Diversity Framework

MTHCS
Mallee Track Health and Community Service

MARCH 2024

Acknowledgement of Traditional Owners

Mallee Track Health and Community Service would like to acknowledge all of the traditional owners and original custodians of this land on which we meet today. We would also like to pay respects to Elders past and present and thank them for their contribution to our health and community service. We extend that respect to Aboriginal and Torres Strait Islander peoples here today.

Elder Care Community of Care

MTHCS has adopted Elder Care as their culture of care. The implementation of the principles of Elder Care and the prepared environment supports our mission, vision, values and behaviours facilitating the delivery of true person-centred care, during a person's life trajectory.

Through knowing the person, Elder Care focusses on strengths, interests, skills and abilities of all people, seeking support at a MTHCS service and those living with dementia. This enables people to be the best they can be at any stage of life, have a meaningful place in their community, high self-esteem and the opportunity to make choices and contributions to their community.

Background

Mallee Track Health and Community Service (MTHCS) is a rural Multi-Purpose Service (MPS) that is committed to delivering safe, high quality person-centered services that support active partnerships with our care community.

We know better health and education outcomes are achieved when we work in partnership with everyone in our care community including consumers, patients, children their families, carers and community members and other interested parties.

MTHCS believes that all consumers, carers, families and the community of all MTHCS services have a significant contribution to make, not only by providing feedback on service delivery and areas for improvements, but also in terms of contributing to the strategic planning of services and in creating an environment where all are able to access services equitably and easily.

MTHCS has a strong focus on continuous improvement. The diversity framework and plan has been developed to support the organisation working towards strengthening consumers experience and outcomes through improved access to care and improved design of services.

MTHCS recognises the diversity of all communities within the catchment. We want to provide services for all people to support them to live a socially connected life supportive of holistic wellbeing.

This Diversity Framework aims to outline how we work with our consumers to deliver safe and high quality services and where we can improve. This Framework is linked to a Quality Improvement Plan which guides our future improvements in this area.

Our Organsational values

Our Slogan: On track for a vibrant future
Our Vision: Leading our communities to excellence in integrated health and community services
Our Mission: To provide people of all ages with access to quality, person centered care in the Mallee
Our values and behaviours:

The Vision, Mission and Values underpin the MTHCS Diversity Framework and Plan.

Why is it important to have a framework?

Australia is a diverse country. It is important that everyone has fair and equal access to health and aged care services.

The framework recognises to provide safe, equitable and quality care; we must tailor care to meet individuals diverse needs and respect the dignity and human rights of every person.

The Diversity Framework aims to provide the background information to support MTHCS to build an inclusive, respectful, and person-centred health and aged care system that meets the needs of the communities in which it serves.

The framework also guides change required that enables the health service to remain contemporary and current to community need.

Who is the Diversity Framework for?

- **Board of Directors** consider barriers when allocating funding, developing and implementing policies and making decisions.
- **Staff and Volunteers** to support staff to understand the diverse characteristics and life experiences of their consumers, to identify perceived or actual barriers that prevent people from getting the care they need
- **Consumers** to actively provide feedback to inform continuous improvement and support people to take an active role in supporting the health service to improve consumer experience.

What is diversity?

Diversity encompasses all those differences that make us unique, including but not limited to race, color, ethnicity, language, nationality, sexual orientation, religion, gender, socioeconomic status, age and physical and mental ability. People may identify as being part of a culture or group or multiple groups. This group may have experienced exclusion, discrimination and stigma during their lives. There are some similarities within groups in relation to the barriers and difficulties they may face in accessing the system but additionally, each person may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs.

In addition to common challenges, social differences often overlap as people identify with more than one characteristic, exacerbating already complex issues. It's important to note there is no limit to the number of different characteristics a person holds and no two person's lived experiences are the same.

Australia's aged and health care system is evolving to offer increased choice and control for consumers. Person centred care requires care to be tailored to meet an individual's diverse needs. Quality care ensures that the dignity and human rights of each individual is embraced. It also requires that the diverse characteristics and life experience of the individual are respected.

The diversity framework works to embed diversity in the design and delivery of services. The framework aims to make sure our services are safe and respectful of all people.

