

## Inclusive Service Standards: Performance Measures (All)

*This Tip Sheet provides a summary of all the performance measures with suggested actions and strategies. It also has a table at the end aligning each performance measure with Aged Care Quality Standards.*

### Standard1: Commitment to Inclusive Services

This standard aims to ensure that the organisation clearly articulates its commitment to building an environment which responds to consumer diversity and embeds inclusive service provision across all of its systems.

Applicable to Board members, CEO's Executive roles and Senior Leaders.

#### Performance Measure 1:1

Key organisational documents such as commitment statements, strategic plans and policies demonstrate a commitment to inclusive service provision.

Suggested actions and strategies which support this performance measure
The service has identified which special needs groups, as reflected in the <a href="#">Aged Care Diversity Framework</a> , are priority groups for the organisation.
Agency wide diversity and inclusion strategy approved by Board/Council.
Diversity and inclusion are organisational pillars that inform service improvement and are viewed as fundamental to the growth and success of the organisation.
Review of all broad high-level policies, plans, mission statements, frameworks and procedures in partnership with key stakeholders reflective of the special needs groups within the <a href="#">Aged care Diversity Framework</a> .
The contributions of key stakeholders representing special needs groups within the <a href="#">Aged Care Diversity Framework</a> are included in strategic documents.
Diversity and inclusion is a commitment by executive leaders and board members. This commitment is communicated across the organisation regularly.
Diversity and inclusion committee and/or and relevant working groups exist to formally evaluate progress against diversity and inclusion goals.

## Performance Measure 1:2

The organisation's commitment to inclusive service provision is promoted to all key stakeholders.

### Suggested actions and strategies which support this performance measure

The organisation has established relationships with key stakeholders and have co-designed a diversity and inclusion statement.

The co-designed inclusion statement is shared at internal and external stakeholder meetings.

The organisation promotes their commitment to diversity and inclusion through multiple channels including staff email signatures, internal and external websites, agenda and minute templates, official letterhead templates and business cards.

The organisation creates a welcoming environment by displaying inclusive images, signage and information at places where consumers access services as well as within staff settings. For example multilingual signage or Aboriginal and Torres Strait islander flags and rainbow symbols.

The marketing and communications team are regularly trained in marketing for diverse audiences.

## Performance Measure 1:3

Quality and continuous improvement processes include the monitoring of inclusive service strategies.

### Suggested actions and strategies which support this performance measure

A diversity and inclusion lens is incorporated into risk management plans and systems through consultation with special needs group stakeholders. A risk management plan is created for each special needs group within the diversity plan.

Staff responsible for overseeing quality and continuous improvement processes are trained across diversity and inclusion topics.

Quality and continuous improvement teams have implemented diversity and inclusion categories, labels or tags within their electronic or manual risk management systems or filing that flag service risks to diverse groups.

Diversity and inclusion committee and/or and relevant working groups exist to formally evaluate progress against diversity and inclusion goals. Diversity and inclusion strategies are cross checked with external diversity and inclusion benchmarking.

Identified actions from diversity and inclusion plans are incorporated into organisation wide Aged Care Quality Standards continuous improvement plans.

## Performance Measure 1:4

The organisation identifies key roles and responsibilities which drive and promote inclusive service provision.

### Suggested actions and strategies which support this performance measure

The organisation demonstrates a commitment to diversity and inclusion at board level through the appointment of diverse membership.

Executive leaders map the key roles (inclusive of board members) that hold responsibility to promote and implement inclusive service delivery and implement the diversity and inclusion strategies.

Senior leaders map the consumer's journey through the services provided and ensure that program managers are identified as key roles that promote and drive inclusive service improvements.

## Performance Measure 1:5

Service provision procedures reflect an inclusive service approach.

### Suggested actions and strategies which support this performance measure

In partnership with or key stakeholders (for example consumer advocates, special needs groups peak bodies, senior citizen clubs and subject matter experts), review existing service provision guidelines to identify areas to increase inclusion in service provision procedures from across multiple services.

A periodic analysis of demographic consumer data, in comparison to local changing demographics and future state population prediction is conducted.

A diversity and inclusion working group or communities of practice is formed that meets regularly to discuss inclusive services approaches.

The organisation is linked to diversity and inclusion networks, research, conferences and advisory groups to keep updated on inclusive service provision.

## Performance Measure 1:6

The organisation's printed and online collateral is reflective of a commitment to delivering services in an inclusive way.

### Suggested actions and strategies which support this performance measure

In partnership with key stakeholders the organisation periodically reviews existing printed and online (internal intranet and external) web-based promotional materials.

