

Applying a diversity lens to consumer-centred care



Tiam is 66 years old and has been living in Australia for 5 years. He arrived as a refugee after him and his family fled Myanmar because of religious and cultural persecution. He belongs to the Chin community and has strong connection to the local church. While at church he speaks with Kham a Chin community member who helps people with medical, education and other types of support as he has good English. Kham asks how Tiam is doing. Tiam says “the doctor didn’t fix my shoulder, it still causes me pain, I do these moves with my shoulder, but I don’t know why. I have to go back to the doctor again, but she didn’t fix it last time, so why go back?” Tiam hands Kham a letter and asks what it says. Kham explains the letter is asking if Tiam would like to say if happy he is with the doctor or say how things could be better. Tiam asks why they are asking this and that he doesn’t want trouble. Kham explains that the organisation wants to hear what they are doing well and what they can do better. He says, it should be safe, but I can find out more if you like. Kham also offers to attend the next appointment which Tiam agrees to.

When Tiam and Kham arrive for the appointment, they are met by the interpreter who has been to Tiam’s previous appointments. Jenny takes all three of them into a room. Kham introduces himself as a friend and community support. Jenny Kham how Tiam has been managing the exercises. The interpreter translates the question for Tiam; he asks Kham to tell Jenny what he told him at church. Jenny listens to what Kham tells her and then explains that the movements she gave Tiam are part of an exercise routine quite normal in physiotherapy and by doing them over a period of time it should strengthen and improve Tiam’s shoulder. The interpreter translates this for Tiam.



Tiam and Kham discuss what Jenny has said and Kham tells Jenny that physiotherapy isn’t something Chin people know about and Tiam thought he would come to the doctor, and it would be fixed. Jenny then spends time talking to Kham about her job, how the exercises can help and says if Tiam continues to see her she can measure if the exercises are helping and if not make changes. The translator relays the conversation to Tiam. Jenny asks Tiam to show her the exercises so she can see if they are helping. When he finishes the exercises, Jenny asks Kham if he knows how long Tiam has been in pain or what could have caused it. Kham looks to Tiam, and the interpreter ask him. The interpreter says, “Tiam worked very hard as a farmer, but the military would also make him do forced labour, it was very tough work, he also was a very good wrestler, he won many competitions maybe all these things.” Jenny thanks Tiam and Kham for coming and arranges another appointment, she tell Kham it was very helpful having him there and hopes he can also come next time.

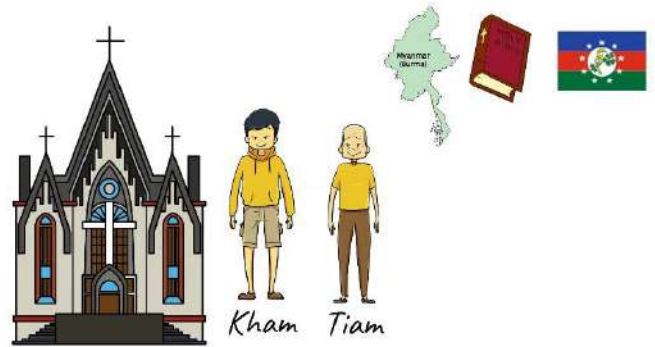
Reflective questions

- What risk factors are present in this scenario?
- How would you rate Jenny’s approach to working with Tiam? What was good / what could be improved?
- Thinking about client satisfaction survey that Tiam received, what level of involvement would the organisation get from people who don’t speak English as their first language? Why is this a problem?

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Case Study Reflections

- People often associate risks factors as, Tiam not having English as a first language or not being able to read English, but the risk factor is the organisation doesn't take the right steps to effectively communicate with Tiam and they don't present information in a language, tone or context that is meaningful to him.



