

# Culturally Inclusive Recreation & Social Support Program Activities

Tuesday 28th May 2024

## OUR VISION

All aged care consumers in Australia experience inclusive and accessible care

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## OUR PURPOSE

To build the capacity and capabilities of Australian aged care providers to deliver services that are welcoming, inclusive and accessible

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## OUR SERVICE AREAS



Inclusive practice  
training and  
workshops



Capacity building to  
promote cultural  
inclusion and equity



Diversity advice and  
consulting

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The Centre for Cultural Diversity in Ageing is supported by Benetas & funded by the Australian Department of Health and Aged Care through the Partners in Culturally Appropriate Care (PICAC) program.

# Sylvia Wan

Sylvia Wan is a Senior Manager at the Southern Migrant and Refugee Centre and has worked in aged care for over 23 years, both in multicultural and mainstream not-for-profit organisations.

Throughout her career with the Southern Migrant and Refugee Centre, Sylvia has established over 25 social support programs, servicing 26 different ethnicities in Melbourne's southeast. She has also been instrumental in establishing consumer advisory groups for aged care.



# Inclusive Social Support

By Sylvia Wan  
Senior Manager – Aged Care and Carer Services



## Acknowledgment of Country



The Southern Migrant and Refugee Centre acknowledges that our office is on the traditional lands of the Bunurong people of the Kulin Nation, and we acknowledge the unique and enduring strengths of Aboriginal culture. We pay our respects to their Elders past and present.







# About SMRC

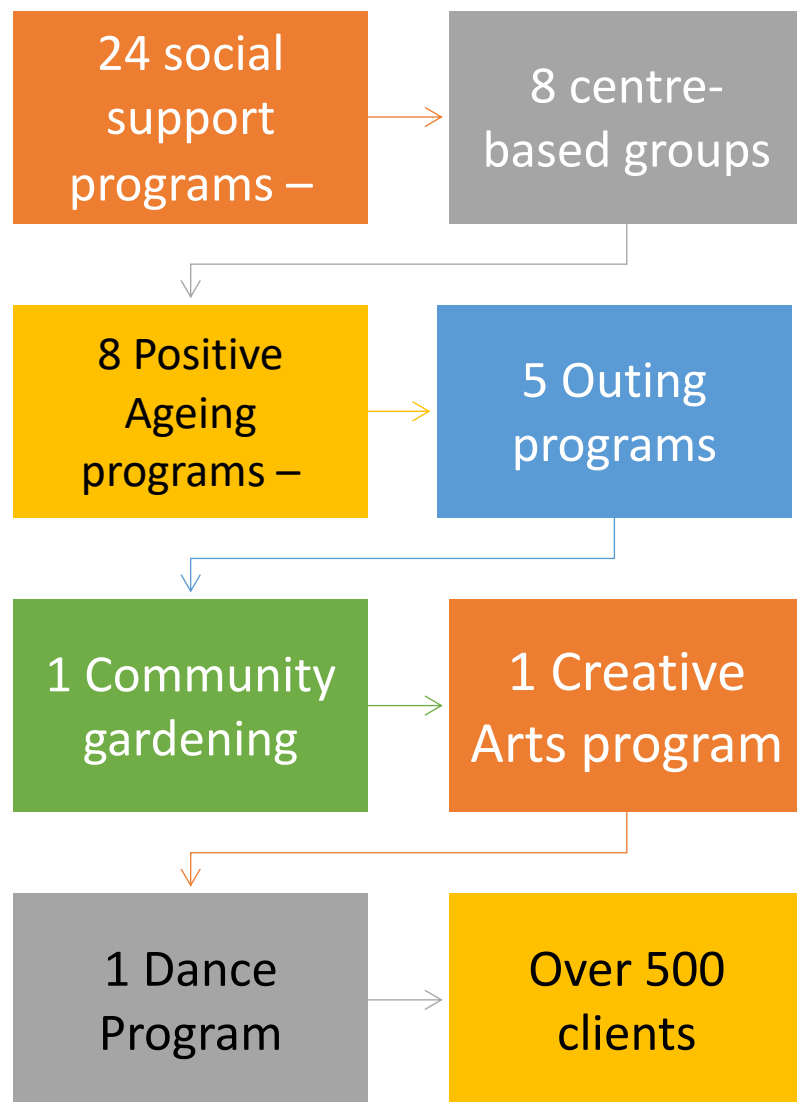
- Established in 1993, SMRC has been dedicated to assisting newly arrived refugees in settling into their new communities. We achieve this through tailored programs focusing on social and economic integration, as well as health and wellbeing
- Our services encompass a wide range of support, including early childhood education, youth programs, education initiatives, driving programs, individual casework, employment assistance, aged care, and support for carers.



## Aged Care Services

- Specialised Support Services
- Social Support Groups and Individual
- Domestic Assistance
- Aged Care Volunteer Visitors Scheme
- Centre-based Respite
- Allied Health Therapy Services
- Support for Carers
- Transport







SMRC has successfully implemented these programs based on responsive, consumer centric care:

- Afghan Ladies' only strength training group
- The Hive – Community Garden
- Dance up!
- Creative Arts
- NRCP partnership years back – seeded our Centre-based Respite Program
- Ethno specific outing programs – Spanish, Polish, Turkish, Romanian, Indian



SMRC initiated three centre-based programs tailored to specific ethnic groups, staffed with individuals fluent in the participants' languages. (Spanish, Filipino and mixed cultural group)

Health concerns amongst our Filipino participants – high incidence of type 2 diabetes post-migration; responding to their need for education, secured funding from the State to deliver a program Well For Life

Enlisted expertise of a nutritionist, empowering the group with knowledge on healthy eating, label reading, and transforming favourite recipes into nutritious alternatives.



# AFGHAN LADIES' POSITIVE AGEING



COMMUNITY  
OBSERVATION



COMMUNITY  
CONSULTATION



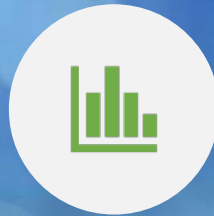
RESOURCING



TRAINING



PILOT



EVALUATE



Programs are developed from the lens and needs of our communities -

- Recognising our community's needs – identifying new and emerging communities, ensuring we are assisting them in every way.
- Response to these needs via various engagement processes—
  - Consult – includes planning with individuals and community leaders
  - Plan – internally and externally – what is feasible, what is not.
  - Set - cost within the budget
  - Pilot- programs and this includes developing MoU, if necessary, as best venues are often those that the communities are familiar with.
- Embed programs as discussed
- Evaluate for success!
- Evolve programs where necessary – for example of Dance Up! Program which was established as a ladies of all ages, and later became, an older social support program.



# Thank you

By – Sylvia Wan  
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# Lisa Dean

Lisa is the Regional Advisor for Sector Support and Development across the Eastern Metropolitan area of Melbourne and has worked extensively in the community aged care sector 20+ years.

Lisa has a training and quality improvement background. She works with Commonwealth Home Support Programme providers to support their engagement with the aged care reforms.

A focus of her work is to ensure older people can access services that are inclusive, person-centred, and supportive of their individual preferences, beliefs, values and needs.





# Building Culturally Inclusive Social Support Groups

## Learnings from the Melbourne Eastern Region's experience

The Eastern Sector Development Team (ESDT) is supported by the Australian Government Department of Health and Aged Care.  
Visit the Department of Health and Aged Care website (<http://www.health.gov.au/>) for more information.

Disclaimer: Although funding for the ESDT has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

# Older people from Culturally and linguistically diverse backgrounds

Two groups:

- Those who migrated as young people and have grown older in Australia
- Those who were already older when they arrived

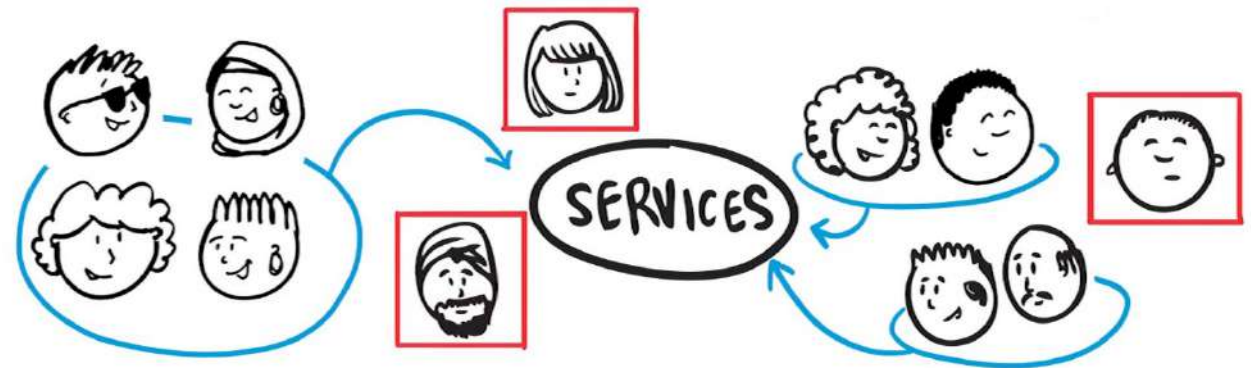
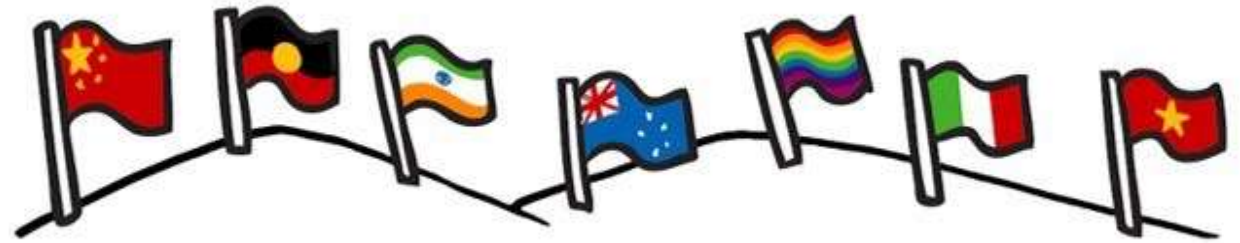
*(Benevolent Society Research to Practice Briefing, 2010)*

- Adapting to a new environment more difficult for the second group
- Adding to existing barriers for all CALD seniors



