

### What you need to know – key take outs

IRT is committed to respecting, valuing and celebrating diversity in all its forms in our customer, older people and workforce population and catering for diverse needs through respectful, inclusive and equitable practices. IRT supports the 12 diversity characteristics as recognised by the Department of Health and Aged Care's Aged Care Diversity Framework.

IRT recognises that older people with diversity characteristics accessing care and services may experience barriers and difficulties. These barriers and difficulties may be experienced as part of a group or multiple groups, or as an individual with specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. Some people will identify with more than one diversity characteristic or a number of different characteristics. IRT is aware that no two people's lived experiences are the same.

The IRT Diversity Framework takes a human-rights based approach in line with the World Health Organisation principles of non-discrimination, availability, accessibility, acceptability, quality, accountability and universality.

<p><b>Policy principles</b></p>	<p>The growing diversity of IRT's customer, older people and workforce profiles and preferences in the delivery of aged care and associated services means that IRT must continue to improve how we cater for diverse needs through respectful, inclusive and equitable practices no matter the background, life experience, care or related needs of our customers, older people or workforce.</p>
<p><b>Purpose</b></p>	<p>This framework has been established to identify the key areas of work that IRT will undertake to ensure that:</p> <ul style="list-style-type: none"> <li>• We improve our inclusive practices towards those from diverse backgrounds across our customers, older people and workforce</li> <li>• That our services, policies and procedures better meet the diverse characteristics and life experiences of our customers, older people and workforce</li> <li>• That customers, older people and our workforce are encouraged to provide feedback to inform continuous improvement in the delivery of diversity as a core component of quality improvement</li> </ul>
<p><b>Risk statement</b></p>	<p>IRT has a low risk appetite for failing to meet our legislative obligations.</p>

<b>Scope</b>	This framework applies to all IRT employees, volunteers, older people receiving IRT services or living in an IRT aged care centre or retirement village, customers and suppliers.
<b>Related procedure</b>	Organisational Diversity Action Plan – currently being complied
<b>Related documents</b>	<ul style="list-style-type: none"> <li>• 1.03 Feedback and Complaints Policy</li> <li>• 1.05 Consumer Abuse Policy</li> <li>• 1.09 Volunteer Policy</li> <li>• 1.16 Other Health and Related Services Policy</li> <li>• 1.26 Behaviour Support Policy</li> <li>• 1.30 Communication &amp; Sensory Loss Policy</li> <li>• 1.38 Privacy Compliance Policy</li> <li>• 1.61 IRT Mental Capacity Policy</li> <li>• 1.62 Dignity of Risk Policy</li> <li>• 1.62.01 Dignity of Risk Procedure</li> <li>• 1.65 Lifestyle &amp; Wellbeing Policy</li> <li>• 1.65.01 Knowing Me Procedure</li> <li>• 1.66 Sexuality Policy</li> <li>• 2.11 Harassment, Workplace Bullying and Workplace Relationships Policy</li> <li>• 2.72 Family &amp; Domestic Violence Leave Policy</li> <li>• 2.75 NDIS Worker Screening Policy</li> <li>• 2.79 Visa and Work Rights Policy</li> </ul>
<b>Compliance requirements</b>	<ul style="list-style-type: none"> <li>• Aged Care Quality Standards</li> <li>• Quality of Care Principles 2014</li> <li>• Retirement Living Council Code of Conduct</li> <li>• Aged Care Act 1997</li> <li>• Age Discrimination Act 2004</li> <li>• Human Rights Act 2011</li> <li>• Equal Opportunity Act 2010</li> <li>• Disability Discrimination Act 1992</li> <li>• Racial Discrimination Act 1975</li> <li>• Sex Discrimination Act 1984</li> <li>• The #ReadyToListen Charter of Sexual Rights and Responsibilities in Residential Aged Care</li> <li>• National Disability Insurance Scheme Act 2013</li> </ul>

	<ul style="list-style-type: none"><li>• NSW legislation: Anti-Discrimination Act 1977</li><li>• Queensland legislation: Anti-Discrimination Act 1991</li><li>• ACT legislation: Discrimination Act 1991</li></ul>
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## 1 Aged Care Quality Standards and relevant legislation

This framework has been written to align with the Aged Care Quality Standards and other relevant legislation and regulation. The following table explains the link between this framework and the relevant external requirements.