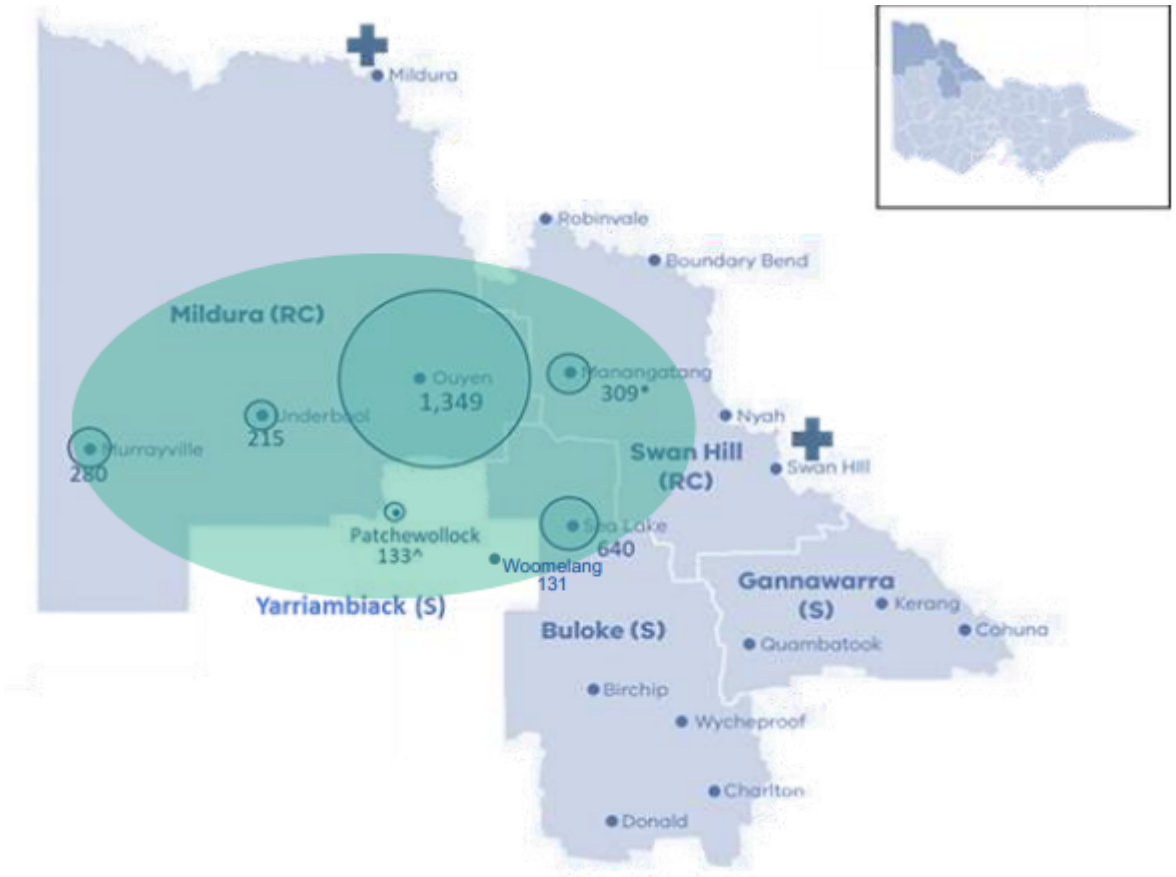
MTHCS Catchment Demographics

Data has been taken from the MTHCS Strategic Directions utilising 2016 census data.