In partnership with key stakeholders the organisation periodically researches and consults on preferred communication methods and approaches that are most accessible for diverse consumers and communities including considerations for languages other than English (printed, video and in language audio), literacy levels and plain/easy language usage, hearing and sight capacity, inclusive and gender-neutral language and culturally safe content.

A diversity communication strategy is developed based on consultation with key stakeholders. The communication strategy identifies the key areas of accessibility.

The organisation develops promotional material in partnership with key stakeholders to deliver and promote services.

Marketing and communication teams are regularly trained on marketing for diverse audiences.

Diversity and inclusion glossaries/inclusive language guides are created that provide terminology and identify priority groups as reflected in the [Aged Care Diversity Framework](#) with links for further information.

## Standard 2: Developing systems that support inclusive services

This standard aims to ensure that the organisation designs and implements inclusive services based on evidence derived from organisational reviews and consultation with stakeholders.

Applicable to Senior Leaders, program managers, cluster leads, program excellence coaches, clinical coaches and project leaders.

### Performance Measure 2:1

The organisation undertakes an analysis of strengths, gaps, capabilities and readiness to implement and maintain an inclusive approach to service delivery.

#### Suggested actions and strategies which support this performance measure

The organisation initiates audits that are reflective of priority special needs consumer groups to the organisation and the diversity groups within the [Aged Care Diversity Framework](#). Some examples of diverse group audits and tools are:

- Audits related to built environment access and wayfinding navigation and accessibility audit (inclusive of accessible reception areas, toilets, seating, elevators and pathways)
- Aboriginal Cultural Safety inclusive practices tools
- LGBTI - inclusive practice audit tool
- Inclusive service standards organisational audits
- Cultural competence audit tools.

The organisation has centralised the diverse group audits and tools with other key organisational audits.

The organisation has assigned key responsibility of completion, revision and implementation of the diverse group audits to trained staff working within organisational governance, quality and continuous improvement.

Staff feedback loops are created to feed back to the organisation any service improvements relating to diverse consumer groups.

## Performance Measure 2:2

Stakeholder consultation processes include and facilitate consultation with special needs groups.

### Suggested actions and strategies which support this performance measure

The organisation has a Diverse Communities Consultation Strategy, informed by the [Aged Care Diversity Framework](#). The strategy outlines key approaches of community consultation for example inform, consult, collaborate and co-design.

The Diverse Communities Consultation Strategy outlines multiple pathways for consumers to provide and share service experience.

The organisation invests time and resources (financial or in-kind) to build relationships with expert organisations, consultants and consumer led groups. The relationships explore co-design, knowledge sharing, cross program innovation and learning and development partnerships.

Regularly engage with your local Partner in Culturally Appropriate Care (PICAC) Provider to get up to date opportunities to consult with special needs groups.

Join local networks which discuss current issues relating to special needs groups.



## Performance Measure 2:3

The organisation has mechanisms for identifying and removing barriers that consumers from special needs groups may experience in accessing services (e.g. language barriers, lack of information, physical barriers and affordability).

### Suggested actions and strategies which support this performance measure

The organisation supports staff to identify and communicate barriers relating to special needs groups through internal staff surveys, professional development reviews, performance supervision, and team meetings.

The organisation gathers barrier information from staff. The information is analysed and categorised based on risk.

The organisation periodically researches the barriers facing diverse groups within their local community.

A diversity advisory committee is created within your organisation to identify ways to prevent barriers to service access.

Connect and consult with peak bodies, diversity networks, aged care navigators (nationwide) and access and support workers (Vic only) to keep up to date with current barriers facing special needs groups and any innovative program responses.

## Performance Measure 2:4

A system is in place for receiving feedback from consumers from special needs groups and using this feedback to improve services.

### Suggested actions and strategies which support this performance measure

The organisation has mapped consumer engagement points, where staff can collect service feedback, as well as recommended methods to successfully engage diverse consumers.

The organisation uses multiple methods to gather consumer feedback that are accessible and inclusive.

The organisation has established community-based group feedback processes. The approaches were developed in partnership with key stakeholders and include interpreter and translation use.

Partner with consumer advocacy groups and peak bodies to co-design an inclusive feedback policy.

## Performance Measure 2:5

The organisation's communication strategies include specific actions to target special needs groups.

### Suggested actions and strategies which support this performance measure

Key documents translated into preferred languages where required.

Marketing and communications teams are trained regularly in marketing for diverse audiences.

Inclusive language guide and inclusive language is embedded across all special needs groups' communications.

