, the SPEAK Project worked with

Expression Australia to deliver Deaf Awareness Training for Alfred Health staff. Expression Australia were offering free training as part of their ILC grant funded project.

The SPEAK Project team advertised the 90-minute training on internal platform, Viva Engage with significant interest shown from across the organisation. Online and face-to-face training sessions were provided to approximately 200 staff via dedicated sessions for:

- Emergency Department nursing staff
- Occupational Therapists
- Acquired Brain Injury team
- Hospital Admission Risk Program (HARP) staff
- Melbourne Sexual Health Clinic
- International Day for People with Disability (open session)
- Alfred Mental and Addiction Health:
 - Lived Experience Workforce
 - St Kilda Road Clinic
 - Alma Road Community Care

Content was customised to the Alfred Health audience and covered how to work with interpreters, Deaf culture and deaf customs, linguistics / Auslan, how to approach a deaf person / gain their attention, resources, practical activities.

Post session feedback was received from attendees, highlighting their positive experience of the training. See survey results in the figures 3 and 4 below.

Did you find the Deaf Awareness Training workshop informative and relevant?

76 responses

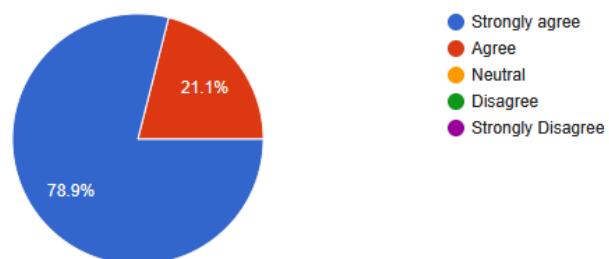


Figure 3. Deaf awareness training outcomes: information

Did Deaf Awareness Training meet your expectations?

75 responses

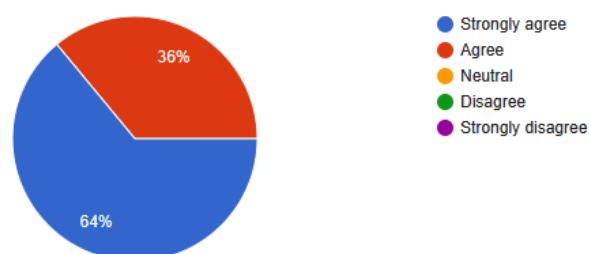


Figure 4. Deaf awareness training outcomes: experiences

3.6 RESOURCES

3.6.1 Intranet Page – ‘Disability Hub’

The SPEAK Project led the redesign of Alfred Health’s SharePoint intranet page titled ‘Supporting people with disability’. This site has been designed as a central hub of information for staff to access about disability. Table 7. describes the SharePoint intranet page content.

Table 7. Supporting people with disability – SharePoint page content

Topic Area	Content
Education	<ul style="list-style-type: none"> Information on the Online DAT and face-to-face session Links to external e-learn packages, services, guides and websites covering autism, behaviour, communication, Deaf and hard of hearing, disability awareness, down syndrome, intellectual disability, and supported decision making/consent.
Resources	<ul style="list-style-type: none"> Links to the SPEAK Project communication resources Other externally developed resources available for download or reference categorised as: <ul style="list-style-type: none"> General resources – behaviour, capacity and consent, care planning, communication, inclusion and accessibility, paediatric, sensory. Resources about specific disabilities – autism, blind and low vision, Deaf and hard of hearing, deafblind, down syndrome and intellectually disability.
Guidelines / Legislation / Plans	<ul style="list-style-type: none"> Organisation disability action plan and disability guidelines Links to international, national and state legislation
NDIS	<ul style="list-style-type: none"> NDIS resources relevant to inpatient, outpatient, mental health and internal NDIS services Key documents and resources
Employees with Disability	<ul style="list-style-type: none"> Organisation disability action plan Workplace adjustments policy and guideline Personal Emergency Evacuation Plans Disability Employee Network Resources Achievements (for employees)
Disability Liaison Officers	<p>Links to Alfred Health’s DLO webpage https://www.alfredhealth.org.au/patients-families-friends/disability-liaison-officers</p>
SPEAK Project	<p>Links to the project website https://www.alfredhealth.org.au/about/patients-come-first/speak</p>
Hidden Disabilities Sunflower	<ul style="list-style-type: none"> Training to become a Sunflower supporter Resources for Sunflower champions.

The image below shows the landing page of the SharePoint page. Since Go Live in May 2024, the page has been visited >1000 times by staff.

Figure 5. SharePoint page - Supporting people with disability

Generic information was shared with SWH for development/ inclusion of their organisation's staff intranet page and sites linked into the online DAT.

3.6.2 Communication Resources

Following a review of incidents and complaints from PWD where there was communication breakdown, the recommendations of the co-design workshops, and SPEAK Project Stage 1 Evaluation findings, it was identified that healthcare workers would benefit from both access to and training in use of communication resources for PWD.