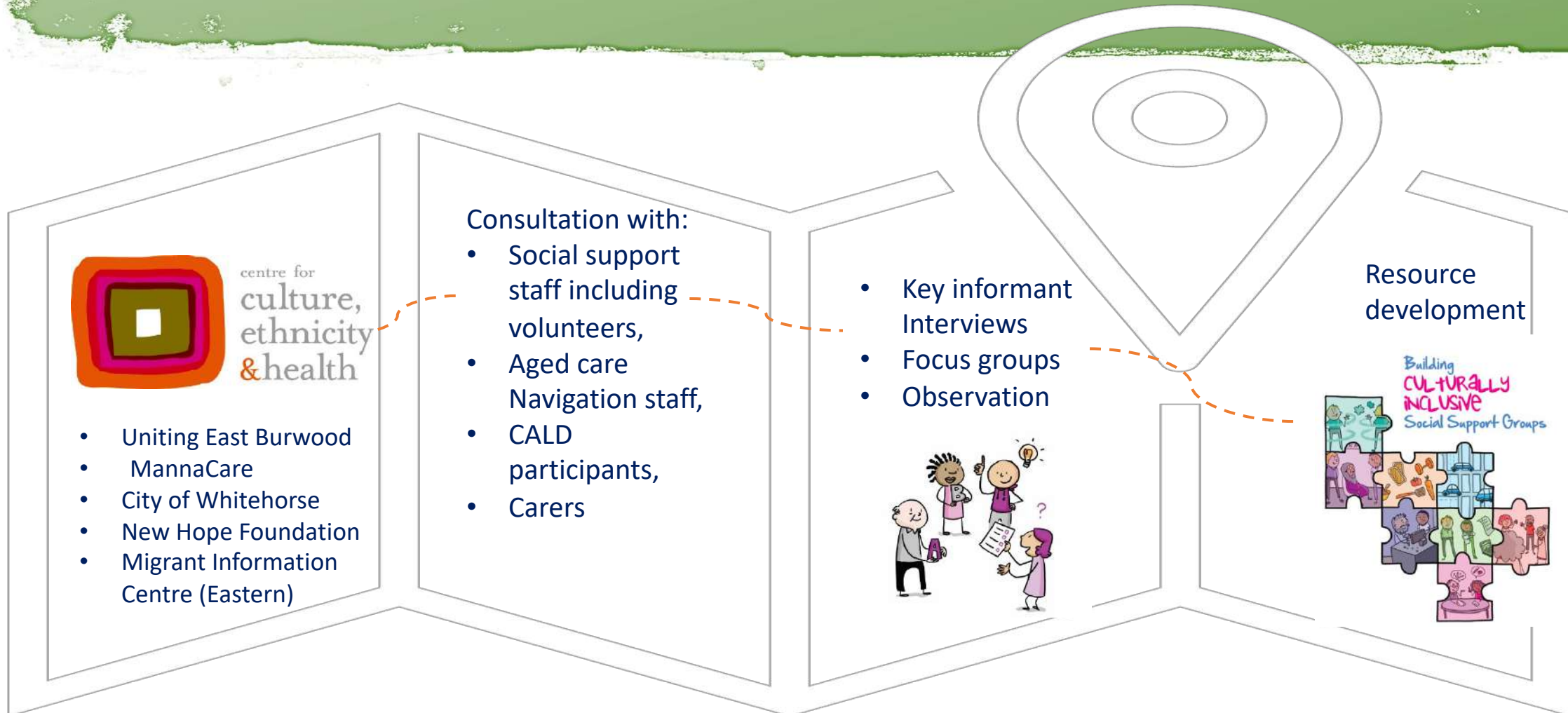
# Building Culturally inclusive social support groups

- How could “mainstream” English speaking Social Support Groups (SSG) build culturally inclusive and welcoming environments for people who speak little or no English, and
- Are there good examples where this was already taking place?





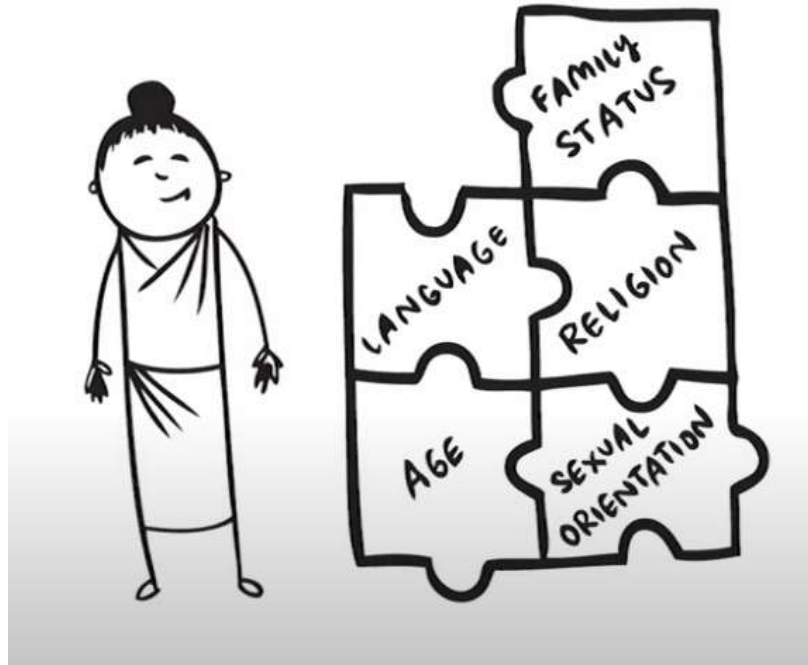
# Project approach



# Findings of research

## Perceived challenges

- Language
- Culture
- Activities
- Transport
- Staff reticence



## Why join a mainstream group?

### Practicality

- Access & Availability

### Choice

- Maintain English language
- Specific activity
- Fear of judgement from their cultural group

There is more to diversity than language

# There is more to diversity than language

## The Diversity Jigsaw



Created by Dale Park



## Connecting the Pieces

- articulates the unique aspects of diversity and person-centred care
- the relationship between these approaches,
- how they influence each other and
- the need for diversity and person-centred care to be understood throughout the continuum of the client's journey

<https://www.esdt.com.au/connecting-the-pieces.html>





# Social Support Group qualities that support inclusion

Collaborative

Difference is an asset,  
not a burden

Creative

Flexible

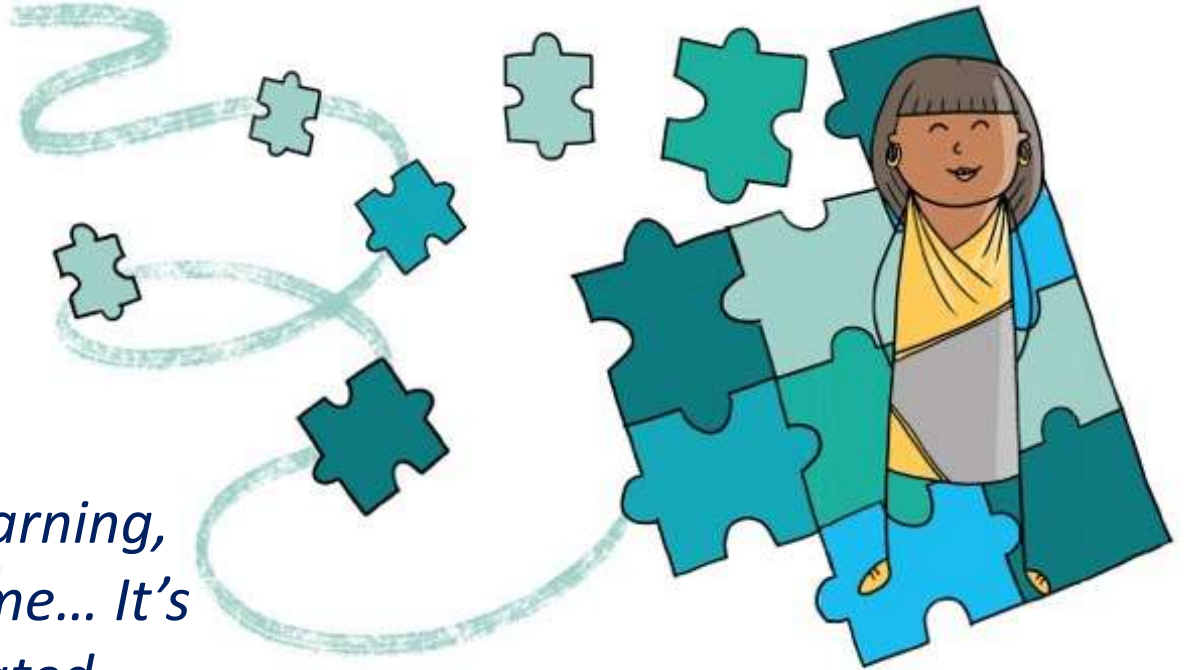


Curious

# Towards inclusion: Three Principles

1. A person-centred approach
2. Flexible and solution-focused
3. Diverse partnerships

*It's simple, people make it too difficult: it's learning, talking to the family, being in touch all the time... It's treating people how you would like to be treated, finding out what's important to that person, and carrying it out! - SSG Coordinator*



# A person-centred approach that supports clients making decisions for themselves

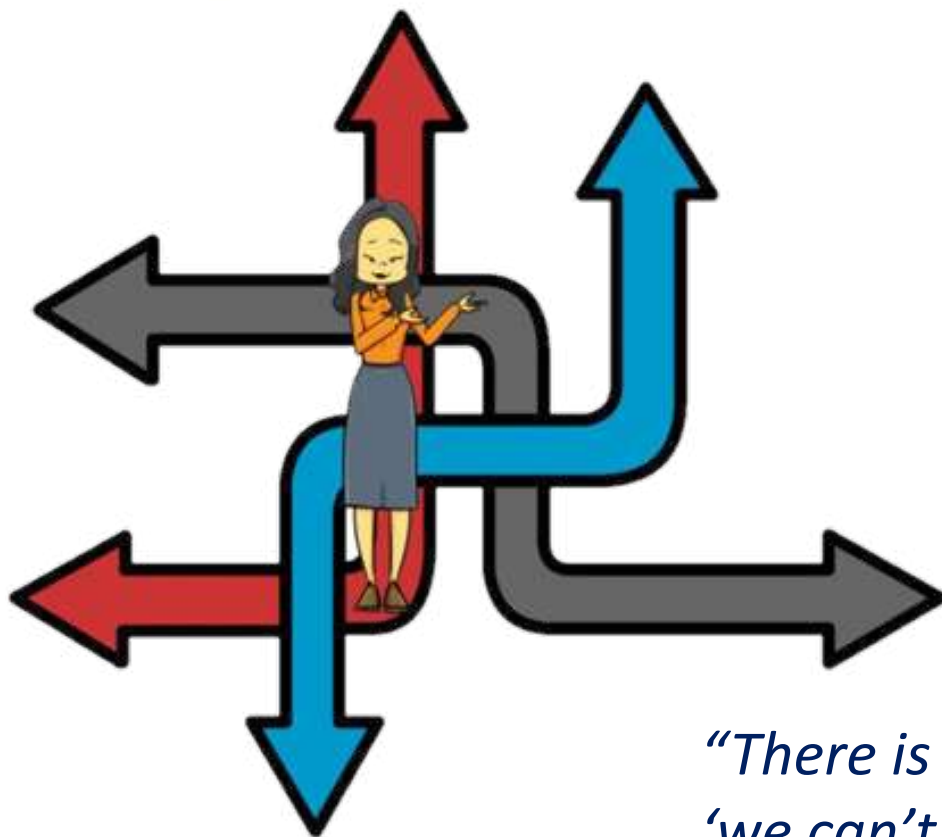
- Know who the person is
- What is important to them
- Providing services tailored to the unique circumstances and preferences of each person