Standard / legislation	What this means
Australian Government Department of Health Aged Care Diversity Framework	All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences
Aged Care Quality Standard 1 Requirement (3) (a)	Each consumer is treated with dignity and respect with their identity, culture and diversity valued
Aged Care Quality Standard 1 Requirement (3) (b)	Care and services are culturally safe
Aged Care Quality Standard 1 Requirement (3) (c)	Each consumer is supported to exercise choice and independence
Aged Care Quality Standard 1 Requirement (3) (e)	Each consumer is provided information that is current, accurate and timely and communicated in a way that is clear, easy to understand and enables them to exercise choice.
Aged Care Quality Commission Standard 3 Requirement (3) (e)	Timely and appropriate referrals to individuals other organisations and providers of other care and services
Aged Care Quality and Safety Commission Standard 4 Requirement (3) (a)	Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence health wellbeing and quality of life
Aged Care Quality and Safety Commission Standard 4 Requirement (3)(b)	Services and supports for daily living promote each consumers emotional spiritual and psychological well-being
Aged Care Quality Commission Standard 4 Requirement (3)(c)	Services and supports for daily living assist each consumer to participate in their community within and outside the organisation's service environment have social and personal relationships (iii) do the things of interest to them
Aged Care Quality Commission Standard 4 Requirement (3) (d)	Information about the consumers condition needs and preferences is communicated within the organisation and with others where responsibility is shared

Aged Care Quality and Safety Commission Standard 7, Requirement (3) (b)	Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity
Aged Care Quality and Safety Commission Standard 8, Requirement (3) (a)	Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement

## 2 FRAMEWORK REQUIREMENTS

The IRT Diversity Framework aims to:

- Identify, understand and respond for the diversity needs and choices of IRT customers, older people and workforce
- Identify and address barriers that may prevent IRT customers and older people from accessing safe, equitable and quality aged care
- Partner with IRT customers, older people and workforce in improving respectful, inclusive and equitable care and service delivery
- Embed diversity into the design and delivery of care and services across IRT and the corporate and clinical governance framework of IRT to ensure older people are treated with dignity and respect, can maintain their identity and make informed choices about their care and services

The focus areas include:

- Ensuring an equitable and inclusive experience for all customers, older people and the workforce that ensures they are respected and supported
- Ensuring equitable access to information and services that are effective and appropriate to the needs of customers and older people and take into account individual circumstances
- Identifying, assessing and mitigating high level risks for diversity and inclusion
- Demonstrating continuous improvement in tailoring services and care delivery to meet the diverse characteristics and life experiences of all customers and older people
- Establishing and delivery of strong representation and governance, including development and ongoing monitoring and demonstration of progress against an Organisational Diversity Action Plan which will be supported by Regional and/or Local Action Plans
- Developing policies and/or procedures with customers, older people and workforce with diverse characteristics and life experiences that include improving access to services, employment and activities
- Assessing the activities taking place within IRT that are strengthening or threatening our commitment to diversity

The IRT Diversity Framework is a living document that takes a holistic approach to customers and older people with diverse characteristics and life experiences to drive cultural and quality improvements.

The IRT Diversity Framework will align with the IRT Customer Promise to deliver consistently high-quality experiences to help customers and older people achieve their optimum quality of life. The IRT Customer Promise principles are:



### In Practice Example:

Australia's ageing population has an increasingly diverse profile, which is consistent with the growing diversity of the workforce profile. As a community-owned not for profit organisation, IRT has a responsibility to the broader community to ensure its products, services and opportunities are relevant to all, which includes those from diverse backgrounds.

The Diversity Framework sets out the way that IRT will review and assess its policies, procedures, programs and activities so that they are inclusive of those from diverse backgrounds. Amongst other things, this will assist IRT in delivering on its requirements under the Aged Care Quality Standards.

The Diversity, Services and Support Committee will be responsible for overseeing the relevant pieces of work that will be fed up to the Clinical Governance Committee and Executive.

### 3 Aged Care Diversity Framework Outcome Areas

The Aged Care Diversity Framework outlines six outcome areas. The IRT Diversity Framework will support the delivery of these outcomes.

Outcome for consumers	Action required by IRT
<b>1. Making informed choices</b> Older people have easily accessible information about the aged care system and services that they understand, and find the information helpful to exercise choice and control over the care they receive.	Customers and older people have easily accessible information about IRT in an appropriate format, through different forms (online / hardcopy / electronic / verbal) in a language that they understand, is helpful and allows them to exercise choice and control over the care they receive.
<b>2. Adopting systemic approaches to planning and implementation</b> Older people are active partners in the planning and implementation of the aged care system.	IRT engages customers and older people in a culturally safe, supportive environment that enables them to participate as active partners in the planning and implementation of respectful, inclusive and equitable care and service delivery, as well as articulate their individual needs.