The organisation consults with diverse marketing consultants specialised in diverse group as reflected in the Aged Care Diversity Framework.

The organisation has co-designed with key stakeholders a diversity communication strategy that maps consumers groups and their preferred communication approaches and needs.

## Standard 3: Capacity building for inclusive services

This standard aims to ensure that the organisation's management and staff are equipped with knowledge, skills and resources required to plan and deliver inclusive services.

Applicable to Senior Leaders, program managers, cluster leads, program excellence coaches, clinical coaches and project leaders.

### Performance Measure 3:1

The organisation identifies key skills required for management and staff to be able to fulfil their responsibilities in implementing inclusive service provision.

#### Suggested actions and strategies which support this performance measure

Leaders and managers have access to a range of diversity learning resources reflective of the [Aged Care Diversity Framework](#), which are self-directed, and instructor led.

Leaders and managers are provided with instructor led professional development on topic such as cross-cultural communication, hiring and maintaining a diverse workforce, working with interpreters, culturally competent service provision and applying diversity lens to care planning.

Key skills and core competencies relating to inclusive service provision are identified relevant to the role and communicated in recruitment processes. Such skills for direct care staff include language skills, having a lived experience, experience working with diverse communities, understanding and awareness of diversity special needs groups, their cultures and issues affecting them.

## Performance Measure 3:2

Management and staff have access to up-to-date training, information, tools and resources to effectively respond to the diverse needs of consumers from special needs groups.

### Suggested actions and strategies which support this performance measure

Diversity learning and training strategy is created that includes a review of current learning modules to reflect any gaps in diversity and inclusion learning and development topics.

Diversity training calendar is created and made available to all staff in different modes e.g. online self-paced, virtually, in person and through intensive short courses.

Human resources staff are trained in diversity and inclusion topics and plan activities throughout the year that celebrate all diversity.

A diversity and inclusion intranet webpage is created with up to date diversity and inclusion topics and resources.

Diversity and inclusion section is embedded into staff newsletters and communicate.

Diversity and inclusion glossaries/Inclusive language guides are created that provide terminology and identify priority groups as reflected in the [Aged Care Diversity Framework](#) with links for further information.

Diversity and inclusion training is embedded into new staff induction.

Partner with specialist peak bodies to deliver tailored training relevant to priority special needs groups.

## Performance Measure 3:3

Management and staff key performance indicators include meeting inclusive service standards

### Suggested actions and strategies which support this performance measure

The organisation has researched and collected diversity learning and performance indicators.

Learning and performance indicators mirror the diversity training and learning schedule, the [Inclusive Service Standards](#), as well as the [Aged Care Diversity Framework](#) priority groups.

Diversity and inclusion topics are embedded into all staff performance management and supervision agenda templates.

Managers and supervisors support and track staff learning and performance through supervision. Human Resources record training completion and performance.

## Performance Measure 3:4

Induction and ongoing professional development reflects the organisational commitment to inclusive services.

### Suggested actions and strategies which support this performance measure

New staff are informed of the organisation's commitment to diversity and inclusion and provided with diversity strategy and diversity and inclusion related policies during induction.

Communities of practice have been developed, supported and promoted with the purpose of providing spaces for reflective practice across programs and teams and aligned to the diversity and inclusion learning frameworks.

Embed diversity and inclusion training in compulsory staff induction training.

Human resources staff are trained in diversity and inclusion topics and plan activities throughout the year that celebrate all diversity.

## Performance Measure 3:5

The organisation allocates budget items that support the development and implementation of inclusive service provision (e.g. interpreter services, translations, inclusive service training and targeted media campaigns).

### Suggested actions and strategies which support this performance measure

A diversity and inclusion budget is created (inclusive of financial and in-kind) that includes short term and long-term costs of diversity and inclusion innovations and structural changes.

Additional funding opportunities are sought, through federal, state and local government and philanthropic channels.

Budget example 1: Language Services Budget, a comprehensive budget that is reflective of external funding, negotiated sole provider agreement, cost effective interpreter options such as internal interpreters and translators for high use languages, translations of core information across multiple mediums and languages.

Budget example 2: Diversity and Inclusion Training schedule, a comprehensive budget that outlines the cost of online training licences, cost of instructor led training sessions, cost of staff time to access intensive short courses, the cost of temporarily replacing staff, or productivity loss while they are being trained, administrative costs to create, manage, monitor and troubleshoot the training schedule.

Budget example 3: Diversity and inclusion engagement strategies, a comprehensive budget that outlines the cost of media campaigns, video production, photography, graphic design, event management, catering, site bookings, printing costs, radio time and newspaper advertising costs.



