

Development of a Service Delivery Plan for the University of Canberra Public Hospital

1. Women With Disabilities ACT

Women With Disabilities ACT (WWDACT) is a systemic advocacy organisation working to improve the status and lived experience of women with all types of disabilities. WWDACT works from a rights based framework that links gender and disability issues to a full range of civil, political, economic, social and cultural rights. This rights based approach recognises that disability is an evolving concept and that disability results from the interaction between people with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.¹

Within the human rights context, and as articulated in the UN Convention on the Rights of Persons with Disabilities (CRPD), the progressive right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability² is fundamental to the design principles of the proposed University of Canberra Public Hospital (UCPH). Also fundamental to the design principles of the proposed UCPH is Article 6 of the CRPD which expressly calls on all Governments to take specific measures to ensure the full and equal enjoyment by women and girls with disabilities of all fundamental freedoms and human rights with men. Given the likelihood that a potentially higher proportion of women than men with disabilities in the ACT will need sub-acute hospital care, the design and operation of the UCPH is a gendered issue.

¹ United Nations Convention on the Rights of Persons with Disability (UNCRPD) Preamble Para e

² UNCRPD Article 25 Para one

Article 6 - Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

In the Australian Capital Territory there are approximately 31,700 women with disabilities.³ Women with disabilities make up the majority (55.5%) of people with disabilities in the ACT and 17% of all women in the ACT. Australia is much closer to the time when the most significant effects of ageing are likely to be felt.⁴ The incidence of disability increases with age. Because women, on average, live longer than men, they experience disability for a greater proportion of their lives. In Australia, a woman aged 65 in 2009, could expect to live to age 87, including 6.5% of this lifespan with severe disability. In contrast a man would live to age 84, including 4.5% of his lifespan with severe disability.⁵

³ Australian Bureau of Statistics (2013), *Survey of Disability, Ageing and Carers 2012*, Cat. No. 4430.0, Table 5.1

⁴ *An Ageing Australia: Preparing for the Future Productivity Commission Research Paper Overview* (November 2013) http://www.pc.gov.au/__data/assets/pdf_file/0003/129747/ageing-australia-overview.pdf at page 3

⁵ AIHW 2012. Changes in life expectancy and disability in Australia 1998 to 2009. AIHW Bulletin no. 111. Cat. no. AUS 166. Canberra: AIHW

2. Background

WWDACT notes with pleasure that the UCPH will comprise 140 inpatient beds plus other services. The UCPH will deliver subacute rehabilitation services; aged care inpatient day services; ambulatory and community services; hydrotherapy; and mental health rehabilitation and day services. The UCPH facility design has been developed upon principles of patient centeredness and optimising service delivery. This philosophy has informed many of the current decisions made in terms of access, configuration and building massing. The intention with this approach has been to create a more domestic and less institutional scale, particularly as many of the residents will spend considerable lengths of time there and to create an empathetic healthcare environment that promotes improved healing and recovery.

3. Overarching Design Requirement: Accessibility

Accessibility is a precondition for women and men with disabilities to live independently and participate fully and equally in society. It is one of the eight foundational principles on which the CRPD is based. Australia ratified the CRPD on 17 July 2008. Accessibility is an unconditional, group right. Accessibility includes access to the physical environment, to transportation, to information and communication - including information and communication technologies and systems; and to other services and facilities open or provided to the public.⁶ Under the principle of accessibility, the needs of all hospital users must be taken into account: inpatients, day care patients, students, visitors, volunteers, visiting medical officers and all other hospital staff.

⁶ Della Torre, E Summary of General Comment No 2: Article 9 Accessibility UN Doc. CRPD/C/GC/2 (April 2014) Women With Disabilities ACT

Accessibility will be especially important in the UCPH which is based on the concept of a “Smart Hospital” where information is stored and used electronically through an integrated IT system.

To ensure positive consumer experiences and patient outcomes at the proposed UCPH, WWDACT suggests that the implementation of the principle of accessibility could include (but not be limited to):

- a safety audit of ingress and egress to the hospital building and its surrounds, including all carparks
- a greater number of car parking spaces per 100 parking spaces than is specified under the current Building Code of Australia and current relevant Australian Standards so as to take into account that there are likely to be high numbers of women and men with disabilities who will use the proposed UCPH
- a dedicated bus stop, separate to the car/taxi drop-off point, which will be directly adjacent to a building entrance
- a taxi voucher scheme to assist aged care and rehabilitation day patients, who are anticipated to attend the UCPH two or three times a week
- telehealth and videoconferencing facilities with embedded accessibility features
- the installation of hearing augmentation infrastructure in a maximum number of hospital areas - including work areas of executive and administrative staff; areas for inpatients, day care patients, students, visitors, volunteers, visiting medical officers and all other hospital staff
- nurse calls buttons that can be operated by the vision impaired

- televisions in patient rooms and activities/recreation/family lounge rooms that are suitable for persons with a range of disabilities, including vision and hearing impairment
- staff training in the use of interpreters, including Auslan
- all signage to include braille translations - including signage in staff amenities rooms and the work areas of executive and administrative staff; the gymnasium and assisted daily living spaces (ADLS)
- plantings in courtyards and mobility gardens which are sensory to provide suitable experiences for people with a range of abilities
- a pet therapy program and area for use by volunteers.

A handwritten signature in black ink, reading "Emilia della Torre". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Prepared by Emilia DELLA TORRE, Principal Policy Officer, Women With Disabilities ACT (July 2014)

United Nations Convention on the Rights of Persons With Disabilities

Article 6 - Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Article 25 - Health

In particular, States Parties shall:

Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

Provide these health services as close as possible to people's own communities, including in rural areas;

Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 26 - Habilitation and rehabilitation

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.