- People from CALD communities are often excluded from providing feedback because a diversity lens is not applied to the process – if it was there would be considerations for people who don't read English or don't read at all and how "feedback" and complaints are viewed by different cultures.
- The limited application of a diversity lens is followed through in Jenny's interaction with Tiam. She has not explained what physiotherapy is and Tiam doesn't know why he is doing exercises.
- Tiam is disconnected from the services he is receiving; he is not an active participant. There is not a partnership between him and Jenny.
- It appears Jenny is not comfortable working with an interpreter as she directs all her questions to Kham. She asks Kham questions about the potential cause of Tiam's injury that she should have asked Tiam previously. This means Tiam is not placed at the centre of his care, Jenny's approaches to her previous meetings with Tiam have not provided her with the very specific experiences that could have caused his pain. She has also missed out on great insight into what Tiam has experienced in his life.
- Often CALD communities need to rely on unpaid or overstretched community members to bridge the cultural gap. Applying a diversity lens can lessen the burden we as service providers unknowingly place on those communities.
- Seeing beyond the obvious diversity of Tiam's ethnic and cultural background and finding out about him, his life and experiences will help understand how he is in the circumstance with his shoulder, how to communicate effectively with him and how to build a partnership with him



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Voula is an aged care worker with over 10 years' experience. She has recently started in a new role as a home support worker with a Greek service provider and happy she can directly help members of her community. One of her new clients is Dimitris who has been with the service for 2 months. Prior to working with Dimitris for the first time, Voula read his care plan. The care plan said he lived independently, but because of his arthritis needed some help to keep the house looking right. It said he liked gardening, but he mostly used pots, so he didn't have to get down on the ground. The goals listed on his care plan were "To have the house cleaned twice a month" and "To go to the shops when I need". Voula also read Dimitris's client summary which showed he spoke English and Greek, had no memory loss, high cholesterol and has some social networks with the neighbours and ex-work colleagues. It also says he is willing to attend some church events that celebrate Greek culture, but he isn't interested in going services as he isn't religious.

Voula arrives to work with Dimitris, and they have agreed she will do the cleaning that he can't do because of his arthritis, and he will clean the bench tops in the kitchen and bathrooms. Voula has felt that Dimitris is quite reserved around her and wants to build rapport with him. She asks him to tell her about his life. He says there's isn't much to say. In my early 20's I moved from Kefalonia to Sydney with my two brothers, then I moved to Melbourne in the 80's for a better job, now I'm retired. I like my garden and of course Greek food, real Greek food. Voula asks if he was ever married; he says no, never met the right girl. As they clean in the kitchen, the TV is on in the background.

A news story celebrating 3 years since marriage equality passed comes on. Dimitris looks up at the TV and says, "it's not right, why should poustis be allowed to get married?" Voula feels politely says to Dimitris "please don't speak like that around me, I know this is your home, but it's also my workplace and I don't want to hear things like that." Dimitris quietly apologises and walks off to another room.



As Voula is leaving she says goodbye to Dimitris, and he asks to speak with her. He says, "Voula, apologises for making him feel uncomfortable by asking about being married, reassures him that he can trust her and says she is glad he was able to share this with her. She tells him the organisation has a strong focus on making all clients feel safe and supporting them to be themselves. She says, there is training for all staff on working with gay clients and understanding the experience the community has lived through.



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Over the coming months Dimitris feels safer with Voula and tells her he is still grieving the loss of his partner who recently passed away. He is also feeling disconnected from the gay world as the small group of friends he had has slowly drifted away or moved. He also misses connection with his Greek community and culture as he didn't develop a close network in Melbourne and only attended big cultural events and celebrations. With his permission Voula shares how Dimitris's is feeling with the care co-ordinator and a meeting is arranged to discuss how things could be better for him. He asks Voula to attend as support and they talk about options to connect with some grief counselling and local social groups, some that are Greek specific and some with older LGBTI people. They also tell Dimitris the organisation is going to make it easier for clients to know that their services are safe for LGBTI people.



Reflective questions

- What risk factors are present in this scenario?
- How did learning about Dimitris and his diversity support him?
- How would you rate the goals on Dimitris's care plan? What worked well, what could be improved?
- How could the organisation make it clearer to clients/potential clients that their service is safe for LGBTI people?