*“People find a way to communicate if they have something that brings them together beyond the language. Language is just a tool that gets what you want, it is not who you are”.*



# Flexibility and a solution-focused attitude to difference



Consider:

- The activity and interests
- Physical environment
- Staffing arrangements

*“There is no such thing as No here, there is no such thing as ‘we can’t do it’. We have never turned anyone away. There is always a way”. - SSG Coordinator*

# Diverse partnerships

Knowing the local community

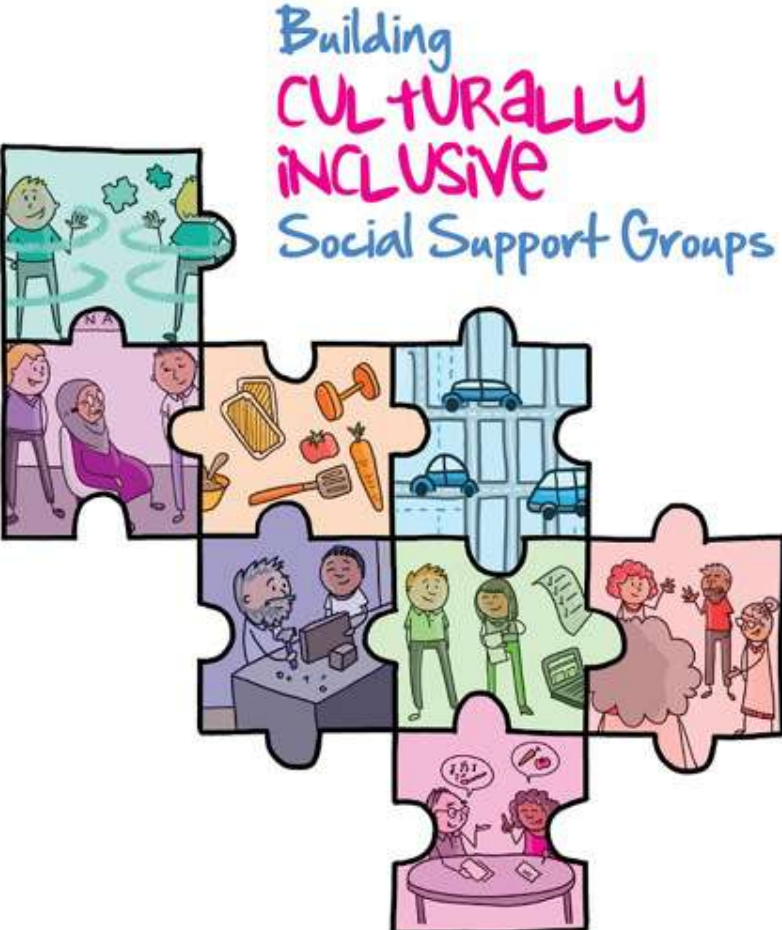


Explore thoughtful and creative collaborations

Engage staff and volunteers



# Building culturally inclusive social support Group Resource



- 8 Help Sheets + Introduction
- Case Studies focusing on what works well
- Recommended resources/reading





## PLACING THE CLIENT AT THE CENTRE

"By being person-centred, you tick the diversity box. Because what we learn is that really, we are all diverse. Take people with Australian background, they will all be different, they will have different interests... just because someone speaks a different language doesn't mean they don't want the same thing."

- SSG Coordinator

### Person-centred Care

The principles of person-centred care were repeatedly referenced during this consultation. As outlined in the Active Service Model in Victoria, they include:

- people's needs should be viewed holistically
- services should be organised around the person and their carer - that is, the person should not be simply slotted into existing services

Nationally, the Commonwealth Home Support Programme's (CHSP) service delivery principles outlined in the CHSP 2015 Manual state that when developing, delivering or evaluating services, providers need to:

- Promote each client's opportunity to maximise their capacity and quality of life through:
  - being client-centred and providing opportunities for each client to be actively involved in addressing their goals
  - focusing on retaining or regaining each client's functional and psychosocial independence

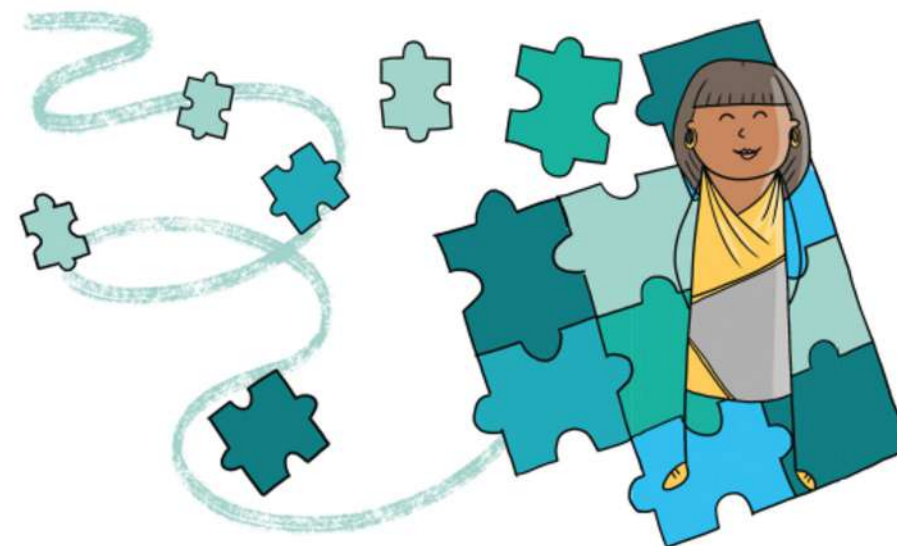
The key to a person-centred approach is that it requires flexibility, so that the service fits the participant, rather than the participant needing to fit in the service. This however can be perceived as difficult when working with older people who may have experienced a change in their capacity or present with physical and psychological needs. It may be met with resistance from staff who are used to working differently (see Help Sheet #6 'Engaging Staff and Volunteers' and Discussion Topic 4 Putting the person at the centre of their own care from the Connecting the Pieces resource).

According to a SSG Coordinator, "being person-centred is not just a philosophy, it's a practice, it's about how you carry yourself every day."

### Language and culture

Access & Support Workers interviewed for this consultation highly valued a system that enabled them to work with a client's identified needs:

"We build rapport with the client and their carer" said one "They trust us, we can then talk to the provider to express their needs".



language of the new person, or by putting up signs and photos that illustrate their culture. Whilst simple, this shows a willingness to engage with people from another language group and culture.

### We are all diverse

It should not be assumed that a person from a certain CALD background will want to attend a group of the same background. For instance, they may have lived outside their CALD community for years, or may fear discrimination on the basis of gender or religion (such as an atheist is a cultural community where religion is central to people's cultural identity). Or they may identify as Australian rather than the nationality of their country of origin. It is important to understand a person's interests and hobbies, or personality traits, and to match them to a group on that basis. See the [Connecting the Pieces Video](#) and [Diversity Journey](#).

## RECOMMENDED RESOURCES

- CHSP manual: <https://agedcare.govcms.gov.au/ageing-and-aged-care-publications-and-articles-fact-sheets/commonwealth-home-support-programme-programme-manual-2015>
- Active Service Model, health.vic: <https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines/hacc-quality-and-service-development/active-service-model>
- Connecting the Pieces – video and reflective resource explaining how diversity, person-centred care and the relationship between them. <http://www.emralliance.org/connecting-the-pieces.html>
- The EMR Alliance youtube channel is a collection of videos covering diversity, person-centred care and wellness-related topics: <https://www.youtube.com/channel/UCNUNartUMt2N3odUaDBW6rA>
- Ethnic Communities' Council of Victoria aged care resources and projects: <http://www.eccv.org.au/aged-care/>
- Federation of Ethnic Communities' Councils of Australia (FECCA), 2015, Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds, available on [http://fecca.org.au/wp-content/uploads/2016/02/AgedCareReport\\_FECCA.pdf](http://fecca.org.au/wp-content/uploads/2016/02/AgedCareReport_FECCA.pdf)
- Supporting older people from culturally and linguistically diverse backgrounds, Research



## LANGUAGE AND CULTURE

Wherever possible, you will want to find out as much as you can about the person planning to join the Social Support Group – the more you know, the more you can prepare and be responsive. This involves finding a balance between learning about the client's culture and beliefs and challenging your own assumptions about their preferences based on their cultural background.

Culture can be honoured and celebrated (see Help Sheet #7 'Joining a Group' and [Discussion Topic 5 Celebrate not tolerate](#) from [Connecting the Places](#)) or taken as one of many individual traits of a person under a client-centred approach to care. Groups honouring culture see it as a bonus, a positive source of difference and interesting activities, rather than a burden. They will value clients' cultures and will have an interest, as an organisation, in welcoming people of different languages and backgrounds. This will be part of how they promote their services externally and internally. Their cultural competence will be demonstrated through recruitment practices, commitment to client-centred care, training and policies.

As clients become familiar and develop relationships with staff and other participants in the group, they are more likely to express their preferences. Staff need to ensure they have systems in place to record feedback and information they collect outside of the initial assessment process.

