

INCLUSIVE ENGAGEMENT TOOLKIT



PREPARED BY

Anglicare
Southern Queensland



Acknowledgement

We would like to acknowledge and pay respect to the Traditional Owners and Custodians of this land, the Turrbal and Jagera/Yuggera Peoples, on which this resource was created. We would like to acknowledge the Aboriginal and Torres Strait Islander people and their ongoing connection to the land, sea, and community.

We pay our respects to the Elders past, present and emerging. We also extend that respect to all other people present.

Contact Us

If you want to know more about the Inclusive Engagement Toolkit, provide feedback, or find out more about our Multicultural Program, you may connect with us by sending an email to multicultural@anglicaresq.org.au



Inclusive Engagement Toolkit

As a multicultural nation, Australia's communities reflect a wide range of people's religions, sexualities, cultures, socio-economic backgrounds, spiritualities, geographic spread, individual experiences, and medical and care needs.

In support of the Australian Government's commitment to ensure all consumers of aged care gain access to information and receive appropriate aged care services, we have created this Inclusive Engagement Toolkit.

The Toolkit pulls valuable information and materials from credible resources to provide tips for success for aged care service providers. We hope this Toolkit helps establish a community of care and encourages aged care providers to deliver more inclusive services that are aligned with the individual needs of clients.

KEY POINTS TO CONSIDER

- There is no one size fits all approach to inclusion and engagement. The toolkit is a general resource and should be used to promote a collaborative approach to inclusion and engagement.
- Rather than adding on inclusive engagement strategies, organisations should strive to start from an inclusive basis and implement inclusive engagement measures at all levels.
- We encourage dialogue and shared learning to improve the process of inclusivity. Feedback is welcomed to continue to develop the Inclusive Engagement Toolkit.

INTERSECTIONALITY

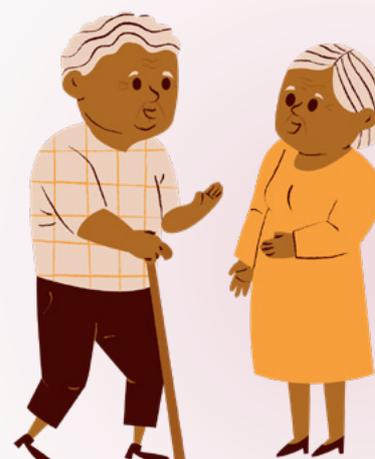
We would like to highlight that the approach to diversity and inclusion in this Toolkit is based on the concept of intersectionality, which emphasises overlapping groups and experiences.

Intersectionality recognises that each person's identity is made up of many elements such as race, gender, sexuality, and age. These are interdependent and individuals can experience discrimination and inequality based on their intersection.

With that in mind, this toolkit provides a basis for creating a more diverse and inclusive community by outlining what is suggested to provide fair and inclusive services to all.

INCLUSIVITY

We encourage that we continually strive to improve the inclusivity, equity, and outreach of aged care services to ensure that all community members have access to support how and when they need it. Being inclusive is about "finding, offering, and supporting opportunities for people of all ages, abilities, and backgrounds, to participate, to learn, to contribute and to belong¹".



1. Down Syndrome Australia, (2019)

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- **Diverse Older People**
- **Culturally and Linguistically Diverse people**
- **Aboriginal and Torres Strait Islander People**
- **Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex People (LGBTQIA+)**



Objectives of the Inclusive Engagement Toolkit

OBJECTIVE

To provide supportive resources for carers about Diverse older people, Culturally and Linguistically Diverse people, Aboriginal and Torres Strait Islander people and Lesbian, Gay, Trans, and Gender Diverse, Intersex, Questioning and more (LGBTQIA+).

As an aged care service provider, there are many opportunities and benefits to providing better services to diverse groups, such as¹:

- improving the wellbeing & health of clients;
- engagement and satisfaction of diverse groups;
- establishing new partnerships;
- valuing employees with diverse backgrounds and life experiences; and
- increase enthusiasm within the service community.



An Introduction to Inclusive Care

Providing inclusive care allows current aged care services to be more diverse and inclusive for everyone.

The key principles to an inclusive approach are:

- commitment to understanding and addressing diversity;
- supporting the intersectionality of all diverse groups;
- educating our communities;
- commitment to removing barriers; and
- flexible, responsive and adaptive approaches with all clients¹.

According to the Aged Care Diversity Framework of the Australian Government Department of Health, older Australians (see image below) must have appropriate, accessible, and sensitive aged care services that cater to their individual needs and preferences².



1. Centre for Cultural Diversity in Ageing, (2021)
2. Department of Health, (2017)

Topic 1: An Introduction to Inclusive Care

We have pulled information from the Aged Care Diversity Framework and combined best practice examples and tips to help you get started on your journey in providing inclusive care.