<p><b>3. Accessible care and support</b></p> <p>Older people in rural, remote, regional and metropolitan Australia have access to aged care services and supports appropriate to their diverse characteristics and life experiences.</p>	<p>IRT collaborates with customers, older persons, delegated person/s and referral partners across all areas that IRT operates (regional, metro and inter-state) to overcome barriers to accessing the aged care system and ensure they have access to services and supports appropriate to their diverse characteristics and life experiences.</p>
<p><b>4. Supporting a proactive and flexible system</b></p> <p>A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce.</p>	<p>IRT engages with the local community and stakeholders to identify emerging needs and how service delivery models can be adapted to embrace the existing and emerging diversity needs of older people and our workforce.</p>
<p><b>5. Respectful and inclusive services</b></p> <p>Services effectively meet the specific needs of older people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way.</p>	<p>IRT services effectively meet the specific needs of older people with diverse characteristics and life experiences, their families, carers and delegated person/s in a respectful and inclusive way and are supported by appropriate tools, training and information.</p>
<p><b>6. Meeting the needs of the most vulnerable</b></p> <p>Older people can access high quality and culturally safe aged care services and supports that meet their needs irrespective of their personal, social or economic vulnerabilities.</p>	<p>IRT will provide, or work with stakeholders as required, to provide customers and older people with high quality and culturally safe services and supports that meet their needs irrespective of their personal, social or economic circumstances. This includes those most vulnerable.</p>

The delivery of these outcomes will be achieved by the development of an Organisational Diversity Action Plan and related Regional and/or Local Action Plans. The Organisational Diversity Action Plan will be endorsed by the IRT Clinical Governance Committee and Executive.

IRT will use the Action Plans developed under the Australian Government Department of Health Aged Care Diversity Framework, to guide the development of the Organisational Diversity Action Plan and Regional and/or Local Action Plans. These Action Plans include the following diversity characteristics:

- Aboriginal and Torres Strait Islander peoples
- People from Culturally and Linguistically Diverse (CALD) backgrounds
- LGBTI elders

In addition IRT will utilise the Department of Health and Aged Care Specialisation Verification Framework to support the development of the Organisational Diversity Action Plan and Regional

and/or Local Action Plans. The Specialisation Verification Framework has been developed by the Department of Health and Aged Care to provide specialised care for specific communities to ensure that older Australians with diverse needs can find safe and inclusive care that best suits their needs.

#### 4 Diversity Characteristics

The IRT Diversity Framework, Organisational Diversity Action Plan and Regional and/or Local Action Plans will align with the 12 diversity characteristics as recognised by the Department of Health and Aged Care’s Aged Care Diversity Framework.

Descriptions of each of the 12 diversity characteristics and in practice examples are provided.



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## Aboriginal and Torres Strait Islander People

The term refers to the first inhabitants of Australia, comprising hundreds of groups that have their own distinct set of languages, histories, cultural traditions, and experiences of colonization, and for whom connections to land, spirituality and their ancestors play a key role to their wellbeing.

### **In Practice Example:**

Mx Mabo, an older person living at IRT Greenwell Gardens, is Aboriginal, with a mob who are from Tasmania. They came to IRT in need of hydration and nutrition and support to recover after an extended hospital stay.

They had a history of social / economic disadvantage and history of domestic violence.

IRT worked with two of Mx Mabo's Social Workers from the Aboriginal Chronic Care Program (ACCP) to ensure Mx Mabo's care and services could be met. This included extensive work to ensure Mx Mabo was supported with decision-making capacity, including clarifying that Mx Mabo did not want their partner to be their decision maker if they lost capacity.

This work enabled IRT to ensure Mx Mabo was able to regain mental and emotional focus and strength, as well as physical strength in their first fortnight at IRT Greenwell Gardens. They had the capacity to make their own decisions regarding their health care and accommodation.

## People from Culturally and Linguistically Diverse (CALD) backgrounds

This is a broad term used to describe communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and religions. The Australian Bureau of Statistics defines the population mainly by country of birth, language spoken at home, English proficiency, or other characteristics including parents' country of birth and religious affiliation.

### **In Practice Example:**

Mx Hussain, an older person living at IRT Berala on the Park is originally from Iraq and speaks a particular dialect of Arabic. They are very quietly spoken. To aid them with care and service delivery, wherever possible IRT workforce who speak Arabic have been paired with Mx Hussain.