The Geographic area

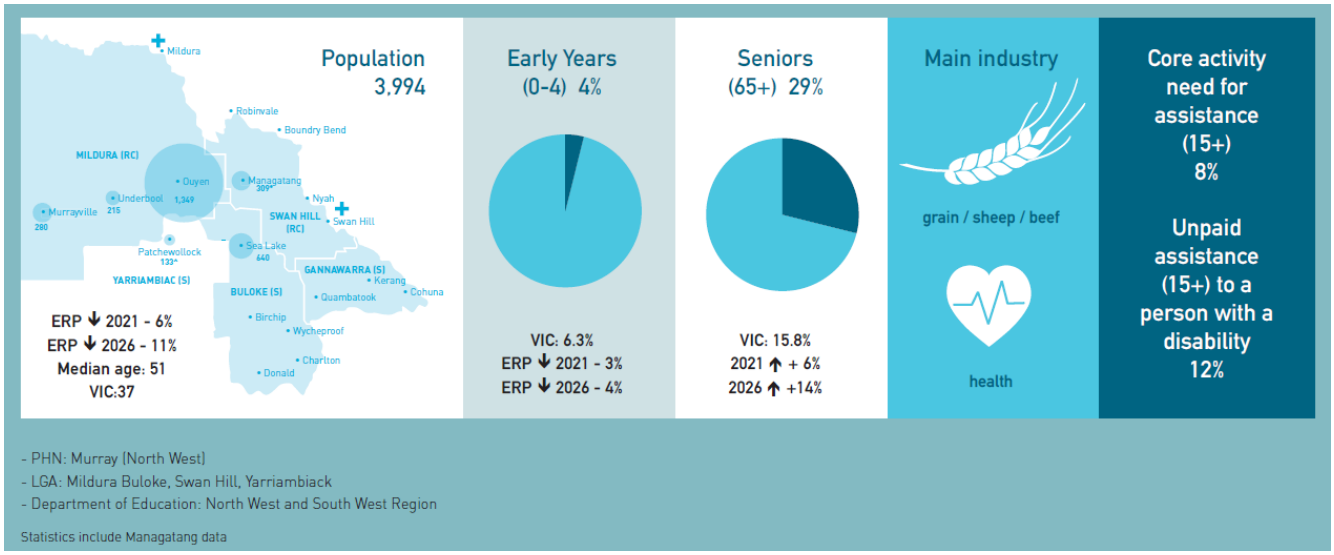
The MTHCS catchment area is located in the north-west corner of Victoria. It encompasses the rural remote parts of 4 different councils areas and includes communities Ouyen (100 km south of Mildura), south-west to the South Australian border – Underbool (50 km to Ouyen) and Murrayville (110 km to Ouyen), south to Patchewollock (42 km to Ouyen), south-east to Sea Lake (90 km to Ouyen). In addition, early childhood education and care is also provided in Manangatang (56 km east of Ouyen), although health care in Manangatang is provided by the Robinvale District Health Service.

Spanning an area of over 18,000 square kilometres the MTHCS catchment has a population of approximately 4,000 people.



Towns of the Mallee Track are located in the North-West area of the Murray Primary Health Network (PHN) in four local government areas (LGAs) as follows:

- Mildura Rural City – Ouyen (including Walpeup), Underbool, Murrayville
- Buloke Shire – Sea Lake
- Yarriambiack Shire – Patchewollock
- Swan Hill Rural City – Manangatang



Age and Cultural Background

MTHCS recognises there are important areas of diversity including (but not limited to):

- Aboriginal and Torres Strait Islander (ATSI) people
- People with a Culturally and Linguistically Diverse (CALD) background,
- Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LBGTIQ) community.

The data tells us about these groups:

- the majority of those living in the catchment area of Anglo-Celtic heritage with less than 2% of the population within the MTHCS catchment speaking a language other than English at home
- those who identify as ATSI is well below the Mallee 8% of total population in all communities highest at 1.5 % in Ouyen, and Manangatang 7.7% where we provide Early Childhood Education and Care services
- the number of people who identify as LGBTIQ is not known
- median age of our population is 52 compared to the rest of the state is 38 years

MTHCS relies on a high level of consumer directed care and actively and respectfully enquires with each consumer to determine their individual needs. Person Centred care requires a respectful and trusting relationship in which Mallee Track learn about the person from the person and their health, care, education and wellbeing needs.

MTHCS has seen a change in community demographics in recent times. One of the key drivers has been affordable housing available in the smaller towns. Often people moving into affordable housing within the catchment have complex social, emotional and mental health needs and limited access to reliable transport options.

Culturally and linguistically diverse (CALD) population:
Updated Statistics obtained from 2021 Australia Bureau of Statistics Census data

MTHCS Service Location	Number of households where a language other than English is spoken 2016	% of total households 2016	Number of households where a language other than English is spoken 2021	% of total households 2021
Sea Lake	6	2%	9	3.6%
Ouyen & Walpeup	19	2.8%	23	4.8
Patchewollock	0	0	0	0
Underbool	0	0	4	4.3%
Murrayville	3	2.3%	7	7.3%
Manangatang	8	6.2%	8	6.8%
Mallee	4,574	8%	5,938	9%
Victoria	624,141	27.8%	722,004	30.2%

We acknowledge conservative social attitudes exist within our rural catchment and each town within the catchment has its own characteristics. MTHCS understands a localised approach is needed when delivering services to each community.