### Tips

Information about the client's language and culture may include:

- Identifying the client's preferred language
- If they speak some English, understanding at what point of complexity their English becomes insufficient
- Food preference, self-care, relationships with the other gender, religious requirements (such as fasting or prayer times)
- Recognising how much their culture impacts their preferences and decisions. This question may be asked of the family or

carer, who may be better-placed to identify connections between culture, beliefs and personal preferences (see case study).

### Communication tips:

- Use simple language, conveying one idea at a time
- Ask open-ended questions rather than Yes/No questions
- Ask the client (through a volunteer, an interpreter or another client of similar language background) to repeat important points to check that they understood the information.
- Familiarise yourself with tools such as or as techniques to ensure clients understand what you have told them.
- Use cue cards (or similar) around the room to point out particular areas or activities (see Recommended Resources below).

### Culture

Do not assume that someone's cultural background defines them. Some people who have worked and lived in English-speaking environments or who are proud of their level of English may resist assumptions that are based on their country/culture of origin.

Information can be gathered from asking clients about their culture, making 'cultural community profile' information (see Recommended Resources), asking the person's family/carer about particular culture-related requirements, or asking volunteers of the same cultural background. (See [Connecting the Places video](#) and Resources - [Case Studies, Discussion](#)

### Topic 6 Diversity, Inequality and Understanding the Diversity Gap(s)

#### Food

Food can be a 'make or break' issue for participants in a SSG:

*'The group needs to be informed of (new clients') food choices, but should never make assumptions solely based on culture.'*

While food preferences need to be accommodated, it would be wrong to stereotype that people only eat food from their country of origin. 'Chinese (people) don't always want to have Chinese food, they love Italian food too. Get people to talk about food in their culture and cook for everyone.'

- A&S Worker

#### Who needs to be involved?

- Family and carers
- Volunteers who speak the language and have knowledge of the cultural norms. It is recommended that SSGs actively try to find volunteers of the relevant cultural and language background (see Help Sheet 6# 'Engaging Staff and Volunteers')
- Management, to support interpreter costs and expenses related to language needs, different food requirements or cultural celebrations.
- The whole organisation, to support policies, recruitment, training and building the capacity of staff and volunteers to work across cultures and languages.



### Case study - Aziza

Aziza is an Arabic-speaking Muslim woman in her 60's and living with dementia. She used to be an entrepreneur, owning several businesses with her husband. Due to dementia she has forgotten how to speak English (which she spoke fluently) and now speaks only Arabic. She has high needs around personal care and hygiene.

Aziza is cared for by her son and daughter-in-law, who are reluctant to access aged care services out of a sense of responsibility towards her. However as her dementia worsens, they must face the fact that they need support, they approach MannaCare for social activities and occasional respite.

MannaCare's approach is to ask the family about Aziza.

*'It's not really difficult, it's talking to the family and understanding the culture that they come from. This particularly family we asked what was important in her life before, what she needed to continue for her care, what helped her relax... She brought in her Koran, and we all learnt how to tie a hijab as she had lost those skills... We just made sure that everybody was aware of how she needed to be treated because of her religion and culture.'*

The coordinators read about Muslim practices and circulated a memo to staff and volunteers. They could not find an Arabic-speaking volunteer.

Initially, Aziza was not engaging with others, but she eventually made some friends. There was one particular client with whom she connected without common language. She was staying at the respite facility twice a week and went on weekly outings.

Aziza's condition deteriorated rapidly and she has now gone into care.

### RECOMMENDED RESOURCES

- The Migrant Information Centre (East Melbourne) provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne, including multilingual information about Aged Care: <http://micsaustmels.com.au/resources/multilingual-information/> and cultural profiles: <http://micsaustmels.com.au/cultural-profiles/>
- Victorian government data analysis, based on the census: <http://www.melbourn.vic.gov.au/population-and-migration/victorian-diversity/population-diversity-in-social-counts>
- The Centre for Culture, Ethnicity and Health (CEH) offers information and tip sheets on cultural competence and communication, including using the Teach Back technique. It also runs an online training module 'Introduction to cultural competence': <http://www.ceh.org.au/online-training/introduction-cultural-competence/>
- The Health Translations Directory contains more than 12,000 resources in 100 languages, including many on the effect of ageing: [www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au)
- Eastern Health Cue Cards to community languages: <https://www.easternhealth.org.au/services/language-services/cue-cards>
- The technology that supports machine translation (such as Google Translate or iTranslate) is improving rapidly. CEH recognises the value in the translation of single words or very simple phrases only but recommends exercising caution particularly where nuance and sensitivity are required.

The EMR Alliance is supported by the Victorian Government and supported by the Australian Government Department of Health. Visit the Department of Health website (<http://www.health.gov.au>) for more information. Disclaimer: Although testing for this resource has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.





## activities and interests

*"Rather than trying to get a separate group by culture, we did it by activities. What activities do people have, what are the things they have in common? Language is secondary then, people find a way to communicate and to make each other feel welcome if they have something that brings them together beyond the language."*

— SSG Coordinator

Activities offered by a SSG are the 'make or break' factor in many people's interest in attending a particular group. If a person of CALD background finds all activities on offer to be too 'mainstream', they may feel that the group is not suitable for them.

While exercise and outings are always popular, they can be costly and out-of-reach for some groups. There may be ways to combine groups and resources to make them more accessible.

Understanding clients' interests and hobbies can help overcome possible language barriers and create connections with other group participants. It is also important to recognise that not everyone has interests and hobbies, or a desire to take part in group activities.

### Tips

- Ask the new person what they are interested in, and match them with a 'buddy', or other group members, with similar interests.
- Enable clients to suggest and organise activities in which they have an interest and that may not be offered (board games, craft, etc.). Chess has been something that has brought people together in our group. Yesterday an Asian man with very little English was playing chess with a Serbian guy. There is another language that happens between people. That whole

chess thing came out of the blue, all of a sudden there was a chess board one day and it happened." Men's Shed Coordinator.

- Activities that require little language, such as gentle exercise, can be used as a drawcard to bring groups together: because it can be demonstrated rather than explained, exercise is easy to practice across language levels. "When the mainstream group does exercise, all the Chinese participants join in. Exercise is universal, everyone can do it, there is no language barrier, little cultural barrier, all do exercise together as a bigger group, and when they have other activities they split." A&S worker.
- Be aware that some activities can be seen as very 'Australian' and affect the first impression made of the group: 'The games put them off quite a bit: bingo, footy tipping... They have lived here for a long time, they are familiar with what footy is, but they are just not interested'. This may also be the case for people who have arrived in Australia in their old age and have had little contact with mainstream culture – for instance people who migrated to Australia to help look after their grandchildren.
- At the same time, activities that were once seen as representative of a certain culture (such as Tai Chi or Qi Jong) have now become mainstream and practiced

widely. 'You may want to think of other activities that people of CALD background can introduce the group too and which will be easily embraced by participants, regardless of their cultural backgrounds.'

- Flexibility is key: in order to accommodate people's preferences, a SSG needs to offer a range of activities concurrently. Rooms can be set up to create 'flow' between activities and influence group dynamics. Going from one activity to another offers the additional advantage of making people move around, which is good physically but also encourages people to mix with others rather than stay in their familiar group.

- It is OK if people do not participate, if that is what they wish to do. Some may simply enjoy being in a room with others, without feeling the need to actively take part in any of the activities. They should be allowed to do this without pressure to join in.

### Who needs to be involved?

- The client, who may want/be able to organise the activity themselves.
- Volunteers, to support activities or 'let people be' if this is what the client prefers.
- Management, to approve budget commitments.



### Case study 1 - Giovanni

Giovanni is 97 years old. As the owner of a successful fruit and vegetable shop in Toorak for decades, he always managed speaking a combination of Italian and some English.

However with age he has forgotten the little English he used to know, and now speaks almost exclusively Italian.

When Giovanni's daughters first referred him to the Uniting Care East Burwood group, they were

*"a bit concerned whether he would be able to interact with people. But we were so happy from Day 1, we haven't looked back."*

Giovanni has always been an out-going person so hated being home and craved company. In the SSG, he often sits quietly watching old Italian films on an iPad, or listening to Italian music. An Italian-speaking volunteer regularly attends the group and keeps him company.

According to Giovanni's daughter Rosie, the key to her father's enjoyment of the group is how staff and volunteers really take an interest in him:

*"He enjoys this group best because it is a small group and there is a lot of interaction... He interacts more with this group than he does with us. When he came home, he has that little extra spark."*



### Case Study 2 – Oakleigh Café Bazaar

Café Bazaars in the South Eastern suburbs of Melbourne are a New Hope Foundation initiative, offering social activities that are flexible and provide choice to independent, multicultural clients. Café Bazaars are open to people of all cultures. The Café Bazaar model promotes community connections, participation, social engagement and cross-cultural interactions.

The Café Bazaar in Oakleigh (funded by Monash City Council) started as result of extensive research and community consultation to address the issue of social isolation and resulting deterioration of health amongst CALD older people. It was identified at the time that the Oakleigh Senior Citizens Centre was underused and available as a venue. The Senior Citizens Centre comprises several rooms, including one with a billiard table, a card-playing room, a physical exercise space, a dining area and a kitchen, and participants are self-managed and choose their activities. Several participants are Chilean but choose to speak in English, as it is an opportunity for them to maintain their proficiency:

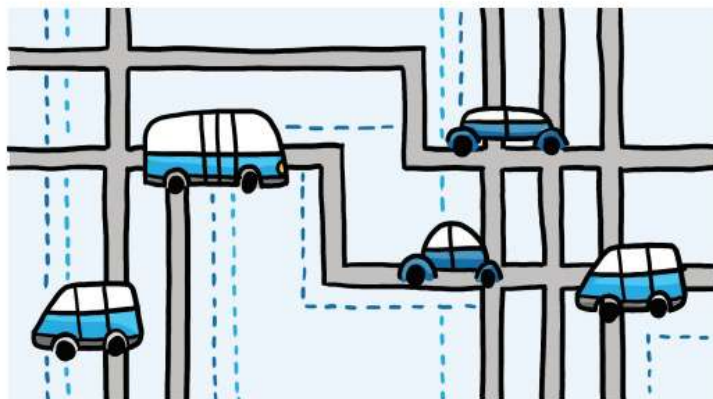
*"Both my children are married to Australians" explains a Chilean woman "and my grand-children only speak English. I need to speak good English to communicate with them."*

### RECOMMENDED RESOURCES

- Eastern Health Cue Cards in community languages: <https://www.easternhealth.org.au/services/language-services/cue-cards>
- Aged Care signage (25 languages): <http://www.culturaldiversity.com.au/resources/multilingual-resources/aged-care-signage>
- For a case study of the New Hope Foundation Café Bazaar model (based on the Prahran example): <http://www.cohi.sc.com.au/develop/quality-case-studies/industry-spotlight-case-studies/workforce-innovation-with-cald-clients-new-hope-foundation/>
- Ethnic Communities' Council of Victoria strength-based training tip sheet (in 7 community languages): [http://www.eccv.org.au/library/file/projects/Strength\\_training\\_tip\\_sheet\\_English.pdf](http://www.eccv.org.au/library/file/projects/Strength_training_tip_sheet_English.pdf)

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## TRANSPORT

Many older people are no longer able or allowed to drive. This is one of the main challenges they face when wanting to join groups and take part in activities. Some elderly people, particularly if they are newly-arrived or frail, may not be comfortable using public transport.