In addition the workforce have Google Translate available on IRT mobile devices and communication cards are available in Mx Hussain's care suite or at meals or activities to support interactions with Mx Hussain.

Due to how softly spoken Mx Hussain is, a dedicated microphone was arranged with the IRT IT Support team, that can be used with all IRT supplied mobile devices, to assist the workforce with their engagements with Mx Hussain when using Google Translate.

These measures have helped IRT to support Mx Hussain to maintain their identity, express their needs and receive the care and services they desire.

## People who identify as LGBTI

LGBTQI+ is an inclusive term that includes lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender and bodily diverse people and communities. In the context of older people and aged care the acronym LGBTI is used as many older people find the word queer derogatory or based on previous discrimination or persecution.

### **In Practice Example:**

Mx Lebbin is an older person living at IRT William Beach Gardens, who transferred to residential aged care due to developing higher care needs and experiencing social isolation. Soon after admission, the Lifestyle team completed Mx Lebbin's Knowing Me Form with them and at the time no cultural, sexual or spiritual preferences were raised.

As Mx Lebbin settled into care, they would enjoy visits from the Lifestyle team and would regularly visit the Care Manager. As Mx Lebbin became more comfortable with the Care Manager, they revealed that they identified as Lesbian. The Care Manager sought consent from Mx Lebbin to involve a member from the Lifestyle team in the discussion. The Regional Lifestyle Manager joined the conversation where Mx Lebbin confirmed it was sometimes difficult to not be able to speak about identifying as a Lesbian. The Care Manager and Regional Lifestyle Manager provided reassurance and emotional support to Mx Lebbin and reassured them that they could openly discuss their sexual identity.

The Regional Lifestyle Manager sought permission from Mx Lebbin to send a referral to a Visitors Scheme from ACON (Aids Council of NSW) who provide a range of services and supports for older persons that identify as LGBTI including visits from volunteers of a similar orientation to Mx Lebbin. Mx Lebbin agreed and the referral was sent.

An ACON delegate and a potential volunteer arranged to meet with Mx Lebbin. The meeting was facilitated by the Care Manager in the privacy of Mx Lebbin's care suite. At the meeting ACON sought consent to establish regular visits with the volunteer. Mx Lebbin consented and was very thankful, agreeing to ongoing fortnightly visits.

It was agreed Lifestyle would document the volunteer ACON visits as a "Volunteer Visitor" in the Lifestyle Daily Activity Record in the clinical management system, Platinum, as Mx Lebbin still wished to maintain a level of privacy regarding their sexual identity. The Regional Lifestyle Manager also asked Mx Lebbin if there were any sexual needs or desires that IRT could support them to meet. Mx Lebbin strongly declined this but stated that they were thankful to have a conversation with someone and truly feel themselves on a regular basis.

## People who live in rural, remote, or very remote areas

Rural and remote refers to areas outside of Australia's major cities which includes many diverse locations and communities. Older people are more likely to live in rural and remote areas than younger people and make experience challenges accessing effective services due to smaller communities, geographic isolation, limited infrastructure and workforce challenges.

### In Practice Example:

Mx Irwin is an older person living at IRT Thomas Holt Kirrawee in the Flametree Discovery Memory Support Unit. They live with dementia and are able to mobilise without assistance. Mx Irwin grew up and lived in rural, central NSW where they owned remote petrol stations and lived on a large farm looking after cattle and sheep. Mx Irwin would often reminisce about their time on the farm and looking after their cattle.

After moving to IRT Thomas Holt Kirrawee, Mx Irwin was experiencing wandering and exit seeking behaviours, continually stating that they wanted to go back home to their farm. A Dementia Services Australia (DSA) assessment was conducted and the report provided by DSA included suggestions that, if appropriate, the team should coordinate with Mx Irwin's family to arrange for Mx Irwin to travel to their farm for a visit. A Case Conference was held with their family regarding the recommendations of the DSA report and plans were put in place to take Mx Irwin to their farm in rural, central NSW.

The clinical team provided Mx Irwin's family with Mx Irwin's medications, care plan and a detailed summary of Mx Irwin's daily routine, care and service supports. A Dignity of Risk (DOR) form was signed and Mx Irwin proceeded to visit their farm for one night. The family provided feedback that whilst Mx Irwin seemed to enjoy the trip they became anxious on Day 2 and asked to return 'home', not recognising the farm as their previous home.

After the visit, it was determined between the clinical team and the family that it would not be suitable for Mx Irwin to return to the farm in the future, however Mx Irwin continued to experience exit seeking behaviours and repeatedly request a return to their farm.