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Case Study Reflections

- Dimitris has experience significant personal loss and is still grieving but has been reluctant to share that information with the service because he worries, he might be mistreated if they knew he was gay. This stems from his previous experiences with his families and others in the community and society. Feeling the need to hide who he is, who his partner was and that he is grieving just to feel safe, are all significant risk factors that could impact his health and wellbeing.
- Assumption could have been made from his first interaction with the aged care system that focused heavily on his language and cultural background. While these are very important to him, we can see there are other parts of who he is that are also important.
- Voula assumed that Dimitris is heterosexual by asking if he was ever married. This happens often and creates a difficult situation for the person. They must lie about their sexuality or “come out” to someone who hasn’t displayed inclusive behaviour by assuming they are heterosexual. Given his lived experience of being mistreated for being gay, it would be unsurprising if Dimitris would correct this assumption. This further alienates him, and he can’t feel safe when the service is in his own home. Voula could have asked if he had a partner or a significant other/person without assuming their gender.
- Voula challenged Dimitris’s use of offensive/homophobic language in a calm, firm and appropriate way. She lived up to the values of the organisation by addressing it and was setting clear expectations on what was appropriate while she worked. These conversations are not always easy, but they are necessary. In this instance her strong and considered approach not only told Dimitris that the language was unacceptable, but it allowed him to know that Voula would not mistreat him for being gay.
- When Dimitris “came out” to Voula her response was very supportive. It is positive to see that she and the other staff have LGBTI training, and the organisation was committed to creating a safe place for LGBTI people. However, part of creating that safe space is making it explicitly clear to all clients and potential clients that they will be welcomed and safe. Without doing this the systemic barrier of LGBTI discrimination isn’t being addressed.
- Voula built rapport with Dimitris and demonstrated she could be trusted. This allowed her and the organisation to learn about Dimitris and his diversity and then they were on the path to providing Consumer-Centred Care.
- If Dimitris grief wasn’t supported, combined with the disconnection from his Greek and gay cultures he could also experience depression and social isolation.
- The “goals” listed in Dimitris’s care plan were not appropriate goals, they were actions. The goal should describe what Dimitris wants to feel, achieve or be different. Why does Dimitris want his house cleaned twice a month? What will “being able to go to the shops when he wants” mean to him? Answering these questions should support you to find out what the goals are.
- The organisation should explicitly mention their commitment to creating welcoming and inclusive environments for the LGBTI community in all their communication materials, in conversations with clients/potential clients and have that commitment visible through their interactions.

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Magda moved to Australia with her husband and three young sons when she was in her 30's and they created a good life for the family just outside Geelong. They had a nice house with just enough room for their dogs, chickens and the occasional pig. She has lived at Perfect Homes aged care facility since her husband passed away a year ago. Lucy, one of the registered nurses at Perfect Homes, calls Irene, Magda's daughter-in-law who is Magda's point of contact. Lucy tells Irene that she's calling to provide an update and do Magda's care plan review. She says:



"Magda is doing well, she has always been one of the most physically fit here, and I think the lockdowns have been a bit harder on her as she does love to walk outside, but unfortunately we can't leave site. Some more good news is that her diabetes is under control, she hasn't gained or lost any weight, there haven't been any falls or near misses. There's obviously the memory loss issue and with that she's speaking a few Polish words here and there which keeps us on our toes."

Lucy tells Irene that for the care plan review they need to come up with some goals for Magda, and asks if she would you like to keep the same goals or look at something different? Irene says:

"I can tell you what I think she does and doesn't like, but that can change and given the environment is quite different now because of lockdowns, I think it would be good if you asked Magda what she liked, what she wants to change or do more of."

Lucy says that while that would be ideal it's not always easy to set goals with people who have dementia, so they prefer to do it directly with family. Irene continues to advocate that a conversation is had with Magda and suggests waiting and picking the right time to talk to her and having a number of small conversations, so it doesn't confuse her. After some discussion, Lucy agrees.