OUTCOME FOR CONSUMERS	ACTION REQUIRED BY AGED CARE PROVIDERS	BEST PRACTICE EXAMPLES & TIPS
<p>1. MAKING INFORMED CHOICES</p> <p>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 receive².</p>	<p>Provide information in an appropriate format, through different forms (online/hardcopy/verbal/newsletter) and in a language the consumer understands⁴.</p>	<ul style="list-style-type: none"> • Staff know how to access interpreting services. <ul style="list-style-type: none"> • Translating and Interpreting Service (TIS) National <ul style="list-style-type: none"> • Contact TIS National on 1300 575 847 to know more. • Staff know how to access advocacy services. <ul style="list-style-type: none"> • Older Person Advocacy Network (OPAN) <ul style="list-style-type: none"> • Contact OPAN on 1800 700 600.
<p>2. ADOPTING SYSTEMATIC APPROACHES TO PLANNING AND IMPLEMENTATION</p> <p>Older people are active partners in the planning and implementation of the aged care system².</p>	<p>Engage consumers in a culturally safe, supportive environment that enables them to participate as active partners, as well as articulate their individual needs².</p>	<ul style="list-style-type: none"> • Seek information about your clients' cultural traditions or religion and their families/carers that poses significant meaning to them¹.
<p>3. ACCESSIBLE CARE AND SUPPORT</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 experiences².</p>	<p>Collaborate with stakeholders to find and overcome barriers in accessing the aged care system².</p>	<p>Access resources that provide insight on different languages, ethnic or religious traditions and migration/refugee experiences of older migrants in Australia¹.</p> <ul style="list-style-type: none"> • Use the Cultural Atlas as a starting point to know more about diverse cultural backgrounds of Australia's migrant populations (https://culturalatlas.sbs.com.au/)
<p>4. SUPPORTING A PROACTIVE AND FLEXIBLE SYSTEM</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 workforce².</p>	<p>Engage with the local community and stakeholders to find emerging needs and how service delivery models can be adapted to embrace those needs, including how the organisation's workforce demonstrates an inclusive approach to care².</p>	<p>Hire and promote access to bilingual staff (professionals, allied health and social work personnel, and care workers) who speak languages that are responsive to and reflective of the preferred languages of the consumer.</p>

1. Centre for Cultural Diversity in Ageing, (2022)
 2. Department of Health, (2019)

OUTCOME FOR CONSUMERS	ACTION REQUIRED BY AGED CARE PROVIDERS	BEST PRACTICE EXAMPLES & TIPS
<p>5. RESPECTFUL AND INCLUSIVE SERVICES</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 workforce¹.</p>	<p>Seek out, develop, and use tools, training and information that support delivery of care that is inclusive of diverse characteristics and life experiences¹.</p>	<p>Centre for Cultural Diversity in Ageing has created Multilingual resources to support the delivery of inclusive care. Access the free resources here: http://www.culturaldiversity.com.au/service-providers/multilingual-resources</p>
<p>6. MEETING THE NEEDS OF THE MOST VULNERABLE</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 vulnerabilities¹.</p>	<p>Provide inclusive service models to address the needs of the most vulnerable, and work with other stakeholders to ensure the full spectrum of needs are met¹.</p>	<p>Start by getting familiar with national policies and initiatives that help meet the specific needs of diverse older people.</p> <ul style="list-style-type: none"> • Aged Care Act 1997 (https://www.legislation.gov.au/Details/C2017C00241) • Aged Care Quality Standards (https://www.agedcarequality.gov.au/providers/standards) • Aged Care Diversity Framework (https://www.health.gov.au/resources/publications/aged-care-diversity-framework)

RESOURCES

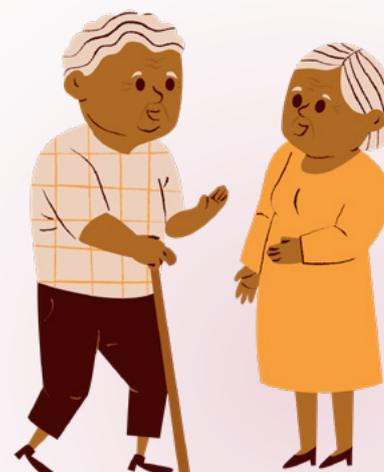
Centre for Cultural Diversity in Ageing. (2021). *Inclusive Service Standards (Second Edition)*. <http://www.culturaldiversity.com.au/documents/inclusive-service-standards//1434-inclusive-service-standards-second-edition-1/file>

Centre for Cultural Diversity in Ageing. (2022). Practice Guides - Culture-Specific Information. <http://www.culturaldiversity.com.au/images/CCDA-inclusive-service-standards-v2-corrections.pdf>

Department of Health. (2017). *Aged Care Diversity Framework*. Australian Government. <https://www.health.gov.au/resources/publications/aged-care-diversity-framework>

Multicultural Aged Care. (2019). *A guide to best practice care: Supporting diversity within aged and community care*. MAC-A-GUIDE_25.06.19.pdf

OPAN: Older Person Advocacy Network. <https://opan.org.au/>



1. Department of Health, (2019)

Inclusive Communication

COMMUNICATION STYLES AND LISTENING

When engaging with diverse groups, communication styles and listening skills are needed to provide care. When communicating with diverse older people, cultural context of the person should be considered.