### Table aligning each performance measure with Aged Care Quality Standards

Performance Measure	Aged Care Quality Standard
1.1 Key organisational documents such as commitment statements, strategic plans and policies demonstrate a commitment to inclusive service provision.	<i>Standard 8: Organisational governance</i> 8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
1.2 The organisation's commitment to inclusive service provision is promoted to all key stakeholders.	<i>Standard 8: Organisational governance</i> 8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
1.3 Quality and continuous improvement processes include the monitoring of inclusive service strategies.	<i>Standard 8: Organisational governance</i> 8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
1.4 The organisation identifies key roles and responsibilities which drive and promote inclusive service provision.	<i>Standard 8: Organisational governance</i> 8 (3) (c) Effective organisation wide governance systems
1.5 Service provision procedures reflect an inclusive service approach	<i>Standard 1: Consumer dignity and choice</i> 1 (3) (a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. 1 (3) (b) Care and services are culturally safe. <i>Standard 2: Ongoing assessment and planning with consumers</i> 2 (3) (b) Assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advanced care planning and end of life planning if the consumer wishes. <i>Standard 3: Personal care and clinical care</i> 3 (3) (c) The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. <i>Standard 4: Services and supports for daily living</i> 4 (3) (a) Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life. <i>Standard 5: Organisation's service environment</i> 5 (3) (a) The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.
1.6 The organisation's printed and online collateral is reflective of a commitment to delivering services in an inclusive way.	<i>Standard 8: Organisational governance</i> 8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

# Inclusive Service Standards

## Tip Sheet

<p>2.1 The organisation undertakes an analysis of strengths, gaps, capabilities and readiness to implement and maintain an inclusive approach to service delivery.</p>	<p><i>Standard 8: Organisational governance</i></p> <p>8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.</p> <p>8 (3) (c) Effective organisation wide governance systems</p>
<p>2.2 Stakeholder consultation processes include and facilitate consultation with special needs groups.</p>	<p><i>Standard 6: Feedback and complaints</i></p> <p>6 (3) (b) Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.</p> <p>6 (3) (d) Feedback and complaints are reviewed and used to improve the quality of care and services.</p>
<p>2.3 The organisation has mechanisms for identifying and removing barriers that consumers from special needs groups may experience in accessing services (e.g. language barriers, lack of information, physical barriers and affordability).</p>	<p><i>Standard 1: Consumer dignity and choice</i></p> <p>1 (3) (c) Each consumer is supported to exercise choice and independence.</p>
<p>2.4 A system is in place for receiving feedback from consumers from special needs groups and for using this feedback to improve services</p>	<p><i>Standard 6 : Feedback and complaints</i></p> <p>6 (3) (b) Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.</p>
<p>2.5 The organisation's communication strategies include specific actions to target special needs groups.</p>	<p><i>Standard 6 : Feedback and complaints</i></p> <p>6 (3) (b) Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.</p>
<p>3.1 The organisation identifies key skills required for management and staff to be able to fulfil their responsibilities in implementing inclusive service provision.</p>	<p><i>Standard 7: Human resources</i></p> <p>7 (3) (a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.</p> <p>7 (3) (b) Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.</p> <p>7 (3) (c) The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.</p>
<p>3.2 Management and staff have access to up-to-date training, information, tools and resources to effectively respond to the diverse needs of consumers from special needs groups.</p>	<p><i>Standard 7: Human resources</i></p> <p>7 (3) (a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.</p> <p>7 (3) (b) Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.</p> <p>7 (3) (c) The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.</p>

3.3 Management and staff key performance indicators include meeting inclusive service standards.

*Standard 7: Human resources*

7 (3) (e) Regular assessment, monitoring and review of the performance of each member of the workforce.

# Inclusive Service Standards Tip Sheet

3.4 Induction and ongoing professional development reflects the organisational commitment to inclusive services.	<i>Standard 7: Human resources</i> 7 (3) (d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
3.5 The organisation allocates budget items that support the development and implementation of inclusive service provision (e.g. interpreter services, translations, inclusive service training and targeted media campaigns).	<i>Standard 8: Organisational governance</i> 8 (3) (c) Effective organisation wide governance systems

*Disclaimer: This resource has been developed by the Centre for Cultural Diversity in Ageing as a starting point for your organisation and should be tailored according to the organisation's service type(s) and specific requirements. Every attempt has been made to ensure the accuracy and currency of this information, however it is not intended to be comprehensive nor does it constitute legal advice. LAST UPDATED: October 2020*

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