

CREATING INCLUSIVE ORGANISATIONS

A DIVERSITY LENS MUST BE A PART OF CORE THINKING

For older people to have a positive and dignified ageing experience we must consider diversity and inclusion in all aspects of our work. What is diversity and how is it different to inclusion? How do the two intersect? How do organisations become inclusive?

Diversity encourages us to consider that each of us is a unique person with a multitude of characteristics which define us as different from one another. Our individual identities and life experiences shape who we are, how we live and what we need.

Within the aged care sector, diversity can be considered in line with the Department of Health's Aged Care Diversity Framework. The Framework supports us to take a human-rights based approach and complements the Aged Care Act 1997 and the Aged Care Quality Standards which encourages the embedding of diversity, cultural safety and consumer choice and control within all aspects of aged care service delivery.

Inclusion can be viewed in how we consider the needs of people who may 'miss out' on accessing services and takes into consideration power, privilege and marginalisation.

Within the ageing population, inclusion can be achieved through purposeful consideration of older people who may be vulnerable to exclusion from aged care services. These older people may need additional language support, have mental health issues or have faced trauma through life circumstances such as being in a war or having a refugee experience. They may have been victims of stigma and face discrimination in relation to their sexuality, lifestyle, disability, gender and race.

To be inclusive in supporting the needs of all older people we must consider the diversity of each older person we service or 'not service'.

Consider the hypothetical situation of 'Lola'. Lola is an 85-year-old woman from a Greek cultural background. She migrated to Melbourne during post-world war II migration where Australian migration frameworks entailed policies of assimilation and 'fitting' into Australian culture.

Like many immigrant and refugee women who came to Australia in the post-war period, Lola did not have access to formal education and worked in a poorly-paid job to support her family. Recently her husband passed away and she now lives alone.

Her children have their own families to look after and she feels she doesn't want to burden them. She is fluent in Greek but has limited English language or literacy. She listens to radio programs in Greek language and enjoys going to her local senior citizens club. She regularly attends her local pharmacy and GP.

She lives in your local area and is a part of your community. How would your service support her to have a positive ageing experience?

The journey must begin from the very top. This means a commitment to inclusion is given by boards and executive leaders and that commitment is communicated regularly across the organisation and within strategic plans.

It means resources are allocated to meet that commitment. These resources could entail inclusive strategic plans, inclusive committees and diverse representation on consumer advisory groups. It means a diversity lens is embedded into continuous improvement approaches, research, human resources, recruitment, learning and development, risk management, marketing and communications, and service provision.

It means collaborating with organisations and peak bodies that support special needs groups and reaching out for support from government funded programs specialising in diversity and inclusion in aged care such as from the Department of Health's Partners in Culturally Appropriate Care (PICAC) program, diversity and inclusion consultants and subject matters experts.

It is essential that we reach out to consumers themselves and ask them what they need. This may include assertive outreach approaches to contact and connect with 'hard to reach' older people, culturally inclusive and sensitive feedback loops, engagement with interpreting and translation services, and co-designing programs with diverse consumer groups to inform inclusive and innovative models of practice.

Each of us will have our own unique inclusive service journey and it is not without its challenges. Whatever stage you are at on your inclusive service journey, a diversity lens is not just an 'add on' but must be a part of core thinking.

If services consider applying a diversity lens, Lola will be more likely to access services and have choice and control over which service she feels safe to access. Lola will feel her unique identity, culture and lifestyle are respected. Lola's story is one of many and everybody's story matters. ■

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