It is important to remember that there is **no cultural group that is homogenous**. Individuals within a cultural group also have unique differences from each other. Having knowledge on how different individuals are within a cultural group, allows us to interact amongst diverse cultures¹.

Cultural Context refers to the culture someone grew up in and how that affects behaviours such as communication.

HIGH CONTEXT: Cultures that use indirect and detailed forms of communication.	LOW CONTEXT: Cultures that use quick and direct modes of communication.
<ul style="list-style-type: none">• Prefer a relationship first before providing information.• High context culture takes into consideration:<ul style="list-style-type: none">– Social status– Environment– History• Focus on external environment when communicating. <p>Countries: Japan, Philippines, China, France, Spain, Brazil, etc.</p>	<ul style="list-style-type: none">• Prefer to focus on the message• Not interested in context• Use words, gestures, and tone to communicate.• Straight to the point <p>Countries: United Kingdom, United States of America and Australia.</p>



Topic 2: Inclusive Communication

Communication styles refers to how people prefer to interact and exchange information when communicating. These influence how messages are received and interpreted.

<p>Analytical: Logical and fact-based</p> <ul style="list-style-type: none"> • They need all the information • Prefer fast communication that is direct and logical 	<p>Practical: Organised and prefer detailed plans, & procedures</p> <ul style="list-style-type: none"> • Be organised when communicating. • Supply information prior to meeting and step-by-step details.
<p>Experimental: Explore information and can tolerate uncertainty</p> <ul style="list-style-type: none"> • They prefer broad plans & get bored of detailed plans • They enjoy creativity 	<p>Relational: Emotional communicators & can pick up non-verbal cues</p> <ul style="list-style-type: none"> • Decision making is based off their emotions • Prefers communication with personal stories.

TIPS FOR BETTER LISTENING

Listen: Listen for understanding.

- Give the person your undivided attention
- Show the person that you are listening through nonverbal cues.
- **For example: nodding, eye contact, and tone of voice**

Acknowledge: Let the other person know what you think they said (both verbal and nonverbal).

- Make sure they know this is just your interpretation.
- Paraphrase their key messages.
- **For example: “Just to check, did you feel like this because of....”**

Check: Make sure that you have understood the person.

- After paraphrasing, ask them if you understood them correctly
- This makes it easy for the person to confirm or add to your understanding
- **For example: “Is this correct?” “Is that right?” “Is my interpretation correct?”**

Enquire: Ask open ended questions that will help the person provide you with specific information about events or actions.

- Only enquire about information you do not understand.
- **For example: “Earlier you mentioned.... What did you mean by that?”**



RESOURCES

Culture Plus Consulting Pty. Ltd. (2018). *Nine Cultural Value Differences You Need to Know*. <https://cultureplusconsulting.com/2015/06/23/nine-cultural-value-differences-you-need-to-know/>

Diversicare. Little Book of Cultural Tips, p 10 - 15. http://www.diversicare.com.au/wp-content/uploads/2015/09/Little_Book_of_Cultural_Tips_final_proof_7_May_2015-FINAL-4-27pm.pdf

Effective Communication techniques: <https://skills.carergateway.gov.au/player/?m=2>

Inclusive Leadership

Inclusive leaders are respectful and treat people fairly, they value the uniqueness individuals have and leverage the thinking of diverse groups¹.

FAIRNESS & RESPECT	VALUE & BELONGING	CONFIDENCE & INSPIRATION
Equality of treatment and opportunities	Individuals feel that their uniqueness is known, and they feel socially connected.	Create a safe environment for people of all groups to speak up and do their best at work.

The work environment has become far less homogenous and much more diverse than before which ultimately influences business priorities and reshaping the required capabilities of leaders¹. There are six traits of Inclusive leadership that suggest strategies to help organizations cultivate inclusive capabilities across their leadership population¹.

SIX TRAITS OF INCLUSIVE LEADERSHIP	BEHAVIOURS THAT CAN BE ADOPTED
Commitment: inclusive leaders are committed to the diversity and inclusion of all people.	Self-awareness: this includes taking the time to understand your own biases, strengths, and weaknesses.
Courage: speak up and challenge yourself and others to see things from a diverse cultural and inclusive perspective (e.g., if you see racist behaviour, you speak up and report it).	Lead with Courageous Vulnerability: understand your weaknesses and share them. Advocate for people who are overlooked or part of minority groups.
Cognitive: be mindful of the biases you and the organisation may have.	Identify gaps: find your weaknesses and knowledge gaps.
Curiosity: have the mindset to understand how different people view and experience the world (e.g., you can seek information to understand or respectfully talk to people about their views).	Listen to Understand: listen and help people bridge gaps and communicate knowledge.