No two rural communities are the same.

It is important that we are aware of the amount of diversity that exists within communities in the catchment. MTHCS needs to acknowledge the various groups and diversities which exist within small rural geographic areas which often appear from the outside to be homogenous. MTHCS must not act in ways that pressure individuals to remain invisible as this may in turn, lead to their exclusion from the broader communities in which they live.

We need to keep in mind that not only is our rural community made up of several smaller groups, but within these groups we find diverse individuals.

Quality Improvement Plan

MTHCS has diversity quality improvement plan which outline priority areas for improvement and identifies actions.

MTHCS DIVERSITY PLAN FOCUS AREAS 2022 - 2025

- **Rural Isolation – innovative service delivery models to meet the needs of rural people**
- **Socio economic disadvantage – increased awareness and supports available**
- **Ageing community – Embed Elder Care philosophy of care and Aged Care reforms**
- **Culturally Safe Environment – improve our welcoming environment into our service sites and programs**

Core Organisational Strategies

MTHCS has a number of strategies that all staff and volunteers are to practice to support service delivery and provide an inclusive safe environment for all.

These Include:

- Culturally Safe Environment
- Consumer Participation and Partnerships
- Consumer Directed Care – Elder Care
- Inclusive communication and behaviour

1. Culturally Safe Environment

Cultural safety is about creating an environment that is safe for all people. This means there is no assault, challenge or denial of people's identity and experience. It's about shared respect, shared meaning and shared knowledge, learning together with dignity and truly listening.

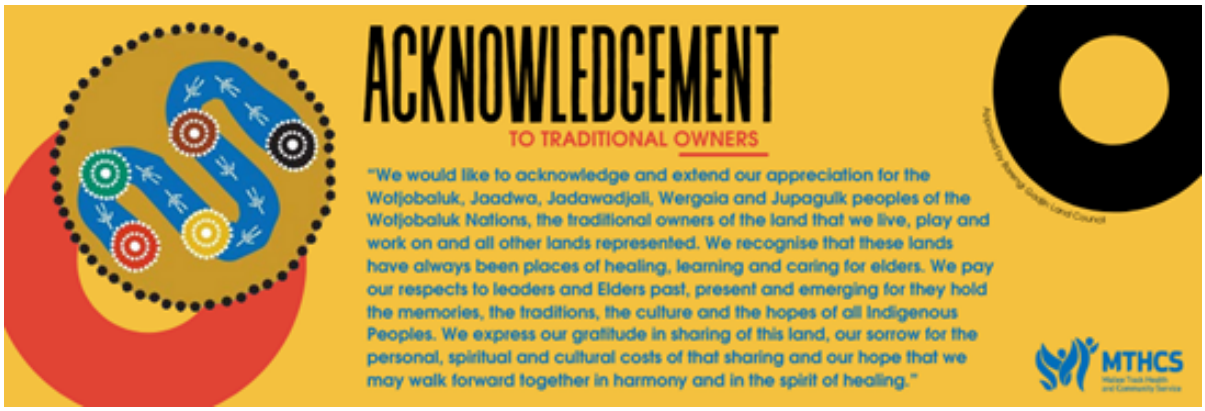
Cultural safety is a fundamental human right. It's also a legislative requirement of MTHCS to provide safety in the workplace. At work, this means everyone, regardless of culture, need to be treated with respect, inclusion, transparent management and follow health and safety policies.

However, cultural safety is more than just being aware of other cultures and respecting all people. It is about creating a workplace where everyone can examine their own cultural identities and attitudes, and be open-minded and flexible in our attitudes towards people from cultures other than our own.

Awareness of how one's own cultural values, knowledge, skills and attitudes are formed and affect others, supports people to take responsibility to address their unconscious bias, racism and discrimination.