This problem is particularly acute for people who wish to join an ethno-specific Social Support Group. Such groups may be the only one in their local area and have long waiting lists, with no local alternative for people with low English proficiency. The more accessible the group is by public transport, the more attractive they may be to an elderly person.

For others, who may be one of few representatives of their community in their local area, there may not be an ethno-specific group nearby. This is the case for small and emerging communities, or those with few elderly members. New arrivals tend to settle in areas where they join existing, more settled communities - Chinese in the East, Arabic-speakers in Hume, Persian in Murrumbidgee, Cambodian in Springvale... For those isolated community members, the choice to join an ethno-specific group may not be available.

It is well known that isolation is a major cause of depression in older people. This can be isolation from society as a whole, or from their

linguistic and cultural group - a community of people who understands them and their roots. Lack of available, affordable transport contributes to isolation, and many SSGs lack the funds to provide transport themselves. Addressing this issue requires creativity, good networks and strong partnerships.

### Tips

- Discuss options with the person's family and carer
- Explore the possibility of the family/carer or another group member picking up the person and providing 'car pooling'.
- Establish or consolidate partnerships with volunteer transport organisations (see case study and 'Recommended resources' below). A two-way partnership could include volunteer transport organisations identifying current CALD people using their transport service who are socially isolated and may benefit from a referral to your SSG.

- Investigate if there are community groups that provide transport or hire their mini-bus. This may include RSL clubs, churches, etc. Access & Support Workers may be able to help with information about this.

- Approach your Local Council to enquire about access to mini-buses and other forms of transport for older people.

- Support SSG participants to use public transport, increasing their confidence in making their way to the SSG on their own.

### Who needs to be involved

- Organisations, in order to source and allocate financial support to provide transport
- Access & Support workers, who know what is available in the community and think creatively.
- Local Councils



### Case Study 1 - Thinking outside the box

Access & Support worker Emily works with an elderly Iranian woman, who lives near Box Hill. She was able to find an Iranian group for her. All the group members were men - traditionally, older Iranian women tend to be at home looking after their grandchildren, and it is common that only men access social activities. The elderly woman went to the group once, saw all the men playing backgammon, and never went again.

Emily then approached a Ba'hai group in the LGA, who was happy to welcome the client. Most Ba'hai groups have Farsi speakers, and there are Ba'hai groups in most suburbs. The activities that the client attends have no religious component, and are purely social.

Emily has placed clients in different Ba'hai groups. They are very accepting of people of all religions, and they have members everywhere who are happy to pick people up if they require transport.

### Case Study 2 - Uniting Care East Burwood's partnership with Bridges

When Uniting Care East Burwood first started working with Salaginto, a small group of Filipino Seniors ('Salaginto' is the Filipino for 'beetle'), the group was able to come to the Uniting Care premises thanks to a bus belonging to Bridges Connecting Communities (Knox Community Volunteers at the time). The partnership between the Migrant Information Centre, the Filipino group and Uniting Care saw Salaginto meet fortnightly in East Burwood and integrate with existing group clients.

A couple of years later, funds for transport ran out as the Migrant Information Centre was no longer funded to assist Salaginto. As the Filipino seniors wished to continue attending the Positive Living Group, Uniting Care negotiated with Bridges Connecting Communities (see link to website below) to continue using their transport at Uniting Care's cost, as part of their Home and Community Care funding. The fortnightly visits have continued ever since.

### RECOMMENDED RESOURCES

- Organisations providing volunteer transport in the East: <http://www.bridgescc.com.au/transport.html> - A team of volunteer drivers provide door-to-door transport for eligible residents (including to attend social support activities) when other transport options are unavailable or unsuitable
- <http://sev.org.au/transport/> - South East Volunteers provides transport for elderly people, and younger people who have a disability and their carers residing in the City of Monash.
- <http://easternvolunteers.org.au/transport/> - Eastern Volunteers has a team of over 120 volunteer drivers providing transport assistance to the elderly and people with disabilities.
- <http://www.micasatmelb.com.au/> - The Migrant Information Centre (East Melbourne) provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne

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## PARTNERSHIPS

'Working in partnerships enables partners to learn from each other about the nature of the issue, their potential role in relation to the issue and consider creative solutions to address the issue.'

- Practising Positive Partnerships in the Ethnic and Multicultural Community.  
(See Recommended Resources.)

Partnerships can lead to the strengthening and empowerment of communities.

For Social Support Groups, partnerships are essential in order to:

- engage CALD communities
- develop knowledge of particular groups
- strengthen referral pathways into Social Support Groups
- maximise available resources.

The more communities see you as a welcoming service, respectful of the needs of their members, the more positive the word-of-mouth will be about your services. This will support the popularity of SSGs and ultimately the likelihood of referrals under the client-driven system.

Trust is essential to the establishment of a strong partnership; for some ethnic communities, their experience of working with mainstream services may have been one-sided and left them feeling that their knowledge and time were used without much return. Ethnic-specific organisations are often led and staffed by volunteers who may already feel stretched by the demand of their community. One of the key themes identified in the Practising Positive Partnerships research relates to organisational capacity, and in particular how limited resources hinder an organisation's capacity to

form and sustain partnerships. It is important to keep this in mind when approaching groups or individuals, but also when looking at your own organisation's capacity.

Reciprocity is therefore important: how can you support ethno-specific organisations? What are you offering their members? If the partnership is solely about increasing the number of referrals, CALD community groups may question the benefits of the relationship. The 'partnership checklist' developed by VicHealth can help you determine whether a partnership is based on genuine collaboration.

### Tips

- Get to know the local community in all its diversity.
- Develop a relationship with your local Migrant Resource Centre as they are a wealth of knowledge about CALD communities in your area.
- Look outside ethno-specific organisations to include churches and faith groups, clubs, organisers of community events, places where people play cards or board games, etc.
- Access & Support Workers are very knowledgeable and 'have their fingers on the community pulse'. Do not hesitate to ask them for advice on what organisations

to approach and the needs of the local CALD residents.

- Promote your SSG with CALD Senior Citizen Groups. As well as explaining what your SSG offers, ask them what activities they are interested in that they cannot deliver themselves, and see whether it is possible for your SSG to run them.
- Ask yourself what organisations you may want to partner with to recruit volunteers, access activities, attend events, and generally tap into existing resources. For instance, Volunteer Resource Centres can help you find CALD volunteers, and Neighbourhood Houses may run free or low-cost activities of interest to your group.

### Who needs to be involved?

- Your organisation, as you will be representing it in your interactions with local community groups.
- Access & Support Workers, who can share their knowledge about local groups and communities' needs
- Existing SSG participants of CALD backgrounds, who can also share knowledge and advice on relevant contacts
- Volunteers of CALD backgrounds, for the same reasons.



### Case study - Manningham Men's Shed

The Manningham Men's Shed recently embarked on a small project: to offer an 8-week experience to a local Chinese group, introducing them to the shed's resources. After the 8-week program, four of the Chinese men stayed; an asylum seeker from Malaysia also recently joined the group.

*'English can be minimal' explains Men's Shed Coordinator Peter, 'but all like the blokey, sort of 'sheddy' environment'.*

Initial reluctance from some of the Men's Shed members, struggling to adjust to the growing Chinese presence in the eastern suburbs, quickly dissipated. According to the Men's Shed Coordinator, meeting men from the Chinese community 'definitely changed the dynamic. Now people help each other out, the more able help the less able. And we're learning Chinese as well'.

This partnership provided quantitative and qualitative benefits for all: new members and better inter-racial relationships with local residents. The Men's Shed has also formed a partnership with the local secondary school, which has a number of bi-cultural and bi-lingual students.

### Case Study 2 - Salaginto and the Filipino Seniors

Twelve years ago, the Migrant Information Centre (MIC) approached Uniting Care with a request: a group of Filipino Seniors, calling themselves Salaginto ('Beetle') were looking for somewhere to meet and enjoy activities and outings. Subsequently, Uniting Care East Burwood formed a partnership with the MIC and the Filipino group to meet fortnightly at the East Burwood Centre and to integrate with existing groups and clients. Transport was originally provided through MIC funding, and then, when this ran out, through Uniting Care's HVACC funds.

The connection between Salaginto and the Uniting Care Positive Living Groups was obvious straight away: a common interest in dance with the groups' coordinator led to Salaginto, the centre coordinator and other groups' participants performing at the centre's Christmas parties and other significant event days. Almost all Salaginto members are highly educated in the fields of Science and Engineering and are always interested in having guest speakers and information sessions. They love to share their culture with other groups and their enthusiasm and energy has been infectious across the centre's groups and activities.

### RECOMMENDED RESOURCES

- Monash University Healthy Ageing Research Unit (2016), Practising Positive Partnerships in the Ethnic and Multicultural Community: [http://ecov.org.au/library/files/projects/PPP\\_Full\\_Report\\_12-07-10\\_Final\\_1511\\_with\\_cover.pdf](http://ecov.org.au/library/files/projects/PPP_Full_Report_12-07-10_Final_1511_with_cover.pdf)
- VicHealth Partnership Analysis Tool: <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool/>
- Migrant Information Centre (East Melbourne) provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne. This includes information on the demographics of the Eastern Region: <http://micsastmelsb.com.au/resources/demographics-of-the-eastern-region/>
- Victorian government data analysis, based on the census: <http://www.multicultural.vic.gov.au/population-and-migration/victories-diversity/population-diversity-in-local-councils>
- Pathway of the Innovative Multicultural PNG partnership in Brimbank: <https://www.sraconsulting.com.au/wp-content/uploads/2016/06/Multicultural-Planned-Activity-Group.pdf>

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## ENGAGING STAFF & VOLUNTEERS

Staff and volunteers often work within aged and community care because they want to support older people to live fulfilled and enriched lives. For a mainstream group to be inclusive of people with low English proficiency it is essential to have the commitment and support of the staff and volunteers.

