

# SPEAK Summary Report

SEPTEMBER 2020 – JUNE 2025



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# 1 EXECUTIVE SUMMARY

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The SPEAK (SPecialist Education And Knowledge) Project, delivered in partnership by Alfred Health and South West Healthcare and funded through the Department of Social Services' ILC program, has ran from September 2020 to June 2025. Its aim was to improve health system responsiveness and outcomes for people with disability—particularly those with communication, intellectual and/or autistic profiles—through capability-building initiatives and systemic improvements.

Key objectives of the project included the trial of a Rapid Response Disability Liaison Officer (DLO) model delivery of evidence-based staff training, enhancement of consumer feedback systems, development of practical communication and sensory resources, and mapping of data systems for better disability identification and planning.

Notable achievements include the implementation of a 21-month DLO-RR pilot service at The Alfred Emergency & Trauma Centre, which supported 1426 patient encounters involving 729 patients and resulted in measurable improvements in emergency department efficiency and care experience. The service received internal and external recognition as an example of inclusive practice.

A multi-modal education program has been developed, combining online and face-to-face training co-designed with people with lived experience of disability. The training demonstrated strong knowledge gains and has been adopted by other health services.

Consumer feedback processes were redesigned for accessibility, leading to increased use by people with disability and improved ability of systems to record meaningful insights. Additionally, the project developed a wide range of accessible tools and resources, including a Disability Hub intranet site, communication aids, resource boxes, and scoped the potential for sensory rooms.

The project's focus on embedding co-design, rigorous evaluation, and sector-wide dissemination has not only transformed practices within partner organisations but also provided scalable models and tools to other health services. Recommendations were made for sustaining and expanding successful elements, including the DLO service, training delivery, and data system improvements.

## **2 INTRODUCTION**

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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 (SPecialist Education And Knowledge) 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.

### **Project aim**

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

### **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 disabilities.
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 disabilities to maximise outcomes and improve safety.

In June 2025, the Department of Social Services confirmed that a 12-month funded extension would be granted.

This report provides a high level of overview of the SPEAK Project implementation from September 2020 until June 2025.

## 3 CO-DESIGN

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The SPEAK Project used a co-design approach to ensure the voice of lived experience of disability was included in any decision making. Co-design workshops were held throughout the project. The following report and resources are available for download from <https://www.alfredhealth.org.au/about/patients-come-first/speak/what-is-co-design>

- Improving Hospitals for People with Hidden Disability: SPEAK Project Co-design Report'
- A Guide for Accessible Co-design
- Creative Activities Conversation Starter Cards
- Access Conversation Starter Card

## 4 EVALUATION

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A comprehensive evaluation of the project was conducted that included:

- Survey and interview of people with disability, their support people and staff
- Medical records audits
- Scoping review
- Service delivery data

The Alfred Health Ethics Committee granted ethical approval for the SPEAK Project, including the DLO RRSC service in 2022 – Project Number: 81347 7 Local Reference: Project 697/2

Findings have been used in reports of each objective of the project, disseminated at conferences and are being prepared for journal publication. Details of publications are available from [Publications | Alfred Health](#)

## 5 PROJECT OBJECTIVES AND RECOMMENDATIONS

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The section outlines the achievements under each of the five SPEAK Project objectives. Detailed reports have been produced for each objective.

### 5.1. DLO RAPID RESPONSE

A Disability Liaison Officer – Rapid Response (DLO-RR) service was implemented by the SPEAK Project at The Alfred Hospital, Melbourne between October 2022 and June 2024.

The DLO-RR service commenced in the Alfred Emergency and Trauma Centre (E&TC) in October 2022, following a thorough co-design phase. This pilot service was developed to address the needs of patients with hidden disabilities through dedicated support within the department. Operating 7 days a week between 8:30am and 4:30pm, the aim was to improve patient care and streamline interactions for patients with disabilities.

The service was staffed by a team of 2.4 – 2.8 FTE Disability Liaison Officers (DLOs), all of whom were recruited with qualifications in relevant disability fields. The DLOs were strategically located within the E&TC Allied Health team to facilitate immediate and effective support. Their role included identifying patients needing assistance, secondary consultation, developing disability care plans, liaising with treating teams to ensure appropriate care and communication, and staff capability building.