Cultural safety is an ongoing learning journey: An ongoing and response learning framework that includes the need to unlearn unconscious bias and racism and relearn about the cultural values of those around us.

Providing an acknowledgement of Country demonstrates the ongoing relationships with the Traditional Custodians of the lands. MTHCS Acknowledgement of Country can be performed by anyone at meetings and events. The generic acknowledgement used at MTHCS is:



https://achris.vic.gov.au/weave/wca.html

2. Consumer Participation and Partnerships

The process of involving consumers in decision-making about their own health care, health service planning, policy development, setting priorities and quality issues in the delivery of services. Partnerships are necessary at all levels to ensure that MTHCS is responsive to patient and consumer input and needs.

MTHCS has a Consumer Partnership Framework that should be read in conjunction with the Diversity Framework to support staff and volunteers understanding of how we involve consumers in the development of the service and the importance of partnerships to support outcomes.

3. Consumer Directed Care – Elder Care

MTHCS recognises the importance of empowering individuals to make choices and be actively involved in making decisions about the care they receive. Person centered care empowers consumers to make decisions about their care, build their confidence and ownership over their care and increase buy-in to actively participate in improving their health and contributing to their care needs.

This approach occurs best when we work with people utilising the following key principles:

- Every individual is the best expert in their own lives
- We build on peoples strengths and capabilities and adopt a doing with not doing for approach
- We are flexible and ensure services are delivered in a way that is respectful of people's values
- We work together with the consumer, their family and other service providers

MTHCS staff utilise their expertise and professional judgement to design flexible solutions to meet each client's unique needs.

MTHCS is implementing the Elder Care person centred approach to care within our Aged Care services. The Elder Care method has been practised for over 100 years to support the natural development of one's own initiative and natural abilities through self-directed activities and hands on learning. The Elder Care ethos 'help me do it myself" transfers across all ages. Elder Care will change the way we provide support and care to others giving back independence to people, enabling them to be the best that they can be to live the life they want with dignity.

Regular education and ongoing support for staff to implement this philosophy of care is available for staff and volunteers.

4. Inclusive Communication and Behaviour

What we say and how we say it is equally important.

We all understand and express ourselves in different ways according to our cultural, social, educational and personal experiences. For example, in some cultures, people will not make direct eye contact as a sign of respect, but this could be misinterpreted as the person being uninterested or disengaged. Inclusive

communication both verbal and written, means developing and sharing information in ways that everybody can understand. How we communicate needs to be tailored to suit each person.

People can experience barriers to health and community services when information is not written or explained in a clear and accessible format. As staff and volunteers, we need to be aware of people's preferred language and use words and examples that are appropriate and relevant to their language, cultural background, abilities and personal experiences. This will ensure people have the opportunity to receive information and express themselves in ways that are appropriate for them. We want people to identify with the messages, images and the overall design of the materials we produce.

The Connecting through inclusive communication practices resource for service providers has been used as the reference point for this information https://www.esdt.com.au/connecting-through-inclusive-communication-practices.html

Staff and Volunteers are encouraged to utilise the attachments at the end of the framework to support them when working with people from diverse groups.

These are just a guide and it must be acknowledged that not all people from the same cultural or social group have the same beliefs, values, customs, experiences or expectations.

Please refer to:

Attachment A – Aboriginal and Torres Strait Islander
Attachment B – People from Cultural and Linguistically Diverse (CALD)
Attachment C – People who have Dementia
Attachment D – LGBTIQ
Attachment E - People with a disability
Attachment F – People who are aged

Evaluation, Reporting and Monitoring

The Diversity Framework will be subject to evaluation every three years as part of MTHCS management review processes to ensure it remains current to needs. As part of the development a range of consumers provided input in to the development of the framework. These consumers identified themselves in the ageing, rural and ATIS diversity groups. There feedback has been included into the framework.

Activities under the Diversity Plan will be regularly monitored through the Managers Meeting 6 monthly.

Reporting on the Diversity Plan will be captured through annual reporting requirements to the Government departments in which we receive funding through to deliver services.

Consumers and staff are welcome to provide feedback to support the continuous improvement of the plan to meet the changing diverse needs of our catchment.

Any feedback should be directed to Lyndal Munro Director of Community Service lmunro@mthcs.vic.gov.au written and verbal feedback is welcome.