Communication resources were developed by the SPEAK Project to support interactions between staff and patients with communication disability, who may not have access to a personalised communication aid. These resources included a picture communication board, yes/no cards and a visual pain scale. They were developed by the project team with support of Speech Pathologists and DLOs from both Alfred Health and SWH and tested in the Emergency Department at The Alfred Hospital.

These resources are introduced as part of the online DAT course and the face-to-face session and are supported by written instructions for use of the resources. The resources are available to staff via the **Supporting people with disability** SharePoint page and to the public on the Alfred Health SPEAK Project website <https://www.alfredhealth.org.au/about/patients-comes-first/speak/publications/speak-resources>.

3.6.3 Resource Boxes

The pilot Rapid Response Disability Liaison Officer service was implemented into the Emergency & Trauma Centre (E&TC) at Alfred Health, under objective 1 of the SPEAK Project and ran between October 2022 and June 2024. During this time, the DLOs trialled various single use and reusable communication and sensory resources with patients.

Following the completion of the pilot service, the SPEAK Project trialled a box of sensory and communication resources in the E&TC from late 2024 for use with patients. Following this trial, additional resource boxes are being made for pilot in ten wards / clinical areas from July 2025.

Items selected:

- Can be reused (where possible) to support financial and environmental sustainability
- Meet infection prevention guidelines
- Pose minimal risk of injury / damage

The resource boxes are clear plastic tubs that contain:

- Communication resources
 - laminated communication boards (developed by the SPEAK Project), yes/no cards and pain scale
 - whiteboard and marker
- Sensory resources
 - fidget spinners
 - squeeze balls
 - find it hidden object game
 - visual timer
 - coloured markers
 - noise cancelling headphones
 - battery operated massager
 - single use – ear plugs, eye masks and scratch and sniff stickers

Resources boxes include instructions to support staff.

3.6.4 Scoping of Sensory Rooms

Further to the implementation of sensory resources to support PWD, in early 2025, work commenced to scope the feasibility and design of sensory rooms/cubicles in the emergency department and outpatient settings at Alfred Health. Scoping took into consideration the constraints of the environmental and both the needs of people with disability and health care workers providing care such as infection prevention requirements, durability, occupational health and safety and functional/healthcare requirements.

4 RECOMMENDATIONS

This section outlines the next steps to continue the work commenced by the SPEAK Project. The Department of Social Services who fund the SPEAK Project, have advised of an additional 12 months of funding to progress project objectives. This funding and the merger of Alfred Health with another four health services from 2026, will provide new opportunities to continue to advance healthcare worker training and the available resources to support accessible care.

4.1 EDUCATION

4.1.1 Online Disability Awareness Training

1. Continue to promote the training developed by the SPEAK Project internally at Alfred Health and South West Healthcare.
2. Explore different ways to deliver the content e.g. Face-to-Face session, or hybrid approach within an in-service day.
3. Sustain relevancy of the training by ensuring updates are made and disseminated.
4. Complete a detailed analysis of the data on course completion and engagement with a focus on feasibility.
5. Develop a sustainable model for disseminating the Online Disability Awareness Training externally. This includes customisation of course content, increasing availability by making the training available on an external facing LMS platform, and promotion to other healthcare services and tertiary education settings.

4.1.2 Face-to-Face Session

6. Embed the delivery of the training within the DLO Team.
7. Following completion of the evaluation, review and update content of the training where indicated.

4.1.3 Evaluation

8. Publish outcomes of the Online Disability Awareness Training.
9. Complete Face-to-Face session evaluation and publish outcomes.
10. Publish a report on the development of the education in a peer reviewed publication.

4.1.4 Development of Further Training

11. Develop and pilot additional content to support practical skill development of staff in various formats.
 - a. Potential subject:
 - i. Sensory processing and supports,
 - ii. Consent and supported decision making,
 - iii. Understanding behaviour,
 - iv. Use of communication resources developed by the SPEAK Project e.g. communication resources, pain scales, yes/no cards
 - v. Supporting Deaf patients
 - b. Investigate best formats and design training. Possible formats to include:
 - i. Point of care videos of 1-2 minutes duration
 - ii. Face-to-face and webinar sessions of 15-60 minutes duration

12. Establish a lived experience workforce to support ongoing education co-design and co-delivery.
13. Utilise content and resources (e.g. videos) developed to date to expand education offerings.
14. Explore the potential to implement a Disability Champion Model where staff can receive training and act as a key resource in their areas to support access and inclusion.

4.2 RESOURCES

4.2.1 Intranet Page – ‘Disability Hub’

1. Develop a sustainable process to maintain and update intranet page.

4.2.2 Communication Resources

2. Convert key consumer facing health service documents into Easy Read.
3. Develop hospital / social stories to support understanding of what to expect when accessing healthcare.
4. Update communication resources developed by the SPEAK Project as indicated. Expand on their introduction as part of the online and face-to-face training by developing instructional videos to accompany the resources on intranet page, where staff can view, download and print the resources for use with patients.