1. Dillon & Bourke, (2016)

Topic 3: Inclusive Leadership

SIX TRAITS OF INCLUSIVE LEADERSHIP	BEHAVIOURS THAT CAN BE ADOPTED
Cultural Intelligence: have the drive, knowledge, and adaptability to be culturally aware.	Social Awareness: understand your social environment and use this information to build an inclusive culture.
Collaboration: empower individuals to engage in diversity and inclusion.	Create Connections: connect with others to understand barriers and actions to better inclusion and diversity.

RESOURCES

Carer Gateway. *Speaking up for someone*. <https://www.carergateway.gov.au/help-advice/speaking>

Centre for Creative Leadership. (2022). *Inclusive Leadership: Steps Your Organisation Should Take to Get It Right*. <https://www.ccl.org/articles/leading-effectively-articles/when-inclusive-leadership-goes-wrong-and-how-to-get-it-right/#:~:text=Inclusive%20leaders%20are%20individuals%20who,collaborate%20more%20effectively%20with%20others.>

Centre for Creative Leadership. (2022). *What is Active Listening? How Can I Do It Better?*. <https://www.ccl.org/articles/leading-effectively-article/coaching-others-use-active-listening-skills/>

Dillon, B and Bourke, J. (2016). *The six signature traits of inclusive leadership: Thriving in a diverse new world*. Deloitte University Press. <https://www2.deloitte.com/content/dam/Deloitte/au/Documents/human-capital/deloitte-au-hc-six-signature-traits-inclusive-leadership-020516.pdf>



Connecting during a time of Social Distancing

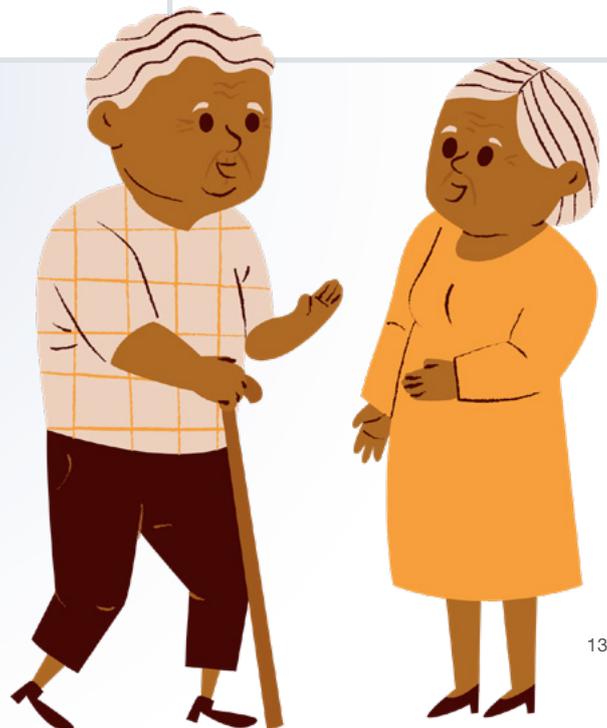
The impacts of COVID-19 and social isolation on older people has had detrimental effects on the quality of life and premature mortality. Socialising has effects on our risk for illness and death along with our overall health and wellbeing¹.

Social distancing does not mean or should result to isolation or loneliness. With COVID becoming our new norm, strategies and regulations have been put in place to protect our elderly. It is our duty as service providers to adhere to government regulations to ensure everyone’s safety.

The aim is to ensure that all people have access to easily comprehensible information to be culturally safe. Here are some examples of barriers Diverse Older people may experience.

BARRIERS

PERSONAL RESOURCES	MOTIVATION AND ATTITUDE	CULTURAL FACTORS
<ul style="list-style-type: none"> • Limited personal resilience • Limited access to internet • Limited Education and ability • Limited money • Geographical isolation • Disability and sensory impairments • Limited confidence • Limited social networks 	<ul style="list-style-type: none"> • Limited knowledge of benefits of engagement • Limited knowledge of engagement activities • Limited interest of the subject • Limited trust of decision makers • Unmet expectations • Consultation ‘fatigue’ 	<ul style="list-style-type: none"> • Minority groups • Language and literacy • Values and beliefs • Community division



1. Smith, Steinman & Casey, (2020)

Topic 4: Connecting during a time of Social Distancing

ACTIONS DURING COVID-19 AND ONWARDS:

1

TELEPHONE COMMUNICATION

Utilise methods such as Telehealth to support communication with clients. Have community health workers, social workers, clinicians, and other personnel contact clients do a well-being assessment and find their needs during challenging times via phone calls.

2

VIRTUAL COMMUNICATION

- Video calls should be implemented into their day-to-day activities.
- Connect elderly clients to digital literacy programs/ services¹.
- Set up online communication accounts such as Skype, Face time, MS Teams, Zoom, etc.

3

SERVICE DELIVERY

- Once you have made a connection using technology, consider shared online activities like reading, exercising, or playing an online game together.
- Go back to basics and write hand-written letters to stay connected.
- Before doing a home visit, make sure to check state and public health orders and follow COVID Safe plans².
- If you live close to an elderly loved one or neighbour, leave a care package on their doorstep or offer to pick up essential items, such as groceries, for them¹.