Attachment A
Conversations with diverse communities Aboriginal and Torres Strait Islander peoples

There maybe specific cultural and social practices that are important to understand when communicating with Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander people have a history of sharing their traditions and passing on information orally through stories.

Story telling is an important part of Aboriginal and Torres Strait Island culture, so taking the time to share things about ourselves and to learn about the person we are meeting will help to build trust and rapport in a culturally appropriate way. Having an informal conversation can help us to learn where a client is from, where their traditional country is and what else is important to them.

Whilst it is a sign of respect to refer to an Aboriginal person by their language or area, it is important to remember that due to past displacements and the Stolen Generations some people may not know their language or which area Aboriginal people are from. It is important to understand the role and value of family and community. The definition and makeup of family may be broader or different to a Western/Anglo family context.

For some people making eye contact can be considered inappropriate or a sign of disrespect. We need to be aware of this and adapt our own eye contact and body language as appropriate. Personal space and touching people of the opposite sex may also be culturally inappropriate for Aboriginal and Torres Strait Islander peoples. Extended periods of silence during conversations can be normal for Aboriginal and Torres Strait Islander people. Silent pauses may be used to demonstrate respect or consensus. Before we start speaking, we should observe the silence and body language of those present and assess when it is appropriate to speak.

It may not be appropriate to assume someone is an elder and we should ask if they want to be called Aunty or Uncle. Similarly, if we are unsure what words or references are appropriate ask the person what they prefer, Aboriginal, Indigenous, Wurundjeri elder/man/woman. Aboriginal and Torres Strait Islander people may use indirect language when communicating. This is considered a polite way to communicate, but it requires others to identify indirect language and respond appropriately to ensure the needs and preferences of the person are understood.

Attachment B
People from Cultural and Linguistically Diverse (CALD)

Communities CALD communities are diverse and whilst there may be similarities between some, there are also significant differences. Respect is central to having inclusive face-to face communication and building trust.

It is vital that we are aware of our own cultural practices and perspectives and do not try to impose these on others or judge people's beliefs, traditions or experiences that are different to ours. We should avoid undue emphasis on differences between CALD communities and western cultures. We need to consider the language we use and avoid terms such as foreigner, migrant and immigrant as they have been used with negative connotations and can alienate or isolate people on the basis of their country of birth, identity or culture.

People who have come from countries experiencing war or oppression may be reluctant to trust government, health and community sector systems. Therefore, service providers and their staff become the bridge, linking individuals and the Australian healthcare system. Developing relationships with community groups and learning about specific cultural norms, beliefs and practices can help staff build relationships with CALD clients.

Formal and informal education about specific CALD communities or faith groups will help to build the capacity of the workforce to develop and deliver services in an inclusive way. The role and dynamics of families can vary greatly across and within different cultural groups. It is important that we understand a person's family situation and relationships without judging from our own cultural perspectives. Many people have broad family networks that include aunts, uncles, cousins and grandparents and we need to consider them when working with clients. Shaking hands or other touching between people of the opposite sex will be considered culturally inappropriate for some people and could make the person feel uncomfortable if they need to point this out.

Some people from CALD communities will only access practitioners or interpreters of the same gender, but this will not be the case with all people; it is important to ask and not assume.
It is vital that professionally qualified interpreters are used for:

- people who ask
- people not fluent in English
- people who cannot grasp or respond to questions in English. Interpreters should be used for assessments, explaining health information and delivering allied health services.

Family members, friends and bi-lingual volunteers should not be used as interpreters in a formal setting. Clients may be unaware that they are entitled to an interpreter, so it is important we recognise when an interpreter is required. The use of bi/multi-lingual volunteers in social support settings can help to integrate clients and build a welcoming and inclusive environment and should be actively resourced and promoted.

Attachment C
People living with Dementia

People living with dementia have varying abilities, skills and needs. It is important we understand these so that we can communicate appropriately and adjust our style and approach. The physical environment is also very important. We should create a quiet space with minimal distractions and use large font signs on doors to indicate which room is behind each door. Distinct walkways will also help people to navigate

the building. Losing the ability to communicate can be frustrating for the person, carers and families. As the disease progresses the person with dementia will find it more difficult to express themselves.