The Lifestyle team collaborated with Mx Irwin's family to create an album of photos of Mx Irwin and their life on the farm. This album was used as part of Mx Irwin's behaviour support plan to redirect them when they became agitated in the Discovery Memory Support Unit and expressed exit seeking behaviours to return to their farm. The Lifestyle or Care team would provide Mx Irwin with a cup of coffee and encourage them to look through the album which was found effective. This strategy was documented in Mx Irwin's Behaviour and Emotional Record in the clinical management system, Platinum whenever this occurred.

## People living with mental health problems and mental illness

Mental health problems can be described as changes in a person's thinking, feelings and/or behaviours associated with distress and difficulty with day-to-day living. Mental illness can be defined as a clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Mental illness can include a range of illnesses including anxiety disorders, depression, and bipolar disorder, psychotic disorders and substance use disorder.

### **In Practice Example:**

Mx Zhang is a widowed Asian person who receives an IRT Home Care package in South East Sydney. A Calvary Social Worker initially referred Mx Zhang to IRT Home Care for support services based on Mx Zhang's diagnosed mental health history of hoarding and squalor, behavioural issues, and a reluctance to accept services.

IRT had a series of lead-up meetings with the Social Worker and Mx Zhang's extended family who include two close friends. The goal was to create an environment of acceptance for Mx Zhang prior to services commencing. When Mx Zhang agreed to meet with the IRT Home Care Customer Relationship Manager (CRM) and an IRT Home Care care worker it was at a location of Mx Zhang's choice which was a local Yum Cha restaurant near their home.

During this meeting discussions occurred with Mx Zhang and their family members about the cleaning plan for Mx Zhang's home so that IRT Home Care care workers would be able to attend the home and work in a safe working environment. These discussions included who from Mx Zhang's family would be there during the initial home visit to support Mx Zhang.

Planning for consistency of care workers with the right attributes was a priority in building trust with Mx Zhang. Mx Zhang was scheduled services twice a week with the same care workers. These actions have resulted in Mx Zhang allowing the IRT Home Care care workers into their home and have brought about a safe clean decluttered environment for Mx Zhang to live in. Mx Zhang has shown no signs of resistance to the IRT Home Care services.

With Mx Zhang's consent IRT Home Care plan to continue these regular services to help Mx Zhang maintain their home and and mitigate any future hoarding and squalor.

## People living with cognitive impairment including dementia

Cognitive impairment including dementia is a broad term that is used to describe a large group of illnesses which cause a progressive decline in a person's function and can impact a range of skills and abilities including people's memory, thinking, communication, personality, behaviour and physical function. Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease are types of dementia.

### In Practice Example:

Mx Coulter is an older person living with dementia who recently moved into the Discovery Memory Support Unit at IRT Sarah Claydon after being in hospital for an extended period. The Milton Hospital Social Worker contacted the Lifestyle Team Leader to provide background information about Mx Coulter's behaviours, in order to give Mx Coulter the best chance of success in their new home.

Through the sharing of this background information, it was noted in Mx Coulter's Life Story in the clinical management system, Platinum, that Mx Coulter was a Quality Inspector for WorkCover, working most of their life in the welding and fabrication industry.

Mx Coulter has a history of Alzheimer's and aggressive behaviour, confusion, and disorientation. Mx Coulter had previously been verbally aggressive to hospital staff and has consistently become aggressive when they saw their own reflection in mirrors or reflective surfaces, reacting by verbalising and hitting the mirrors or reflective surfaces. Mx Coulter's confusion and paranoia leads them to believe they are being followed and targeted by the reflection who they call '*The Inspector*'.

To support Mx Coulter, the following strategies have been implemented:

- All mirrors and reflective surfaces have been concealed in Mx Coulter's care suite and the common areas of the Discovery Memory Support Unit. Mx Coulter was involved in choosing the landscape photographs which were used to cover these surfaces, selecting scenes that felt familiar to them.
- Familiar workplace items that Mx Coulter will likely have used when being a Quality Inspector for WorkCover, such as a clipboard, paper, pen, and keys are provided to Mx Coulter, supporting the familiar role Mx Coulter has played for most of their life.
- Mx Coulter is validated and reassured that '*The Inspector*' is only making empty threats to which Mx Coulter agrees and frequently responds that the best approach is to not get involved.
- Mx Coulter responds well to collaborative list-making, where Mx Coulter can suggest what they need to follow up on, for example, "visiting the Grannies". This alleviates Mx Coulter's anxiety by seemingly providing something concrete, that is, the list, for them to hold on to and refer to so they do not forget what they want do. The list is referred to throughout the day by all IRT workers to reassure Mx Coulter that he has a plan.