RESOURCES

Australian Institute of Family Studies (2020). *Families in Australia Survey Life During COVID-19: Report 2, Staying Connected when we're Apart*. Australian Government. http://www3.aifs.gov.au/institute/media/docs/x8YeUlkf/Covid-19-Survey-Report-2_Staying-connected.pdf?_ga=2.185129454.637053534.1645506110-1407501199.1640044278

Capire., (2021). *Community Engagement during COVID-19 Toolkit*. <https://capire.com.au/impact/publications/>

Capire., (2020). *Inclusive Community Engagement: in a time of physical distancing*. <https://capire.com.au/impact/publications/>

Department of Health. (2022). *COVID -19 Outbreaks in Australia Residential Aged Care Facilities*. Australian Government. <https://www.health.gov.au/resources/collections/covid-19-outbreaks-in-australian-residential-aged-care-facilities#more-information>

Department of Health. (2022). *Managing home care through COVID-19*. <https://www.health.gov.au/health-topics/aged-care/advice-on-aged-care-during-covid-19/managing-home-care>

Smith, M., Steinman, L., & Casey, E.A., (2020). *Combatting Social Isolation Among Older Adults in a Time of Physical Distancing: The COVID-19 Social Connectivity Paradox*. <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00403/full>

1. Australian Institute of Family Studies, (2020)

2. Department of Health, (2022)

Working with Interpreters

ROLE OF INTERPRETERS

Professional interpreters are bound by the ethical and professional standards of the Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics and Code of Conduct.

WHY WE NEED TO WORK WITH INTERPRETERS	WHEN WE NEED TO WORK WITH INTERPRETERS
<ul style="list-style-type: none">• It is our legal obligation to do so.• We have a duty of care to our clients to minimise the risk of miscommunication.• It ensures that our clients receive all the information they need to make informed decisions.	<ul style="list-style-type: none">• A client that is usually fluent in English becomes unable to communicate fluently because of distress related to their situation or health condition.• A client is unable to understand communication by a staff member.• A client is unable to communicate fluently in English.• A client shows a need to engage with an interpreter for any reason.• Where possible, ensure the interpreter matches the client in gender.• Providing health education.

Government-funded aged care providers can use Translating and Interpreting Service (TIS) National for FREE to meet their responsibilities as approved providers. Contact TIS National on 131 450 to know more.

Other translating and interpreting services:

- For under 65 years, Support with Interpreting, Translating and Communication (SWITC)
- National Relay Service

CAN FAMILY OR FRIENDS BE INTERPRETERS?

Family, friends, or close community members should NOT be used as interpreters, even where clients may ask them to:

1. You may not know how proficient the friend or relative's language is in either English or the client's language.
2. Unaccredited bilingual speakers can be used to help with communication in emergencies, urgent situations or where no accredited interpreter is available. Under no circumstances should children (minors) be used.
3. The use of unqualified or inappropriate interpreters can have serious implications for all parties concerned, particularly where there is confusion or legal and/or health matters are involved.
4. By using a registered interpreter, it can help keep the dignity and privacy of the client particularly when sensitive matters are discussed, or decisions are made.

Topic 5: Working with Interpreters

CULTURAL SUPPORT

Encourage using a cultural support person or advocate when the client asks. They should not be engaged in replacement of a registered interpreter. Contact your local Government Services in your area to find suitable interpreter services.

CLIENT REFUSING TO ENGAGE WITH AN INTERPRETER

If a client refuses to engage with an interpreter, which is a right that they have, make sure that you document it. You will also need to report this to a Team Leader as it is classified as a workplace incident.

STARTING OFF	POSITIONING	SPEAKING
<ul style="list-style-type: none"> Tell the interpreter the goal of the appointment. This can be done in the notes section of the booking form or at a pre-meeting 10 minutes prior to the appointment. This will help the interpreter prepare for the appointment and all parties to be better understood. An interpreter can be a cultural aide who is able to give you cultural feedback that increases your understanding of reactions and responses. 	<ul style="list-style-type: none"> It is ideal to position yourself so that the non-English speaking client is directly facing you and the interpreter is sitting to the side. Allow the interpreter to introduce themselves to the client. Maintain eye contact with your non-English speaking client to show that they are the centre of your attention, unless not considered culturally respectful. 	<ul style="list-style-type: none"> Always speak in the first person to avoid confusion. This ensures that the message is being understood correctly by all parties. Use plain language and short sentences. Pause often to allow clients or interpreters to absorb information and consider questions. Encourage the interpreter to seek clarification or ask for repetition when it is needed. Avoid using jargon, slang, idioms, or proverbs.