We need to be mindful of how we ask questions and provide information. Complex information and multiple questions can be overwhelming and confusing. Introduce one question at a time and check if the message has been understood. Wear name tags with a large font and use people's names during conversations to assist people to follow the conversation.

There are a range of alternative communication approaches and strategies that can also be useful to support people who are living with dementia.
These include:
• Validation Therapy
• Music Therapy
• Reminiscence
• Creating a 'This is your Life' book

It may be necessary to have separate meetings with the person's support network to find out any additional information, listen to their experiences and assist them to access appropriate support. Working with a person's support network is important, but the client must still be involved, listened to and respected.

Things to remember
• Losing the ability to communicate can be frustrating and difficult for people with dementia, their families and carers
• Positive communication can help a person with dementia maintain their dignity and self-esteem
• A caring attitude, use of appropriate body language and maintaining the right environment are all important aspects of communication
• Try alternative communication approaches

Alzheimer's Australia http://livingwellwithdementia.org.au/

Attachment D
People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ)
https://www.vic.gov.au/inclusive-language-guide

LGBTIQ people have a history of exclusion, discrimination and invisibility within health and community services. Lesbian, Gay, Bisexual, Transgender, Intersex and Queer groups have their own distinct histories and experiences.

It is important to understand that some issues around inclusive communication practices will be similar across the LGBTIQ groups, but there are also specific and unique histories, issues and preferences that need to be understood. We need to invest in understanding the entire LGBTIQ group including transgender, bisexuality or intersex issues. There is often an automatic assumption that everyone is heterosexual.

For example, people are often asked about their gender and marital status at intake and assessment. We may automatically ask a male client about their wife or a female client about their husband. These assumptions suggest the service is not inclusive and places same-sex attracted people in a difficult position where they must decide if they correct the staff and out themselves. The term partner is inclusive and does not suggest gender. If someone mentions a partner, don't use gendered pronouns (he/she) unless they have. Incorrectly assuming the gender of a partner forces people to either correct you or ignore it, both of which can be difficult and exclusionary.

Miss gendering happens when someone refers to a person as one gender (male/female) but they identify as another gender (female/male/non-binary, neither male nor female). It can be deeply upsetting and make people feel alienated and doubt the appropriateness of the service. Refer to the person as the gender they identify with and avoid making assumptions about a person's gender identity based on their appearance or voice.

Service intake forms are often 'gendered' and require people to select male or female. This is not inclusive and can place the person in an awkward, upsetting or frustrating position. If a person introduces themselves as Mary and uses she/her pronouns, we would echo Mary's choice of pronouns and refer to her as Mary/she/her. Working with LGBTIQ people in an inclusive way requires us to consider our systems, processes and communication styles from the perspective of a LGBTIQ person.

We need to learn about the history of older LGBTIQ people in order to understand the potential barriers they have in accessing services.

Attachment E

People with a Disability

The ability to communicate and have our views, experiences and questions understood is a fundamental right. As service providers we need to have practices in place that support people with a disability so they can engage with staff, understand the services that are available and ensure all the necessary information is shared with them. People with a disability come from diverse backgrounds and experiences. We need

to take an individualised and person centred approach when working with people with a disability in order to avoid prejudicial and stereotyped behaviour.

Some general tips when communicating with people with a disability include:
• Speak to the person with respect and use plain language
• Use an age appropriate tone and treat adults as adults
• Direct your questions to the person with a disability, regardless of whether they have a carer, family member, interpreter or other support person present
• Put the person first, not their disability. For example, use the term 'a person with a disability' rather than 'a disabled person'
• Focus on the person's abilities and what they can do. People with a disability regularly adapt how things are done so they can participate and we shouldn't underestimate what someone can do based on our own expectations.

Attachment F

Older People – (information provided by consumer representative for the framework)

Can be resistant to change and become confused by changes and resistant to learning new methods or systems
Slower in thinking and responses/slow down/wait /exercise patience

They may be used to a family Doctor so prefer to stay with the one doctor if possible and don't like telling their story over and over again
Speak to the person with respect and use plain language not medical jargon
Use an age appropriate tone and treat adults as adults
Be mindful of how we ask questions and provide information. Complex information and multiple questions can be overwhelming and confusing. Introduce one question at a time and check if the message has been understood.