Over the nearly 21 months that the DLO-RR service operated, it supported a total of 1426 patient encounters involving 729 patients. Referrals primarily came from nursing staff and through DLOs' proactive identification of patients with an electronic medical record (EMR) disability alert. Key interventions provided included advocacy and communication, sensory and emotional support, which were instrumental in managing patient care and improving the overall emergency department experience.

An evaluation of the DLO-RR service demonstrated a statistically significant impact on patient care, with a 1.8-hour reduction in length of stay in the E&TC and 1.44 times increased likelihood of earlier discharge for patients with disabilities. Feedback from staff highlighted the service's positive contributions to patient management, staff education, and care coordination, with suggestions for expanding service hours and further education being common themes in staff surveys.

The DLO-RR service was recognised for its excellence and contribution to equity and inclusion, receiving accolades such as Alfred Health's Recognising Excellence Award for Equity and Inclusion and a nomination for the Australian Network on Disability's Inclusive Impact Award. The pilot's success underscores the critical need for such services and provides a foundation for future enhancements and potential service expansions.

## **5.2. RECOMMENDATIONS**

At the conclusion of the in pilot in 2024, the following recommendations were made:

1. Alfred Health and/or Victorian Department of Health to support an ongoing dedicated DLO service to the E&TC. It is recommended that this service is fully integrated into the existing hospital wide DLO team.
2. All clinical and non-clinical Emergency Department staff to complete the Online Disability Awareness Training developed by the SPEAK Project at a minimum. In addition, completion of follow on face-to-face training by clinicians to support practical skill development is also recommended.
3. Consider implementing a disability champion model in the E&TC where staff with a special interest in supporting patients with disability receive training and are promoted as a resource to clinicians on duty. This would be particularly beneficial for after-hours care when DLOs are not on duty.
4. Develop a DLO specific order / referral to standardise the capture DLO service delivery information.

## **5.3. EDUCATION**

An objective of the SPEAK Project was to provide evidence-based staff disability training to build the capacity of the workforce (improve communication processes between staff and people with disability and resource use).

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

### **Key Achievements**

1. 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.
  - Content developed in a range of accessible formats and is screen reader accessible
  - Multiple health services have demonstrated interest in the training, and it has been implemented by SWH, St Vincent's Hospital and Austin Health.
2. Face-to-Face Training
  - Co-delivered with presenters with lived experience, the training reinforces online content through case studies and role plays.
  - Full evaluation underway. Pilot sessions have received positive qualitative feedback.

### **5.3.1. Recommendations**

#### **Online Disability Awareness Training**

1. Continue to promote and embed training developed by the SPEAK Project internally at Alfred Health and SWH.
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.

#### **5.3.2. Face-to-Face Session**

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

#### **5.3.3. Evaluation**

1. Publish outcomes of the Online Disability Awareness Training.
2. Complete Face-to-Face session evaluation and publish outcomes.
3. Publish a report on the development of the education in a peer reviewed publication.
4. Consider implementing a multi-site evaluation of the Online Disability Awareness Training and explore feasibility.

#### **5.3.4. Development of Further Training**

1. Develop and pilot additional content to support practical skill development of staff in various formats.
  - a. Potential topics:
    - i. Sensory processing
    - 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. F2F and webinar sessions of 15-60 minutes duration
2. Establish a lived experience workforce to support ongoing education co-design and co-delivery.
3. Utilise content and resources (e.g. videos) developed to date by the SPEAK Project to expand education offerings.
4. 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.

## 5.4. CONSUMER FEEDBACK

### 5.4.1. Objective

To develop and trial improved consumer feedback processes to amplify the voice of people with disability.

### 5.4.2. Background

People with disability have the right to have their healthcare concerns heard and addressed. They also bring valuable experience, knowledge and insights to improve services. However, they often face barriers to providing feedback, including inaccessible feedback processes, difficulty navigating websites, inaccessible formats, complex forms, and emotional fatigue from past advocacy experiences.

### 5.4.3. Method

The SPEAK Consumer Feedback Working Group—comprising staff and consumers from Alfred Health, South West Healthcare and Austin Health—partnered with people with various disabilities to better understand their experiences of giving feedback. The project reviewed best practice in accessible feedback processes from published research and national and international organisations and analysed internal systems to identify gaps and opportunities for improvement.