RESOURCES

Queensland Health. (2007). *Working with Interpreters Guidelines*. https://www.health.qld.gov.au/__data/assets/pdf_file/0033/155994/guidelines_int.pdf

Queensland Health. (2019). *Interpreter Services in Queensland Health - information for staff*. <https://www.health.qld.gov.au/multicultural/interpreters/qhis-for-staff>

The CALD Assist App. <http://www.culturaldiversity.com.au/good-practice-stories/713-cald-app>

Translating and Interpreting Services (TIS). <https://www.tisnational.gov.au/>



INCLUSIVE ENGAGEMENT TIP SHEETS

The tip sheets present some key considerations when working with these diverse groups in the community:

1. Diverse Older People
2. Culturally and Linguistically Diverse People
3. Aboriginal and Torres Strait Islander People
4. Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex people (LGBTQIA+)

Keep in mind these tip sheets can be used as a guide by aged care service providers to use if needed. We have supplied helpful links for further information if aged care service providers are interested in learning more about these diverse groups.



DIVERSE OLDER PEOPLE

The Department of Health addresses that older individuals have diverse needs, characteristics, and life experiences which makes them a part of a group or multiple groups that may face exclusion, stigma, and discrimination in their lifetime¹.

Older Australians may be a part of a group or multiple groups below:



1. Department of Health, (2019)

DIVERSE OLDER PEOPLE

BARRIERS	TIPS
<p>Information: diverse older people may not know how to access information or have different literacy levels. (e.g., an older Asian woman needs services to help around the house and to access aged care information).</p>	<ul style="list-style-type: none"> • Give information that is easy and simple to read. • Provide information in different languages if they are from Culturally and Linguistically Diverse (CALD) groups. • Make sure the client knows how to access information. (e.g., contact the interpreter services to translate the needs of the client and the services carers can provide).
<p>Support and access: rural areas lack aged care providers to support our clients and allow access to information and services. (e.g., some Aboriginal and Torres Strait Islanders are in remote areas. They still need access to our services).</p>	<ul style="list-style-type: none"> • Clients from diverse backgrounds and locations should have access to proper care. • Find services for those in remote areas. (e.g., get involved with the local community and start a conversation with locals to find gaps and know which areas need more access to aged care services).

INCLUSIVE SERVICES

- Build a respectful relationship.
- Ask questions about the client’s lifestyle, health needs, cultural identity, etc.
- Plan activities to meet their needs (e.g., attending local community or religious gatherings)
- Acknowledge and support their diversity by providing flexible service delivery to meet their needs.
- Educate others on inclusivity.

RESOURCES

Department of Health, (2019). *Shared action to support all diverse older people: A guide for aged care providers*. Australian Government. <https://www.health.gov.au/resources/publications/shared-actions-to-support-all-diverse-older-people-a-guide-for-aged-care-providers>

CarerGateway. Are you looking after a person with mental illness? Find support and services to help you. <https://www.carergateway.gov.au/tips/looking-after-person-mental>

CarerGateway. Are you caring for a veteran? Find support and services to help you. <https://www.carergateway.gov.au/tips/veteran-carer-support-services>

CarerGateway. Are you looking after a person with disability? 10 ways to make your life easier. <https://www.carergateway.gov.au/tips/tips-disability-caring>



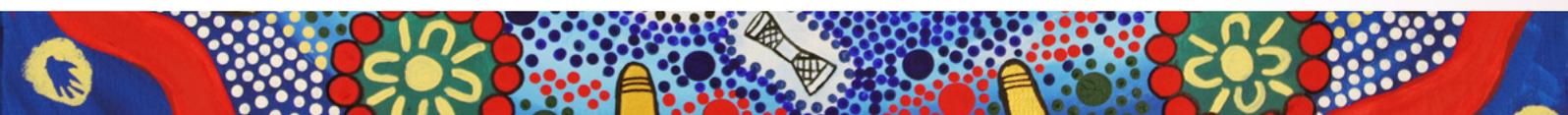
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



The Aboriginal and Torres Strait Islander community is approximately 798,400 of Australia’s population. Here are some tips to help overcome some common barriers experienced by the Aboriginal and Torres Strait Islander community.