## People living with a disability

This term refers to people with impairment from birth or acquired through illness, injury, accident or the ageing process. It includes physical, mental, cognitive, intellectual or sensory impairments that can range from having no impairment or limitation to a complete loss of function.

### **In Practice Example:**

Mx Brown, an older person living at IRT Peakhurst, has a history of Vascular Dementia, morbid obesity and is supported by the NDIS. They face challenges related to mobility, health and social isolation.

The clinical team collaborates with Mx Brown's NDIS provider to ensure they receive care and services tailored to their needs. Regular Case Conferences held with Mx Brown's NDIS Provider and discussions with Mx Brown ensure they receive appropriate care, services and accommodation to enable their participation in daily routines and activities.

Supports provided have included modifying their environment and provision of specialised equipment to aid their mobility and comfort. A regular review of their Dignity of Risk ensures their safety and enables them to live independently within their care villa. This approach helps to create a respectful and supportive environment that values their autonomy and well-being.

## Parents separated from their children by forced adoption or removal

'Forced adoption' or 'forced family separation' are the terms used to describe the practices where many pregnant, unwed women (and their partners) were subjected to unauthorised or illegal separation from their children.

### In Practice Example:

Mx Dickson was an 84 year old person who used to live at IRT Crown Gardens. Mx Dickson was very independent and whilst living with emphysema had full cognitive capacity and was fiercely independent. They had a son, Ben, who lived in the Batemans Bay area and who was their delegated person, but Mx Dickson insisted on advocating for themselves and making their own decisions.

Not long after moving into IRT Crown Gardens Mx Dickson shared with a Registered Nurse who was working night shift that they were very untrusting of hospitals, doctors or medical practitioners in authority as when they had been 16 years old they had had an unplanned pregnancy. Mx Dickson had carried the child to full term under the understanding that they would be able to continue to live with their parents after the child was born and raise the child with the support of their parents.

When Mx Dickson went into labour and had the child, a daughter, in hospital, their daughter was taken from them immediately after birth by the attending doctor at the hospital and she later learnt they had been adopted by a couple who lived in Perth. Mx Dickson said she recalled the doctor and hospital staff being very abrupt and unkind to her when she was in distress by what had happened. Mx Dickson had been devastated by the actions her parents had taken and not long afterwards left home. She later married and 10 years later went on to have a son.

Mx Dickson shared that, later in life, when she was in her 50s, their daughter, who had been called Vivienne by her adopted family, sought Mx Dickson out via the support of an adoption support agency. Mx Dickson had met with Vivienne and they had established a relationship that centred on regular phone and video calls. Mx Dickson had shared with her son Ben, the story of Vivienne and why after what happened how Mx Dickson had continued to remain suspicious of hospitals or medical practitioners. Ben had met Vivienne once and was supportive of Mx Dickson having a relationship with Vivienne, but he had not become close to Vivienne.

The Registered Nurse requested that Mx Dickson have a Case Conference with the Care Manager and Regional Lifestyle Manager to confirm how IRT could support Mx Dickson to allay her concerns with medical practitioners and maintain her relationship with Vivienne. Mx Dickson agreed to the Case Conference and during this session requested that:

- Either the Care Manager or a Registered Nurse be present at all doctor appointments held at IRT Crown Gardens
- IRT Home Care services be sought if appointments were to be held at the hospital, so a care worker could attend these with her.
- The Lifestyle team support her to make regular video calling using the IRT Connect app with Vivienne. The team ensured Vivienne was set up on IRT Connect and regular calls every Friday afternoon at 4pm were established.

## Care-leavers

This term is used to describe people who spent time in out-of-home care as a child, including in orphanages, children's homes, foster care or other arrangements outside of the immediate or extended family. The term is an umbrella term that encompasses Forgotten Australians; Former Child Migrants; Stolen Generations; and people impacted by forced adoption.

### **In Practice Example:**

Mx Hellando is a 92 year old person living at IRT St Georges Basin. During the admission process it was explained to the Care team by Mx Hellando's daughter that Mx Hellando was raised in an orphanage and that they may not wish to recall those times.

When the Lifestyle team completed the Knowing Me Form and Life Story with Mx Hellando it was understood that Mx Hellando and three of their siblings from their mother's first marriage were sent to an orphanage when Mx Hellando's mother remarried and wanted to have children with her new husband. At the same time, Mx Hellando also expressed embarrassment about their limited schooling, and fears people may know that they are uneducated when interacting with them.