### 5.4.4. Key Changes Implemented at Alfred Health

1. Website Improvements: Enhanced the readability of the feedback page, added National Relay Service information, and implemented an accessibility widget allowing users to adjust font, colour, and use screen readers.
2. Accessible Formats: Provided feedback information in Auslan, audio, and Easy English formats.
3. Inclusive Feedback Options: Introduced video and audio feedback options. Auslan users can submit feedback via video, the National Relay Service, or with interpreter support. Consumers can also indicate communication preferences and request assistance directly via the website.
4. Staff Training: Delivered training for Patient Liaison and Disability Liaison Officers, including National Relay Service workshops, to build capacity in supporting feedback from people with disability.
5. System Enhancements: Updated the Riskman Feedback Module to improve identification of people with disability and allow recording of communication preferences or required adjustments.

### 5.4.5. User Testing and Refinement

In June 2024, five consumers with different disabilities (including autism, intellectual disability, blindness, acquired brain injury, and physical disability) tested the updated feedback systems using various devices. Their feedback confirmed improved accessibility and led to further refinements to the website and feedback processes.

### 5.4.6. Outcomes and Impact

- Accessibility improvements now enable people with a range of disabilities to provide feedback in a way that suits them.
- Feedback systems better capture issues raised by people with disability, supporting broader organisational learning and change.

- New formats such as video and audio are being used by consumers.
- The average number of monthly complaints from people with disability increased from 13 (in 2020) to 15 (in 2024), reflecting greater access and confidence in the system.
- SPEAK evaluation data indicate that consumers with disability were more able to give feedback after the intervention. Before changes to feedback processes were introduced, 14% of consumers surveyed reported being able to give feedback when they wanted to (n=7). After the changes, 64% of consumers surveyed reported being able to give feedback (n=14).

#### 5.4.7. Resources

The SPEAK Project has significantly advanced the development of practical and accessible resources to support the healthcare of people with disability across Alfred Health and SWH.

Key achievements include:

1. **Development of the ‘Disability Hub’ Intranet Page:** The SPEAK Project led the redesign of Alfred Health’s intranet to create a centralised Disability Hub for staff. Launched in May 2024, and accessed over 1,060 times, it provides comprehensive content on disability education, resources, legislation, NDIS, staff support, and Hidden Disabilities Sunflower and links to the Disability Liaison Officer (DLO) and SPEAK Project websites. A similar site was also established at SWH.
2. **Communication Resources:** In response to identified communication breakdowns, the project developed visual communication tools including communication boards, yes/no cards, and a visual pain scale, with input from speech pathologists and DLOs. These are featured in both online and face-to-face training and are available on the Disability Hub and SPEAK Project public website.
3. **Resource Boxes:** Following successful trials in the Emergency & Trauma Centre, resource boxes containing sensory and communication aids are being rolled out to ten additional clinical areas in mid-2025. These boxes include reusable, adult-appropriate items like fidget tools and communication boards, designed to be safe, sustainable, and supportive of patient interaction.
4. **Healthcare Passports and Disability Care Plans:** Contributed to a multi-site advisory group to explore implementing an electronic healthcare passport for patients with disabilities. Additionally, the team supported the development and review of a Disability Care Plan, used by DLOs and recorded in patients’ electronic health records.
5. **Scoping of Sensory Rooms:** In 2025, SPEAK initiated work to assess the feasibility of sensory rooms in emergency and outpatient settings. This scoping phase incorporates environmental, clinical, and safety considerations, laying the groundwork for a future business case to support their implementation.

Collectively, these initiatives have strengthened the capability of health staff to deliver safer, more inclusive care to people with disability.

#### 5.4.8. Recommendations

1. Intranet Page – ‘Disability Hub’
  - Develop a sustainable process to maintain and update intranet page.
2. Communication Resources
  - Convert key consumer facing health service documents into Easy Read.

- Develop hospital / social stories to support understanding of what to expect when accessing healthcare.
- 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.