BARRIERS	TIPS
<p>Attitudes, values, and beliefs differ between cultures including how people view care. (e.g., First Nations communities usually prefer to have their kinship provide services for their elders).</p>	<ul style="list-style-type: none"> • Allow Aboriginal and Torres Strait Islander people to provide input on how they would like to receive care. (e.g., “Are you aware that Anglicare has a First Nations support staff? Would you like me to connect you with them?”).
<p>Communication (e.g., First Nations are high context cultures, which means they prefer to have a relationship and communicate with stories to answer questions).</p>	<ul style="list-style-type: none"> • First Nations are high context cultures, meaning they want to establish a relationship before in-depth conversations. • Allow this group to be heard. • Allow them to story tell. (e.g., be patient and listen to the story to piece together what they are communicating).
<p>Trust (e.g., Australian history towards First Nations peoples has created a lot of mistrust due to recorded massacres, deaths in custody and a White Australia policy that excluded First Nations peoples from certain public places, including stolen generations survivors).</p>	<ul style="list-style-type: none"> • Create a culturally safe environment by displaying the Aboriginal and Torres Strait Islander flags and an acknowledgement of the country in ALL aged care reception areas, including ALL office reception areas throughout the organisation. • Participate in culturally inclusive events (e.g., establish trust by employing First Nations staff to work in our aged care facilities and client services teams. Provide information and supporting materials such as acknowledgement of countries when conducting meetings or presentations to internal or external audiences).
<p>Racism (e.g., Australian history towards First Nations has been one of segregation, and discrimination, racist behaviour should not be tolerated).</p>	<ul style="list-style-type: none"> • Some people behave in a racist manner with no repercussions¹. We must ensure this behaviour is not allowed. Respect people and their diversity. (e.g., learn about their culture/subcultures before interacting as different tribes would have diverse cultural traditions, beliefs and norms amongst each other. Do not use racial slurs, discriminate or act offensively).
<p>Diverse Services (e.g., there is no one approach fits all, First Nations people have diverse needs and requirements, specialist culturally safe and appropriate services).</p>	<ul style="list-style-type: none"> • Understand the concept of elders. • Seek advice from First Nations. • Connect the Aged Care facility, and Children and Families facility with the local First Nations organisations and community on behalf of the First Nations clients. (e.g., Connect with the local First Nations health care providers and services and seek their advice on how best to service First Nations Elders or aged in care facilities).

1. Althaus & O’Faircheallaigh, (2022)



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



RESOURCES

AIHW (Australian Institute of Health Welfare), (2021). *Profile of Indigenous Australians*. Australian Government. <https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>

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Carer Gateway. *3 key links for Aboriginal and Torres Strait Islander carers*. <https://www.carergateway.gov.au/tips/key-links-atsi-carers>

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CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE



Culturally and Linguistically Diverse People (CALD) refers to people from a non-English speaking background and/or culture. CALD groups face barriers especially in aged care. Here are some tips to overcome some common barriers¹.

BARRIERS	TIPS
<p>Attitudes, values, and beliefs differ between cultures, including how people view care (e.g., most Filipino families traditionally prefer to have their children care for parents versus using aged care services).</p>	<ul style="list-style-type: none"> • Ask your client about their culture and how aged care works in their cultures. • Participate in the clients' cultural celebrations. (e.g., "Hi Jocelyn, I was just wondering how does aged care work in your country?").
<p>Communication (e.g., clients may speak another language, which can make it difficult to understand what care they need).</p>	<ul style="list-style-type: none"> • Use strategies like cue cards, translators, family members, interpreters to communicate. (e.g., "Hi Ms. Kim, I would like to inform you that we have government-funded interpreter services that you and your mother can access. It is free of cost and could help you make an informed decision. Please let me know if you want to access this service or if you want to know more information about it").
<p>Adapting to environment (e.g., culture shock can occur with clients because of migrating to a new place).</p>	<ul style="list-style-type: none"> • Partner with the CALD community and organisations². (e.g., introduce your client to new community members who share the same cultural backgrounds. This could help them to adjust to their new environment).
<p>Navigating the aged care system (e.g., for some people the aged care system is new, this may pose challenges when navigating My Aged Care).</p>	<ul style="list-style-type: none"> • Supply information and training sessions about how to access, My Aged Care and CHSP providers. • Help the client navigate through the aged care system. (e.g., "Can I help you navigate My Aged Care?" "I found an information session we could go to, so we both can learn more about aged care").

1. AIHW, (2020)
 2. Department of Health, (2019)

CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE



BARRIERS	TIPS
<p>Culturally and Linguistically Diverse (CALD) support (e.g., not every carer knows another language, learning how to access and participate in multicultural activities can help the client).</p>	<ul style="list-style-type: none"> • Learn how to access interpreters and multicultural information. • Seek/attend training opportunities for CALD staff/ volunteers. • Plan activities to celebrate diversity. (e.g., “Hi Lee, the Chinese festival is on this weekend! Do you want me to go with you to the festival?”).
<p>Stereotyping (e.g., Jose, can speak English, but that does not mean he can read it. Sometimes assumptions are made, it is always good to ask questions and check in).</p>	<ul style="list-style-type: none"> • Plan activities to promote diversity and introduce multiple cultures. • Be open to learn about different cultures. • Do not assume that everyone can speak or read English¹. (e.g., introduce your client to new community members who share the same cultural backgrounds. This could help them to adjust to their new environment).

RESOURCES

AIHW (Australian Institute of Health and Welfare), (2020). *GEN Aged care data snapshot 2020—third release.*, Canberra: GEN.
<https://www.gen-agedcaredata.gov.au/Resources/Access-data/2020/October/Aged-care-datasnapshot%E2%80%94942020>

Department of Health, (2019). *Actions to Support Older Culturally and Linguistically Diverse People: A guide for aged care providers.* Aged Care Sector Committee Diversity Sub-group. Australian Government.
<https://www.health.gov.au/resources/publications/actions-to-support-older-cald-people-a-guide-for-agedcare-providers>

Lilly Xiao: *Cross-cultural care program for aged care staff*
<https://www.openlearning.com/courses/developing-themulticultural-workforce-to-improve-the-quality-of-care-for-residents>

1. Department of Health, (2019)

LESBIAN, GAY, BISEXUAL, TRANS, AND GENDER DIVERSE, INTERSEX PEOPLE (LGBTQIA+)

DEFINITIONS

1

SEXUAL ORIENTATION

Refers to who a person is emotionally, physically and/or romantically attracted to. This can include, but are not limited to, gay, lesbian, bisexual, asexual, heterosexual, demisexual, pansexual and many more. The term 'sexual preference' should not be used in language or documents, as it implies that one's sexuality is a choice¹.