This may be challenging for some as it introduces new ways of working – from basic cross-cultural communication skills to more complex changes in the dynamics between staff and clients (see Help Sheet #6 'Mountain View Cottage - Learning to Let Go'). Staff and volunteers need support to be able to develop the skills necessary for this work or improve on their existing cross-cultural skills.

Organisations need to model and encourage the flexibility and creativity required for changes to happen with full engagement from staff and volunteers. For those who have been working in a certain way for a long time, this may represent an unwelcome stress.

*'A lot of (our staff) are very old school and say things like: They will just not want they've given'. Or 'It's quicker and easier if I do it'. They just do what they've always done.'*

– SSG Coordinator

One way of doing this is to revisit the values that motivate staff and volunteers to work in the aged and community care sector: compassion, empathy, desire to help those in need... Offering equal access to services to all people, including those with low English proficiency, is an illustration of those values rather than an extra demand that sits 'outside' them.

From managers, staff value permission to 'trial things' (and sometimes fail), particularly around attempts to give clients more opportunities to

participate in the running of activities. The main concern may be around risk management, and staff needs to ensure these concerns are addressed through detailed planning. Activities organised by clients may include cooking, outings, or exercise classes – all activities that include a certain element of risk. However this should not deter services from investigating the possibility of clients running them, if they so wish.

Managers also have a leading role to play in ensuring that staff are trained in cultural competence and that the organisation and the SSGs have a diversity policy. Without policies in place, staff and volunteers will rely on their own personal value systems and beliefs, which could interfere with their ability to work inclusively.

### Tips

As with any change, allowing time and providing training helps bring people along on this journey.

- Ask clients of CALD background with good English to share their experience of joining a group or navigating health systems, to increase workers' ability to see the SSG through the eyes of new participants
- The work of SSGs will be more effective if they acknowledge and work with clients' cultural knowledge, prior experience and frames of reference. This can be achieved by gathering as much information as possible about a client's preferences and wishes from the client

themselves, their family, carers and Access & Support Workers. If a client has had a previous negative experience of a mainstream service, their trust in the process may be low, and this will need to be acknowledged.

- The Service Plan developed for each SSG client may incorporate cultural and language considerations. It is agreed with clients and families and may be amended with their input. This may include a diet plan, prayer times, self-care needs, gender relationships, etc.
- A pro-forma of how to ask questions and obtain information in simple English is developed for staff and volunteers to use when talking with clients with language barriers.
- Data about local CALD communities is collected, easily accessible and regularly updated
- Information about cultural norms is collected and easily accessible (the Migrant Information Centre provides this information on their website) in whatever form suits the needs of the SSG workers.
- Cultural competence training, training in client-centred methods such as Montessori, and updates on changes in the agency's approach to CALD clients are offered regularly. Training deals with issues of risk-management and embraces a positive attitude to change.



## Case study

For an example of a radical change of approach to working with SSG clients, see case study in Help Sheet #8 'Mountain View Cottage - Learning to Let Go'

## RECOMMENDED RESOURCES

- The Centre for Culture, Ethnicity and Health at the North Richmond Community Health Centre offers practical and specialist training to help organisations and individual staff to be more responsive to clients from migrant backgrounds. <http://www.ceh.org.au/training/> It also provides a range of fact sheets available on its website to increase cultural competence at the individual and systemic levels.
- The Migrant Information Centre (East Melbourne) provides extensive information about CALD communities in the Eastern Region, including community profiles - <http://miceastmib.com.au/our-clients/cultural-profiles/> - and multilingual information about Aged Care - <http://miceastmib.com.au/resources/multilingual-information/> They also run general cultural awareness training and secondary consultation.
- Ethnic Communities' Council of Victoria aged care resource: <http://www.eccv.org.au/aged-care/aged-care-resources/>
- Alzheimer Australia runs training for professionals working with people with dementia, including using the Montessori model of care: <https://vic.fightdementia.org.au/education/dementia-training-australia>
- The Centre for Cultural Diversity in Ageing offers a range of resources, from practice guides to census data and multicultural resources: <http://www.culturaldiversity.com.au/resources/practice-guides/cultural-awareness>
- The EMR Alliance youtube channel is a collection of videos covering diversity, person-centred care and wellness-related topics: <https://www.youtube.com/channel/UCNjNartUM2N3odJadBW6rA>

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- Key to the ability to innovate is recruiting the right people - not everyone will be suited to the approach of your service, where flexibility and a willingness to work with clients' strengths rather than their deficits are essential. It is just as acceptable to screen volunteers on that basis as it is to select paid staff. Services needs to look at their recruitment practices, including job descriptions, selection criteria, questions asked at interview, where positions are advertised, who is on the interview panel (invite a representative from a CALD client group), etc.
- Review your induction and training to make sure they clearly outline the principles of your person-centred approach and its possible challenges.

### Who needs to be involved?

- Agency management
- Human Resources (for recruitment and training)
- Clients (to share their experience)
- Access & Support Workers
- Local partners (involved in training, knowledge-sharing)
- Agencies with expertise in client-centred approaches (eg Alzheimer's Victoria)



## JOINING A GROUP: THE CLIENT'S JOURNEY

*"We had to do a lot of work to give that sense that when you come here you are special, it's all about you."*

– SSG Coordinator.



There are several key steps for you to consider in order for CALD clients to join and remain in your Social Support Group (SSG):

- Promotion of the group, the agency and the activities
- Assessment
- First impressions

From the information available about your services to the impression formed by the client on the first visit, interest in cultural diversity, excitement at the opportunities it offers and flexibility of service need to come across clearly. The impression given to the potential or new SSG client during their journey to access your services must be one of welcome and inclusion.

### Tips

#### Promotion

The way your service and SSGs are described in information and promotional material (including on the My Aged Care portal) will be critical in your ability to attract new CALD participants. If potential clients do not recognise themselves in the way your service is described, they are likely to feel that 'it is not for (them)'. Consider the following:

- Is your material in plain English?
- Does the imagery include visibly CALD participants?
- Does the material mention bilingual staff and volunteers?
- Does the material clearly mention cultural diversity in positive terms?

Think of where you promote your service and how you can reach CALD communities: as well as local newspapers and radio, have you thought of the ethnic media (newspaper and radio), presenting to CALD seniors groups, local ethno-specific or religion-based groups, multicultural events?

Finally, remember to emphasise the inclusiveness of your SSG to the Regional Assessment Service so that they can accurately inform potential clients about what your service offers. (See [Connecting the Pieces, Discussion Topic 1: Know your community](#) and [Discussion Topic 2: Removing barriers to accessing services](#).)

#### Assessment

Some key questions to ask when assessing the client's needs and preferences include:

- How important is their cultural background to them?
- How comfortable is the person with communicating in English? Will this change as conversations become more complex?
- Are they able to read in their preferred language, or in English?
- What are their interests and hobbies?

It is important to acknowledge that joining a new group or activity can be intimidating, and to reassure the person that the service will do its best to make them feel welcome and included. (See [Connecting the Pieces, Discussion Topic 3: Working with people](#) and [Discussion Topic 4: Putting the person at the centre of their own care](#).)

#### First day

Preparing the group for the person's arrival can also help the new client to feel welcome and want to return. This can include:

- Informing other group members and volunteers that the person is joining, and letting them know of the person's level of English and any cultural requirement
- Finding a 'buddy', who will look after the new person when they join the group
- Learning simple words of welcome in the person's preferred language
- Involving existing group members into sourcing and placing some in-language signs or other references to the person's cultural background around the room.

In preparation for their first day, you will ensure that you have confirmed:

- Food requirements
- Possible culture-related self-care needs
- Possible religious needs such as a quiet praying room and praying times
- The availability of a volunteer (if possible) who speaks the same preferred language

Following the person's first session with the group, check with them and their family/ carer how it went. What did they like? Is there anything they would like to change for next time?



## Case study - Uniting Care, East Burwood

At Uniting Care East Burwood, diversity is a source of excitement, curiosity and celebration. Members of Anglo-Saxon, European, Sri Lankan and Filipino backgrounds participate in groups and have the opportunity to showcase and celebrate their culture through events, celebration of national days, food, music and dance – either through unique events or through 'mixed' ones such as the Olympic Games, where everyone 'baracks' for different country teams.

Staff and volunteers use cue cards and read about people's cultural profiles before a new participant joins in. The room is large and set up for different activities, with some

members engaging in craft and exercise, while others may choose to sit quietly and listen to music in their language. Occasionally dogs are brought in, to everyone's delight.

Several of the CALD participants in the Uniting Care groups have chosen this group over (or alongside) ethno-specific ones. For instance, 84-year old Silvia, who comes to the Uniting Care East Burwood Positive Living Group three days a week and has done so for years. Silvia has been in Australia since the 70's and has three adult children. She used to attend a Sinhalese group, which was 'good in a way':

*"We used to have a nice time. It was good to be with people from the same culture, we took part in National Day celebrations in our national costumes at Federation Square."*

However she does not need the language interaction (there are many opportunities for her to speak Sinhalese if she wants to at the temple, through Sri Lankan clubs and fellowships) nor to be immersed in her culture of origin as she feels very Australian:

*"Since coming to Australia, we do what Australians do."*

#### Who needs to be involved?

- Staff
- Existing group members
- Volunteers
- Access & Support Workers (for advice)

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## RECOMMENDED RESOURCES

- Aged Care signage (25 languages): <http://www.culturaldiversity.com.au/resources/multilingual-resources/aged-care-signage>
- Eastern Health Cue Cards in community languages: <https://www.easternhealth.org.au/services/language-services/cue-cards>
- The technology that supports machine translation (such as Google Translate or iTranslate) is improving rapidly. CEH recognises its value in the translation of single words or very simple phrases only but recommends exercising caution particularly where nuance and sensitivity are required.
- Migrant Information Centre (East Melbourne) provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne: <http://www.mic-eastmelm.com.au>



## CASE STUDY: MOUNTAIN VIEW COTTAGE, LEARNING TO LET GO.

*This case study illustrates the principles of client-centredness, flexibility and creativity.*

Use the reflective questions at the end of the case study to help you assess whether your service is able to take on some of the initiatives put in place at Mountain View Cottage, whether they are suitable for your group and what needs to happen for these changes to be possible.