3. Resource boxes
  - Expand the trial of sensory and communication resource boxes to specialist clinics and/or wards and evaluate.
4. Healthcare Passport and Care Plans
  - Following the release of the healthcare passport project findings and the merger by Alfred Health and Peninsula Health in January 2026, it is recommended that a single solution be implemented that can capture patient provided information and be easily accessed by HCW.
5. Sensory Room/Cubicles
  - 7. 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.

## 5.5. DATA SYSTEMS

A further objective of the SPEAK project was to:

- Develop/enhance data systems to identify, plan and support people with disabilities to maximise outcomes and improve safety.

Two areas of work were undertaken to meet this objective:

1. Disability Identification Questions Review
2. Business Analysis

### 5.5.1. Background

#### Disability Identification Questions Review

Through implementation of the Rapid Response Disability Liaison Officer (RRDLO) service in Emergency and Trauma Centre (E&TC) as part of the SPEAK Project, there was improved awareness for the importance of early identification of disability to support patient care. A collaborative decision was made to review and update the existing disability identification questions used in the inpatient setting and implement into the workflow of emergency nurses.

#### Business Analysis

A business analysis was conducted to understand the current problem for PWD and the staff caring for them, in relation to data systems. This included workshops with staff and consumers, and a review of data relating to patient experience and healthcare quality. The current processes used for disability identification and associated data systems were mapped for 3 areas: emergency, inpatients and specialist clinics. Limitations of the current systems and processes were identified.

### 5.5.2. Activities and Results

#### Disability Identification Questions Review

The questions had not been updated since 2018 when they were first introduced into the inpatient nursing assessment as part of the Electronic Medical Record (EMR) roll out. The questions were reviewed following feedback from consumers and staff. In June 2024, the questions were updated in the existing nursing admission forms and were added to the emergency Primary Nursing Survey to enable disability identification for presentations to Alfred Health's two emergency departments (ED). Training was undertaken with key groups and supporting education material created.

#### Business Analysis

Currently there is no standard process to identify PWD across Alfred Health. While there is a process to identify PWD when they present via the ED or when they are admitted to an inpatient ward, identification of PWD through other entry points, such as specialist clinics, is ad hoc.

The disability impacting care alert, a key part of the identification workflow, does not link to further information about disability type or support needs. The alert does not display in data systems used by specialist clinics or radiology.

There is no consistent location for disability information in the electronic medical record (EMR). There are multiple locations for staff to look which is inefficient and unintuitive.

There is not a consistent definition for disability at Alfred Health. Quality and safety outcomes are reported using the disability impacting care alert to identify PWD. This is a sub-population of the wider disability cohort who have additional care needs. The disability identification questions do not align with definitions referred to in policies and procedures nor the staff disability awareness training.

### **5.5.3. Recommendations**

#### Disability Identification Questions Review

1. Evaluate the introduction of the questions in ED by measuring the incidence of disability alert activation.
2. Determine if the questions reliably identify the target population
3. Incorporate further work with recommendations from the business analysis

### **5.5.4. Business Analysis**

1. Adopt a clear definition for disability across the organisation.
2. Develop a standard process to reliably identify PWD across all entry points.
3. Review the utility of the disability impacting care alert and enable it to link to further relevant information.
4. Create a central location for staff to locate patient access and support needs information within the EMR.
5. Build capability to report on different cohorts of PWD for outcomes determined by disability experts.

The processes and data systems that collect, record and display disability information can be optimised to provide PWD a more positive patient experience and better support staff to meet their needs.

## **6 CONCLUSION**

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To date, the SPEAK Project has delivered systemic, practice-based, and person-centred improvements that enhance the accessibility and safety of healthcare for people with disability. By embedding co-design at every stage, trialling and evaluating new models of care, and investing in sustainable training and tools, the project has built a solid foundation for future reform.

Evidence from evaluations shows measurable improvement in staff capability, patient experience, and system responsiveness. Key enablers of success included strong interdisciplinary collaboration, consumer partnership, and ongoing adaptation based on feedback and evidence.

Continued commitment is required to embed the project's outputs into routine practice and to scale the approaches across broader healthcare settings. Sustaining the DLO service, refining data and feedback systems, and expanding education and resources will ensure that the momentum created by SPEAK translates into enduring, inclusive, and equitable health service delivery.