2

GENDER IDENTITY

Refers to how the person feels regardless of their assigned sex at birth. It is about how the person views them self. Ranging from male and female to 'non-binary' or 'gender queer'¹.

3

EXPRESSION (GENDER)

Refers to how the person expresses their identity. This could be through, clothing, how they talk, behave, present themselves such as hair and makeup. This can range from masculine to feminine or neither at various times. Gender identity and sexual orientation cannot be assumed based on gender expression¹.

4

GENDER DIVERSITY

A term used to describe gender identities that show a diversity of expression beyond the binary framework of male and female, including people who identify as transgender and gender fluid.

Elders in the LGBTQIA+ Community may not show their genders and/or sexuality to carers as these groups may have experienced discrimination, violence, and stigma in the past.



LESBIAN, GAY, BISEXUAL, TRANS, AND GENDER DIVERSE, INTERSEX PEOPLE (LGBTQIA+)

DO	DO NOT
<p>Create awareness</p> <ul style="list-style-type: none"> • Acknowledge that older LGBTQIA+ people have different identities and needs. 	<ul style="list-style-type: none"> • Ignore/avoid clients based on their gender identities. • Shame or act based on your beliefs.
<p>Create a safe environment</p> <ul style="list-style-type: none"> • Show trust and respect. • Use proper methods to gather information from LGBTQIA+ clients. • Support client needs. 	<ul style="list-style-type: none"> • Share private information. • Humiliate clients based on their identity or identities. • Do not use offensive language.
<p>Family of choice</p> <ul style="list-style-type: none"> • Include LGBTQIA+ family of choice in the clients aged care plan (unless the client does not want this). • Invite families to join events and communal activities (with client consent). 	<ul style="list-style-type: none"> • Do not exclude family members because of the relationship the client has with them. • Do not gossip about people's sexual preferences or identities.
<p>Care & support</p> <ul style="list-style-type: none"> • Discuss how stereotypes affect the quality of service provided to clients. • Participate in LGBTQIA+ events. • Provide access to LGBTQIA+ information, support services, etc. • Visibly show support via rainbow flag, lanyard, artwork, picture, etc¹. 	<ul style="list-style-type: none"> • Stereotype. • Act in a biased manner. • Reject the clients right to display PRIDE. • Ignore information that may help a LGBTQIA+ client.



1. Metro North Hospital and Health Services, (2021)

LESBIAN, GAY, BISEXUAL, TRANS, AND GENDER DIVERSE, INTERSEX PEOPLE (LGBTQIA+)

GENDER APPROPRIATE LANGUAGE TO USE

- **Gender pronouns**

Ask the persons preferred pronouns is better than assuming based on how they look.

For example: “Hi Sarah, when I introduce you, what pronouns do you prefer?”

- **Gender neutral language**

Ask open questions without assuming sexual orientation or sexual characteristics shows the client that you are comfortable with diversity.

For example: “Good Morning everyone, tell me about your partner/spouse”

“The person in that room”

- **Accepting differences in families**

Not every family is heterosexual, cisgender or biologically related.

For example: “What does your partner(s), family member(s) or caregiver(s) do?”

- **Acknowledging diverse sexual and/or relationship status and sexual orientations**

Discomfort discussing LGBTQIA+ intimate relationships can show embarrassment, bias or unease, which can create a barrier in service delivery. When applicable include the partners in the decision-making process..

For example: “Would you like your partner to sit in on this conversation?”¹.

RESOURCES

ABS (Australian Bureau of Statistics), (2016). *Census of Population and Housing: Reflecting Australia – Stories from the Census*, 2016. Australian Government. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Sex%20and%20Gender%20Diversity%20in%20the%202016%20Census~100#>

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An Ally's Guide to Terminology, (2017). *Talking about LGBT people and Equality*. <https://www.lgbtmap.org/file/allys-guide-to-terminology.pdf>

Carer Gateway. Are you and LGBTI carer? Find support and services to help you. <https://www.carergateway.gov.au/tips/tips-lgbti-carers>

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1. AIFS, (2022).



INCLUSIVE ENGAGEMENT TOOLKIT

Anglicare Southern Queensland acknowledges the Traditional Owners of the lands on which our services now stand. We pay our respect to Elders – past, present and emerging – and acknowledge the important role of Aboriginal and Torres Strait Islander people in caring for their own communities.

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