4.2.3 Resource boxes

5. Expand the trial of sensory and communication resource boxes to specialist clinics and/or wards and evaluate.

4.2.4 Sensory Room/Cubicles

6. Complete the scoping work that is underway and seek support to trial sensory rooms or cubicles to support patients with disabilities who attend the health service.

5 APPENDICES

5.1 APPENDIX 1: SPEAK PROJECT GOVERNANCE STRUCTURE

Funder

Executive Governance

Department of Social Services (DSS)

SPEAK Project Structure

Alfred Health Executive Committee

South West Healthcare

Allied Health Executive Committee

Alfred Health Disability Committee

Patients Come First
Steering Committee

Alfred Health Chief Allied Health Officer
(Executive Sponsor)

Project Leadership

SPEAK Project Steering Committee

Stakeholders

SPEAK Project Team

Working / Advisory Groups

Rapid Response Secondary
Consult Working Group

Disability Data Systems
Working Group

Evaluation Advisory Group

Disability Education and Resource
Development Working Group

Consumer Feedback
Working Group

Co-Design Team (Consultant, Consumers, Stakeholders, Staff)

5.2 APPENDIX 2: CO-DESIGN RECOMMENDATIONS FOR RAISING AWARENESS AND TRAINING ABOUT DISABILITY

Improving the experiences and healthcare outcomes of people with disability starts with awareness and education. Providing different levels of disability training is recommended by the SPEAK Project team. All participants in the SPEAK Project strongly believed disability education should be given to every staff member who interacts with patients, families, friends, carers, and support workers in hospitals.

Further information about co-design recommendations for raising awareness and training about disability can be found: <https://www.alfredhealth.org.au/about/patients-come-first/speak/what-is-co-design>

5.3 APPENDIX 3: CO-DESIGN RECOMMENDATIONS FOR PROVIDING ACCESSIBLE INFORMATION

Accessible information is important to many people who come to hospital, including:

- People with disability with diverse levels of support needs
- People with low literacy
- Culturally and linguistically diverse people

Providing clear and easy-to-read information is needed to support people to be a part of making decisions about their healthcare.

Further information about co-design recommendations for providing accessible information can be found: <https://www.alfredhealth.org.au/about/patients-come-first/speak/what-is-co-design>

5.4 APPENDIX 4: STAGE 1 SURVEY AND INTERVIEWS: KEY LEARNINGS FOR THE TRAINING AND RESOURCE OBJECTIVES.

Objective	Key Learnings/Implications
2 – Deliver disability awareness training to staff	<ul style="list-style-type: none"> Provide disability awareness training for all staff involved in patient care, including clinical and non-clinical staff. Ensure staff members understand what is meant by "invisible disability" and its impact. Provide examples of related disability support needs to further staff understanding of hidden disabilities. Provide training in the use of communication resources and de-escalation techniques to support staff members to work effectively with PWD. Ensure staff are aware of the existing disability resources and services within the hospital to support PWD. This includes making sure that staff are aware that DLOs can provide expert disability-related knowledge directly to staff to enable them to feel supported when working with PWD. Highlight the importance of including patients with disabilities in their care whenever possible to HCWs. Encourage the inclusion of support people as collaborative partners in the care of people with complex or invisible/hidden disabilities. As part of this, it is important to define, understand and recognise the role of support people at an organizational level. Including the voices of people with lived experience of disability in staff training/education will make for the most meaningful and impactful training.

Objective	Key Learnings/Implications
3 – Develop resources to improve patient-staff communication	<ul style="list-style-type: none"> • Ensure staff know how to communicate effectively with PWD and adapt their ways of working to respond to their needs. • Ensure staff are aware of communication preferences/supports in place (e.g. communication aids) for PWD and accommodate reasonable adjustments accordingly. • Improve staff access and use of resources that support better patient-staff communication for PWD (e.g. communication boards, pain scales, etc.) • Create and ensure staff create and are aware of Easy-English and plain language forms and health information.

Access the full report at <https://www.alfredhealth.org.au/about/patients-come-first/speak/publications/speak-reports>

5.5 APPENDIX 5: MEDICAL RECORD (FILE) AUDIT (STAGE 1): RECOMMENDATIONS FOR HEALTHCARE WORKER EDUCATION

Area of Education	Recommendations
Disability Awareness Training	Comprehensive training for healthcare staff on various disabilities, impacts, and inclusive practices.
Communication Strategies	Training on alternative communication methods, aids, and techniques for effective patient interaction.
Behaviour Support and Management	Teaching strategies for assessing and addressing challenging behaviours, establishing sensory environments.
Informed Consent and Decision-Making	Training on involving patients with disabilities in decision-making using alternative methods.
Discharge Planning and Transition	Education on patient-centred discharge planning and providing accessible summaries.
Documentation Expectations	Educating staff on accurate and consistent documentation of disability-related details.

Access the full report at <https://www.alfredhealth.org.au/about/patients-come-first/speak/publications/speak-reports>