### CASE STUDY

Sussey Vasquez-Lozano, Coordinator of Community Programs (HACC PYP and CHSP) for the City of Whitehorse and her team are leading a small revolution. The fifteen Social Support Groups (SSG) run by the local council under her coordination are empowering clients to plan activities, ensure affordability and participate in risk assessments for the programs. This is regardless of the clients' cultural background, their English-language proficiency or whether they are experiencing dementia.

#### Identifying the need for change

It all started in 2012; participant numbers were low and the team were planning to implement the Active Service Model. Sussey and her team, with the assistance of Anna Makodonskaya (Service Development, Business Quality and Training Coordinator for City of Whitehorse) initiated a review of the programs and consulted current and potential participants and staff.

The review was conducted over five months and included surveys, questionnaires, workshops and focus groups. More than 200 people were consulted, from HACC staff, existing clients and local senior groups.

An important aspect of the review was consultation with potential clients (through senior groups) about their experience accessing services and what may interest them in the future.

What surfaced was the great diversity of older people in the area – not just of cultural backgrounds but also of interests. HACC programs at the time were traditionally developed with a service focus, rather than the diverse needs and interest of clients.

The review led to wide-ranging changes to the way services were designed and delivered. Amongst many improvements, the phone system was re-designed to improve responsiveness; a community transport framework was developed; staff position descriptions were reviewed; training and resources in person-centred practice developed and provided; and a risk management strategy designed and implemented.

At the core of the review's recommendations was the desire to respect 'clients' rights to make their own decision and lifestyle choices'. Over the course of three years, the team developed and implemented Service Principles, 'balancing risk-management with flexibility and dignity of choice'. Anchored in State and Federal Acts and Charters (eg the Age Discrimination Act 2004), they have given Whitehorse City Council HACC Community Programs focus and direction, and a framework to evaluate their practice.

The Service Principles are provided to clients joining the programs as a document outlining their rights and responsibilities, as well as ways to provide feedback.

The client planning element was introduced mid-2015, and, while it is still a 'continuous improvement' process, it sees clients meeting every two months to develop a schedule of activities for their group, ensuring they are affordable, checking staff availability, and assessing general feasibility. A schedule is then produced for each group, allowing for possible changes in mind, mood... and weather.

#### Outcomes of the review in practice

Today, Mountain View Cottage is bright and beautifully decorated, with fresh flowers, new garden settings and colourful cushions throughout, but more importantly with no separation between staff and client areas, and few office spaces. Clients can choose between three outdoors areas, a quiet room, an arts room, a domestic kitchen and a commercial kitchen to prepare meals, and meeting areas for activities. The fifteen SSGs are at full capacity and the staff form a cohesive team, dedicated to a person-centred approach that builds on clients' and staffs' strengths and clients' wishes.

While this could seem costly, it has in fact enabled the programs to achieve efficiencies. As Sussey explains: 'We only purchase what is needed for each activity, which has reduced program costs. Other benefit is that

we have increased client's satisfaction and introduced new programs within the same budget allocation.'

As for cultural diversity and language proficiency, they are accommodated in the groups and treated like any other individual trait. 'When you look at affiliates' says Sussey, 'language is secondary because you are focusing on what people have in common rather than their differences'.

Recently, a Montessori trainer visited from Alzheimer Australia and made some recommendations that will be implemented over the next few months. 'What Montessori has done' explains Sussey, 'is reinforce the message that the setting up and preparation are as much part of the activity as the outcome'. If people want to create something as an activity, planning and buying materials are just as part of the activity as creating the final product. And if it takes time and they cannot start on their craft work on the day, then so be it, they will do it the following week. In the meantime, they will have been shopping, on an outing, managing expenses and interacting with others – each of these an activity in itself.

#### Managing risk and duty of care

In the past three years, Mountain View Cottage has developed a tight process for risk assessment, with a series of 'checkpoints' at the intake, care plan and program delivery stages. This is complemented by a reflective practice approach where positive and negative incidents are examined and learnings are drawn for future practice.

An example of the involvement of clients in the management of risk can be found in the planning of outings. In a recent instance, clients were discussing the possibility of going to a venue that presented physical challenges, as accessing the site could only be done by walking on gravel – this would have been difficult for client with walkers. Staff had concerns about the outing. Clients were able to explore this outing as an option and while doing the risk assessment, arrived at the conclusion that it was not suitable.

Clients reported feeling fully informed and supported making the decision and an alternative venue was found by them. In the past, if this had been a decision made by staff, clients may have expressed dissatisfaction at not knowing how the decision was made and the factors that were considered.

## Reflections

The journey undertaken by Mountain View Cottage to maximise clients' autonomy and decision-making include consideration of the following:

**Physical Environment:** How might the room/s best be set up for multiple activities to be conducted concurrently? Are there quiet areas? Are there safety issues for people who do not speak English, and how will you address them?

**Program Planning:** How do you engage people in program planning at present? In which area might you increase their involvement and maximise their level of decision-making in the planning process (e.g. activities, physical environment, how to be inclusive of new participants)? What costs will be associated with a change of approach? There are many areas worth exploring and adapting at no or low cost to agencies.

**Risk-management:** how does your service's risk-management strategy incorporate clients making decisions about planning and delivery? What risks does this pose and how can they be mitigated? Think of who you need to discuss this with in your agency.

Areas can include: practical risks such as using utensils during food preparation and safety during outings; psychological risks such as conflict-resolution and negotiating disagreements between clients involved in decision-making.

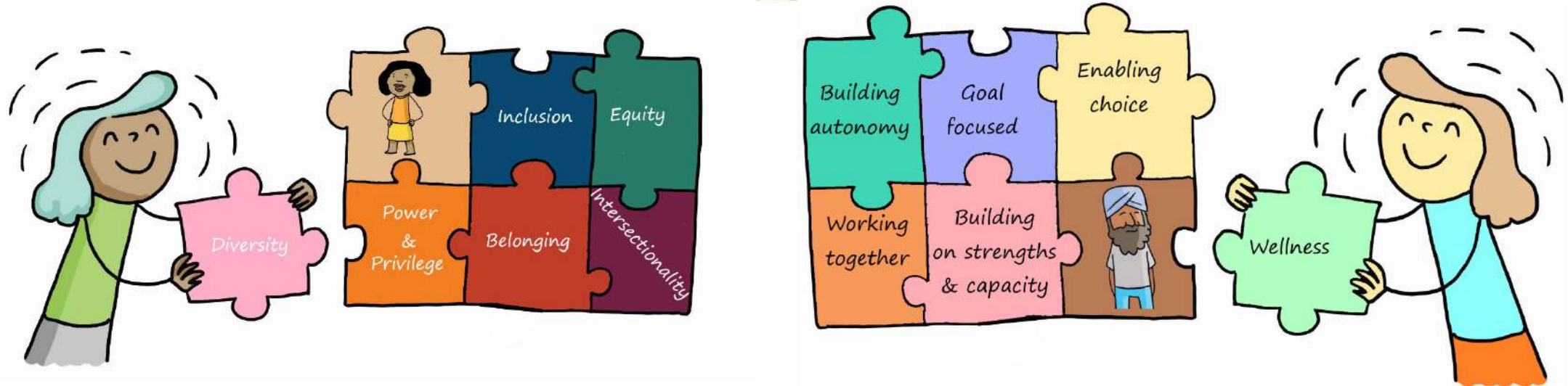
**Communication:** such changes cannot happen without the support of the whole organisation, and of families and carers. Within your organisation, how will you consult and publicise what you are doing? Are there concerns that you need to address, how will you do this? With families and carers, how will you explain your new approach? How will you address their possible apprehension about the level of autonomy granted to their family member? Do you have examples you can use in your communication with them to demonstrate the benefits of your approach?

## RECOMMENDED RESOURCES

- The Centre for Culture, Ethnicity and Health at the North Richmond Community Health Centre offers practical and specialist training to help organisations and individual staff to be more responsive to clients from migrant backgrounds. <http://www.cch.org.au/training/> It also has a range of fact sheets available on its website to increase cultural competence at the individual and systemic levels.
- Connecting the Pieces – video and reflective resource explaining how diversity, person-centre care and the relationship between them. <http://www.emralliance.org/connecting-the-pieces.html>
- Pathway of the Innovative Multicultural PAG partnership in Brimbank <https://www.ahacconsulting.com.au/wp-content/uploads/2016/06/Multicultural-Planned-Activity-Group.pdf>
- The Centre for Cultural Diversity in Ageing offers a range of resources, from practice guides to census data and multicultural resources: <http://www.culturaldiversity.com.au/resources/practice-guides/cultural-awareness>
- The Ethnic Communities Council of Australia's Aged Care Policy Committee can be contacted for policy advice: <http://www.ecoc.org.au/policy/committees/aged-care-committee/>
- The Montessori method, with its focus on independence, is increasingly applied as a model of care in the aged care sector. Information and resources can be found at: <http://montessoriondementia.com.au/>
- <http://www.australianagingagenda.com.au/2013/07/25/montessori-method-for-dementia-care-resources/>
- <https://vic.lightdementia.org.au/education/dementia-training-australia/> (Alzheimer Australia training, including using the Montessori model of care)



# A continuum of good inclusive practice



Builds on with existing  
Diversity and inclusion  
quality improvement

Aligned to:

- Rights Based Approach
- Strengthened Quality Standards
- Diversity Action Plans

Supports consumer  
choice and control



# Where to from here....

## Plan for Diversity and inclusion

- Know your Community – diversity profile
- Understanding access barriers
- Developing strategies and actions to improve access, representation and quality
- Identifying good practice with CALD clients



*“We had to do a lot of work to give that sense that when you come here you are special, it’s all about you.” – SSG Coordinator.*

# Further information

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LinkedIn: [Eastern Sector Development Team \(EACH\) | LinkedIn](#)

Access Building Culturally Inclusive Social Support Group Resource at:

<https://www.esdt.com.au/building-culturally-inclusive-social-support-groups.html>

# Where to go for support



## Centre for Cultural Diversity in Ageing Interactive Webinar Series 23-24



**July** Culturally Appropriate Care in Regional Areas

**Aug** Accessing Diverse Media

**Sep** Supporting a Culturally Diverse Workforce

**Oct** Inclusive Service Provision through an Intersectional Approach

**Nov** Cross-cultural Communication in an Aged Care Setting

**Feb** Developing a Culturally, Linguistically and Spiritually Appropriate Care Plan

**Mar** Supporting Culturally and Linguistically Diverse Older Women at Risk of Homelessness

**Apr** Navigation Programs Supporting Culturally Diverse Seniors to Access Aged Care Services

**May** Culturally Inclusive Recreation and Social Support Program Activities

**June** Overcoming Social Isolation Amongst Culturally Diverse Seniors

Book at [bit.ly/IWS-23-24](https://bit.ly/IWS-23-24)



**CDP** All webinars can be counted as time spent relating to Continuing Professional Development for nurses to meet the CPD registration standard



# Aged Care Diversity Framework

The Framework works to embed diversity in the design and delivery of aged care services.