Through subsequent Case Conferences Mx Hellando's daughter shared that Mx Hellando had a history of rejection and shame, agreeing with the Lifestyle and Care teams that a primary goal for Mx Hellando was to ensure they felt included, were treated equally to others, and were made to feel capable.

The Lifestyle and Care teams demonstrate this to Mx Hellando every day, inviting them to activities they know they enjoy, such as Dance Health Alliance and bingo, and ensuring Mx Hellando is encouraged and supported to participate in care centre day to day life in ways that foster confidence and self-esteem.



## People who are homeless or at risk of becoming homeless

People experiencing homelessness are living without conventional accommodation, such as: living on the street or sleeping rough; those who move between forms of temporary shelter including hostels, boarding houses or refuges; living long term in rented rooms or single rooms with shared amenities; or living in a home that is too expensive but in poor condition or where they do not feel safe and secure. A home provides a roof over one's head, safety, security and stability.

### **In Practice Example:**

Mx Fifita is an 88 year-old IRT Home Care customer who, with their partner, migrated from Tonga to Australia to be closer to their family.

When they initially moved to Australia 15 years ago they were living in a house that their son owned. They lived there for 14 years but due to rising costs, their son was unable to continue housing them. Mx Fifita and their partner applied for Department of Housing (DoH) and were placed on a wait list despite their age. In the interim they stayed with their daughter sleeping on a mattress in her lounge room. They then moved to emergency housing. During this period, Mx Fifita was diagnosed with dementia.

The IRT Home Care and the IRT Retirement Villages team worked closely with the family, community agencies, and DoH to advocate for housing for Mx Fifita and their partner. When a unit was allocated to them at IRT Peakhurst the IRT Home Care and the IRT Retirement Villages teams worked together to ensure a smooth transition into their new accommodation by setting up services and supports and including them in village activities. This joint approach has given Mx Fifita and their partner secure housing in a stable community with regular support from IRT Home Care and IRT Retirement Villages.

The support from IRT Home Care and IRT Retirement Villages has also sought to focus on things that have meaning to Mx Fifita and their partner, such as ensuring the inclusion in their Home Care package of transport services to enable them to attend their local Tongan church regularly.

## Veterans

A veteran is someone who has served in the military, including the Australian Defence Force, and can include the partners and children of veterans, war widows and widowers and carers of veterans.

### **In Practice Example:**

Mx Logan is an older person living at IRT Kangara Waters. They lived in Sydney and Campbelltown before settling at IRT. Upon completing the Knowing Me Form with Mx Logan, it was highlighted that Mx Logan is a veteran.

When asked by the Lifestyle team about their service, Mx Logan stated they were not comfortable discussing their time in service. This was noted in Mx Logan's related care plan and Knowing Me documentation in the clinical management system, Platinum.

Through discussion with Mx Logan's family and other IRT Lifestyle and Care teams it was ascertained that Mx Logan had served during the Vietnam War.

The Lifestyle Team Leader approached Mx Logan and offered a referral to a free counselling support service for older persons should they wish to discuss their service with someone other than family or those working at IRT. Mx Logan declined this offer.

The Lifestyle Team Leader subsequently asked Mx Logan which RSL they identified with and if they would like visits from the local RSL Sub-branch to talk to veteran volunteers who had similar lived experiences. Mx Logan stated that they did not have a preference in a local RSL Sub-branch and, whilst they were appreciative of the offer, they did not wish to talk to other veteran volunteers.

At each stage Mx Logan's preferences were noted in their Progress Notes and Daily Activities Record in Platinum.

As ANZAC Day was approaching the Lifestyle Team Leader asked Mx Logan if they would like to be involved in any way to honour veterans on ANZAC Day. Mx Logan stated that they would like to be involved in laying the wreath during the ANZAC Service and to wear their service clothes and medals. The Lifestyle Team Leader coordinated with the Care team to ensure Mx Logan was dressed in the correct clothing and medals, had their personal grooming attended and were presented as per their preference.

Every ANZAC Day since, Mx Logan has been assisted by the IRT Lifestyle and Care teams to lay the wreath at IRT Kangara Waters during the ANZAC Service.

## Socio or economic disadvantage

Socioeconomic status can be defined as people's access to material and social resources and their ability to participate in society. A broad range of factors can impact on an individual's socioeconomic situation and can include: a person's level of income, education and access to services and support.