To help her frame the conversations Lucy reviews Magda's one-page profile which says she loves animals, especially dogs and chickens, she was playing tennis most weeks until her husband died and it's important that she observes her catholic faith. Lucy brings two small racquets and a sponge ball into the home and ask Magda if she would like to hit the ball in the hall. She smiles and they enjoy hitting the sponge ball like she was playing tennis. Over the next week Lucy has several small conversations with Magda and asks her what she like about living here, what she misses doing and what she would like to do more of. Magda told Lucy she wants to go to church and misses her chickens.

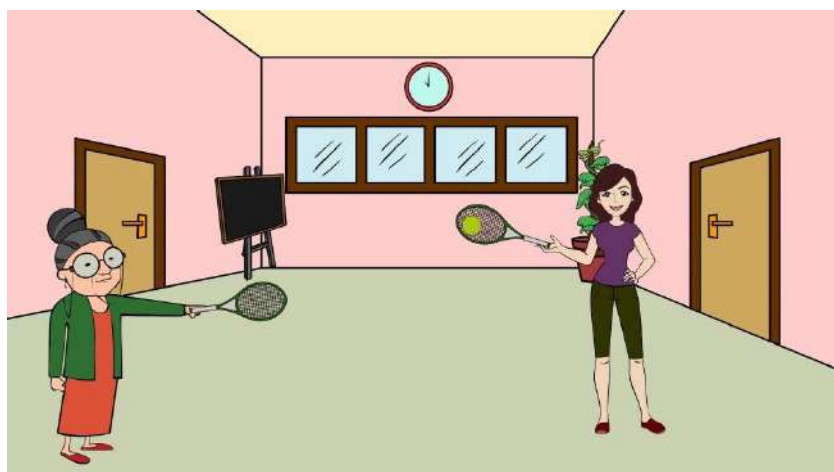
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Two weeks after their last call Lucy speaks with Irene and discusses the conversations she's had with Magda and their game of sponge tennis. Lucy recommends that one of Magda's goals be "To feel connected to my catholic faith" and says to support this Perfect Homes will host online Mass services for her and other interested residents while in lockdown. The other recommended goals are "To keep my body active and moving" and "To feel relaxed and peaceful". These goals will be supported by sponge tennis which Magda has really enjoyed and brining chickens to live on site at Perfect Homes as Magda told Lucy she misses her chickens and finds stroking them very relaxing.



Reflective questions

- What risk factors are present in this scenario?
- What did you think about Lucy's original approach to the care plan review?
- What do you think would have happened if Irene hadn't advocated for Magda to be involved in the care plan review?
- How did learning about Magda and her diversity support the situation and outcome?



Case Study Reflections

- Assumptions were being made that Magda was not able to be part of the decision-making process, because she is living with dementia. There is a risk that her autonomy, choices and preferences are not understood or supported. Magda's dementia is not a risk factor, the aged care facility needs to find ways to include her in her care and the care plan processes.
- Taking a consumer-centred approach would ensure that a variety of different approaches are tried, recognising that no two people are the same and that the same person may need different approaches at different times.
- Lucy was not taking a consumer-centred approach by excluding Magda from the review processes. If Irene was not a strong advocate it is unlikely that the things that were important to Magda would have been understood or enacted. This would significantly impact Magda's wellbeing and quality of life.
- When challenged to do a meaningful care plan review. Lucy did implement good consumer-centred practice. She reviewed information about Magda that explained her diversity, who she is, what she likes and what is important to her. She adapted how she had conversations, tried out activities she thought Magda might like and put actions in place to support Magda's goals.
- Learning about Magda and her diversity provided Lucy with a variety of options and activities to try out. By adopting a consumer-centred approach Lucy looked beyond Magda's dementia diagnosis and saw her capabilities and interests, not her limitations or impairments.
- The goals developed for Magda's care plan describe feelings, outcomes or achievements that Magda talked about with Lucy during their conversations. Lucy took the important information from those conversations and created goals and actions that are meaningful to Magda and will contribute to her having a better quality of life, by doing things that she likes and are important to her.