Linked to the Diversity Framework are different action plans for diverse groups, including a CALD Action Plan.

For more information please visit:

<https://www.health.gov.au/our-work/aged-care-diversity-framework-initiative>





# Inclusive Services Standards and Aged Care Quality Standards



The Australian Aged Care Quality and Safety Commission references the Inclusive Service Standards as a key resource in assisting providers to comply with the Aged Care Quality Standards.

Meeting the performance measures in the Inclusive Service Standards provides evidence that an organisation is working to embed an inclusive non-discriminatory approach to its delivery of care and services.

For more information about the Inclusive Services Standards, visit [www.culturaldiversity.com.au/resources/inclusive-service-standards](http://www.culturaldiversity.com.au/resources/inclusive-service-standards)



# Everyone has a story – free learning module



## Everyone has a story

Delivering culturally inclusive care



**Everyone has a story: Delivering culturally inclusive care** module by the Aged Care Quality and Safety Commission was created in partnership with the **Centre for Cultural Diversity in Ageing**.

To learn more visit:

[culturaldiversity.com.au/training-development/everyone-has-a-story](https://culturaldiversity.com.au/training-development/everyone-has-a-story)

# Communication Cards & Aged Care Signage

Bilingual Communication Cards, Phrases & Signage depict a wide range of daily activities & situations. They can be used to prompt discussion, assist with directions & clarify a client's needs.

The Cards cover themes such as:

- Food, Drink
- Personal Care
- Feelings, Pain
- Religion, Spirituality
- Medical & Health Specialists.

They're available in 70 languages & free to download from our website.

Go to Multilingual Resources on the home page  
[culturaldiversity.com.au](http://culturaldiversity.com.au)



# Practice Guides

- Culturally Inclusive Feedback
- Communication
- End-of-Life Care
- Food and Nutrition
- Living Environment
- Ten Steps to Developing a Diversity, Equity and Inclusion Plan in Aged Care
- Spiritual Support
- Working with Bilingual Staff
- Interpreters Policies
- Accessing Diverse Media
- Digital Inclusion
- Accessing Interpreter Services
- Effective Co-design with Consumers from Culturally and Linguistically Diverse Backgrounds



Download from  
[culturaldiversity.com.au](http://culturaldiversity.com.au)

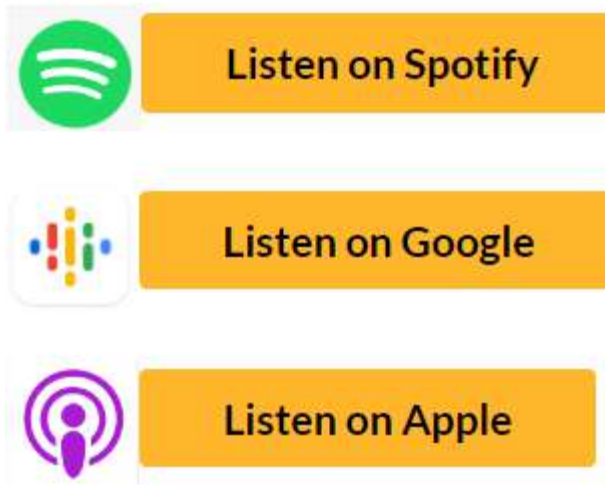


## Podcast

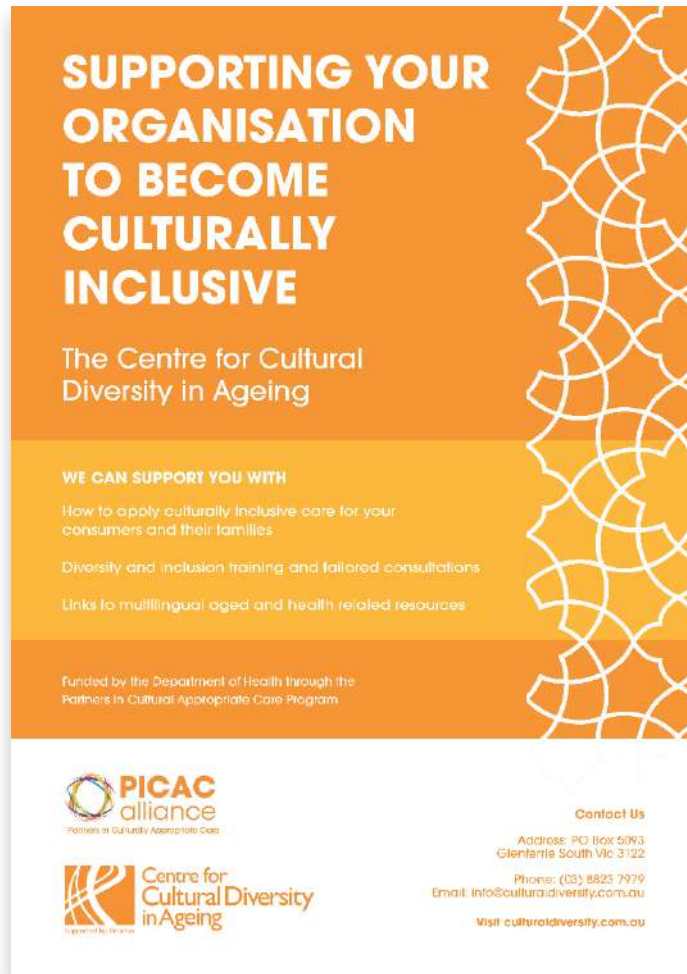


To listen visit:

[culturaldiversity.com.au/news-and-events/podcasts](https://culturaldiversity.com.au/news-and-events/podcasts)



# Poster



Download from

[culturaldiversity.com.au/about/promotional-posters](http://culturaldiversity.com.au/about/promotional-posters)

# Resources Partnership Program

The Resources Partnership Program supports aged care organisations to embed key diversity resources into their learning management systems, learning and development programs, and internal communication campaigns.

How to join the program:

- Review the 10 resources.
- Use the form on our website to select the resources you'd like to use.
- Complete the form and agree to our terms and conditions.
- We'll contact you to discuss your needs.
- We'll supply you with links, images, text and SCORM files.

The Resources Partnership Program is open to Australian Government funded and subsidised aged care organisations.

Visit: <https://www.culturaldiversity.com.au/resources-partnership-program>



# Different languages, same aged care

One of the 2021 Aged Care Royal Commission's key recommendations was to ensure that diversity is core business in aged care. **Different languages, same aged care** is funded by the Department of Health and Aged Care in partnership with Icon Agency and aims to:

- Enhance the ability of senior Australians to access information through the timely and targeted provision of translating and interpreting services
- Produce and translate information to allow aged care providers to communicate key written messages to their care recipients in languages other than English and other accessible formats

Aged care providers can request in-language materials for free through a dedicated website by registering their request + any additional materials they want translated at [diversityagedcare.health.gov.au](https://diversityagedcare.health.gov.au)

# My Aged Care Provider Specialisation Verification



- The Royal Commission into Aged Care Quality and Safety recommended that providers' diverse needs specialisation claims are verified to improve accuracy and reliability of providers' profiles on My Aged Care.
- As part of its response to Recommendation 30 a(iii) – Designing for diversity, difference, complexity and individuality, the Government implemented the My Aged Care Provider Specialisation Verification initiative on 27 June 2022.
  - The initiative puts in place a mechanism to check the accuracy of claims made by providers to deliver specialist care for older people with diverse backgrounds and life experiences.
- Prior to this date, providers could indicate that they provide specialised care without verification of these claims.

## Objective

- Ensure more reliable information is available to older people with diverse backgrounds and life experiences, as well as their loved ones and representatives, when they are making decisions about their care providers.
  - The initiative helps people find the care that is right for them on My Aged Care and identify providers that are going above and beyond to specialise in the care of specific groups.

# Verifying specialisation claims on My Aged Care

**Resources**

-  Where to find more information
-  The Specialisation Verification Framework
-  Detailed evidence requirements
-  Provider guidance manual
-  Independent assessor – Australian Healthcare Associates:  
[macspecialisation@health.gov.au](mailto:macspecialisation@health.gov.au)  
[1300 186 711](tel:1300186711)

- Aged care providers may choose to offer specialised services for people:
  - with diverse experiences, backgrounds, and characteristics
  - who identify with one or more of the groups defined as having special needs in the Aged Care Act 1997.
- To claim specialisation through My Aged Care, providers must deliver care that:
  - is sensitive to the needs of these individuals
  - goes beyond the baseline obligations of the Aged Care Quality Standards.
- Applying to have specialisation claims verified is voluntary, however if a provider wishes to claim on My Aged Care to specialise in providing care to one or more diverse needs groups, they need to satisfy the criteria set out in the Specialisation Verification Framework.
- Only claims that have been verified through this initiative are visible to consumer My Aged Care.
  - Other specialisations are also published on My Aged Care, such as languages and health conditions. These are not a part of this initiative, and at present there is no plan to verify these.



# Partners in Culturally Appropriate Care program

The Centre for Cultural Diversity in Ageing is funded through the Department of Health and Aged Care, PICAC program.

The Centre forms part of the PICAC Alliance, a national body comprising PICAC funded organisations across Australia.

The Alliance aims to be a voice and discussion conduit into information, training and resources to inform aged and community care services.

[picacalliance.org](http://picacalliance.org)



For more information, good practice stories and resources visit



[culturaldiversity.com.au](http://culturaldiversity.com.au)



[Centre for Cultural Diversity in Ageing](#)



[CCDAAUS](#)

Feel free to contact us at [info@culturaldiversity.com.au](mailto:info@culturaldiversity.com.au)