### In Practice Example:

Mx Salvador, an older person living at Marco Polo Unanderra has endured a low household income and a low education achievement for most of their life. Previously Mx Salvador lived in housing provided by Department of Housing before coming into residential aged care at Marco Polo Unanderra. Mx Salvador has been welfare reliant for many years with an under privileged background.

Since moving into Marco Polo Unanderra the team has worked collaboratively with support services to ensure the best possible outcomes for Mx Salvador's wellbeing. This has included ensuring:

- Mx Salvador has new glasses which were accessed through the NSW Government Spectacle Program
- Mx Salvador has access to NSW Community Dental and has been able to obtain a voucher for dentures which will enable them to enjoy more foods
- Mx Salvador has a regular doctor and has also been linked with the Older Persons Mental Health team
- Mx Salvador is able to have an ample supply of stoma care products which are regularly ordered by IRT registered nurses
- Mx Salvador is able to socialise and make new friends at Marco Polo Unanderra
- Mx Salvador's overall health and wellbeing has improved since moving to Marco Polo Unanderra and through engagement with the Lifestyle activities and increased social interaction their mental health has improved.

## 5 Diversity at IRT

At IRT we respect the diversity of each person. This is valued and respected, and we are inclusive with everything we do.

- **Diversity:** refers to all the ways in which we differ.
- **Inclusion:** is the effort and practices implemented to welcome, socially accept and treat all persons equally.
- **Belonging:** is about how we feel we fit into the environment we live and work in. It is when we can be our full selves and don't have to feel or act any different.

IRT recognises that older people with diversity characteristics accessing care and services may experience barriers and difficulties. These barriers and difficulties may be experienced as part of a group or multiple groups, or as an individual with specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. Some people will identify with more than one diversity characteristic or a number of different characteristics.

Effective diversity planning allows IRT to offer its customers, older people and workforce:

- The best possible services for the IRT community
- Safe and inclusive services for older people that reflect the needs of the IRT local community and diverse people within IRT
- The opportunity for the workforce to utilise their skills and expertise to work with each older person
- Increased programs and services maximising efficiency and value to the organisation and older people accessing IRT services
- Confidence that IRT recognises, values and embraces diversity and works strategically to target resources where they are needed most
- Strengthened engagement of staff, workforce recruitment and retention
- Organisational capacity building to become a provider of choice

### Diversity and culture

Culture can be:

- Individual, such as rituals and behaviours of an individual or family
- Collective, such as shared rituals and behaviours of a group or community
- Inclusive of religion, 'Jewish' and 'Muslim' are examples of both culture and religion

*Culture refers to a set of guidelines (both explicit and implicit) which individuals have as members of a society and which tells them how to view the world, how to experience it emotionally and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment. (Helman, 1994)*

IRT will work to identify the connection to cultural group(s) for customers, older people and workforce to better understand and respond to the needs, choices and health behaviour of our customers, residents and the workforce.

## Workforce diversity

IRT values diversity and inclusion. The IRT workforce is made up of many individuals with unique backgrounds, skills, values and life experiences.

*Workforce inclusion refers to the reasonable adjustments of workplace practices and behaviours to respond to people to ensure that individuals feel included within workplace activities. (Diversity Council of Australia, 2017)*

Diversity and inclusion apply to all workforce practices, including but not limited to, recruitment, retention, performance management and training and development. Leaders are responsible to encourage diversity and inclusion in their teams and to model appropriate behaviour to ensure a strong and diverse culture across IRT.

## Diversity partners and strategic imperatives

IRT has a collaborative approach to working with peak organisations, representative groups, other service providers, customers, older people and carers to ensure safe and inclusive services are provided for older people.

## 6 Roles and responsibilities

Role	Responsibility
Diversity Services and Support Committee	<ul style="list-style-type: none"> <li>Oversee and ensure delivery on the relevant pieces of work that relate to IRT's Diversity Framework, Organisational Diversity Action Plan and provide support to development of Regional and/or Local Action Plans</li> <li>Ensure currency of the 3.27 Diversity Framework</li> </ul>
Clinical Governance Committee	<ul style="list-style-type: none"> <li>Review the work of the Diversity Services and Support Committee where it relates to delivery of the Aged Care Quality Standards and the Aged Care Act.</li> </ul>
Executive	<ul style="list-style-type: none"> <li>Ultimate responsibility for ensuring that the activities of the Diversity Services and Support Committee are delivered in a manner required by IRT's financial, risk, resource and other prioritisation considerations</li> </ul>