

# Diversity Framework 2017–2025

Diversity + Innovation = Growth

A strategy to understand and respond to the diverse needs and choices of clients/residents, the workforce and other customers



# Table of contents

Introduction	4
Diversity at Bolton Clarke	8
The three foundations of diversity at Bolton Clarke	12
Diversity planning and practice at Bolton Clarke	17
Diversity stories	20
Definitions	32
References	34

Bolton Clarke is one of Australia's largest and most experienced not-for-profit organisations providing a broad range of living, health and aged care services enabling independence and quality of life for our customers.

Our service locations extend across Australia to New Zealand, China, Singapore, the United Kingdom and Ireland with our long held values of compassion and respect remaining at the heart of everything that we do.

We acknowledge the traditional custodians of country throughout Australia. We pay our respect to them and to Elders past, present and future.

This Diversity Framework was prepared by Diversity team members: Jaklina Michael, Rosemarie Draper and Sophia Koutes.

Our society is more diverse than ever and at Bolton Clarke, diversity in all of its forms is respected and celebrated. We are committed to reflecting the same diversity in our client and resident populations as well as our workforce.

The importance of a diversity framework is not to be underestimated. When you consider that:

- almost one third of older Australians were born outside of Australia and one in five older Australians are from culturally and linguistically diverse backgrounds;
- there are over 650,000 older people identifying themselves as Aboriginal and Torres Strait Islander communities in Australia;
- almost 15,000 older Australians experience homelessness or are at risk of homelessness; and
- one in ten Australians over sixty-five lives with cognitive impairment or dementia.

Our approach to inclusive and responsive services that support the individual under this framework can make a very real difference to the lives of many people in our care.

At Bolton Clarke, we have built nationally and internationally recognised expertise in supporting people and communities with multiple diversity characteristics. We are recognised as a leader in partnering with consumers from diverse backgrounds with an Aged Care Quality Agency 2017 Better Practice Award.

Our clients originate from 168 countries and speak more than 133 languages. We provide around 43,000 visits annually to more than 2,800 clients under our Homeless Persons Program and our specialist HIV team supports people living with HIV in Melbourne today. We work consultatively with the lesbian, gay, bisexual, transgender and intersex (LGBTI) community to inform future care and service design to support individualised health and wellbeing needs.

**Our Diversity Framework aims to strengthen and support Bolton Clarke in how we identify, understand and respond to the increasing diversity of the client, resident and workforce populations.**

This Diversity Framework is aligned with our Bolton Clarke Purpose, Values and Service Development Roadmap 2025. It is also aligned with the Australian Government Department of Health's Aged Care Diversity Framework 2017.

Our organisation has also been contributing to the development of the Aged Care Workforce Strategy led by the Australian Government. This strategy will recognise the shift to consumer directed care and take a wider view of the workforce interacting with older people.

Our education and training work, through Altura Learning, includes joint projects with the Australian Government to develop training modules for care workers that support appropriate and inclusive aged care services for groups including people who are LGBTI and for indigenous Australians.

The Framework enables us to embed diversity in the corporate and clinical governance structures and management systems of Bolton Clarke. Partnering with Consumers, Diversity Conceptual Model and Health Literacy are considered the foundations of diversity at Bolton Clarke and inform policies and practices.

Our well-developed diversity planning and reporting system is designed to support local sites to better identify, understand and respond to their clients and residents, their families and carers, our workforce and potential customers. This will undoubtedly support organisational quality improvements and innovation and will also result in growth of our services.



Stephen Muggleton  
**Group Chief Executive Officer**

# Introduction

## Background and purpose

The Bolton Clarke Diversity Framework 2017–2025: Diversity + Innovation = Growth is an organisational strategy to meet the needs and choices of clients/residents, their carers and families, the workforce and other customers. It is aligned to the Bolton Clarke Purpose, Values and Service Development Roadmap 2025.

The Bolton Clarke Diversity Framework (Diversity Framework) aligns with the Australian Government Department of Health's Aged Care Diversity Framework 2017.

It has been designed for implementation across all business areas and service types at Bolton Clarke. Aspects of the Diversity Framework can also be applied to service jurisdictions outside Australia.

The purpose of the Diversity Framework is to:

- Use the Bolton Clarke definition of diversity and our three foundations of diversity to identify, understand and respond to the diverse needs and choices of clients/residents, their families and carers, our workforce and other customers
- Encourage and support the wider organisation to build capacity in diversity to embed workforce inclusion and consumer participation in policy, service and product design and delivery
- Support action to address the barriers to include and empower clients/residents and therefore provide safe and high quality care
- Partner with consumers to develop and design services and products that provide equity of access and outcomes
- Implement, evaluate and report on the outcomes of the six Bolton Clarke diversity priorities 2017–2025 via organisational Diversity Action Plans and existing Australian Government reporting processes.

The Bolton Clarke Diversity Framework (Diversity Framework) aligns with the Australian Government Department of Health's Aged Care Diversity Framework 2017.

## Legislation and policy context

The Diversity Framework recognises Bolton Clarke's commitment to align with Australian Commonwealth, State and Territory legislation; Government policy; and quality and safety standards. The Framework acknowledges the importance of ongoing analysis of the implications of legislation and policy relevant to service jurisdictions outside Australia. These are referenced in Bolton Clarke policy.

### Legislation

To protect people with diverse characteristics and life experiences, relevant Commonwealth and State legislation is referenced in Bolton Clarke policy:

- Aged Care Act 1997 (Cth)
- Human Rights Act 2011 (Cth)
- Equal Opportunity Act 2010 (Cth)
- National Disability Insurance Scheme Act 2013 (Cth)
- Carer Recognition Act 2010 (Cth)

### Government policy

Bolton Clarke aligns with the vision and overarching imperatives of the Australian Government Department of Health Aged Care Diversity Framework (2017) and Aged Care Workforce Strategy (due July 2018).

**The Bolton Clarke Diversity Framework 2017–2025 includes a focus on the needs of the nine groups of people with special needs identified in the Aged Care Act 1997. This special needs status is recognition that the following groups may experience difficulties in accessing services appropriate to their needs:**

- People from Aboriginal and Torres Strait Islander communities
- People from Culturally and Linguistically Diverse backgrounds (CALD)
- Veterans
- People who live in rural and remote areas
- People who are financially or socially disadvantaged
- People who are homeless or at risk of becoming homeless
- Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) people
- Care Leavers
- Parents separated from their children by forced adoption or removal

While not a separate special needs group under the Aged Care Act, Bolton Clarke provides care and support to people with dementia, their families and carers as core business, given its prevalence amongst older people.

Bolton Clarke is committed to contributing to the development, implementation and evaluation of Action Plans for Aboriginal and Torres Strait Islanders, CALD, LGBTI and other populations, proposed by the Australian Government Department of Health.

## Governance

The Bolton Clarke Group governance structures embrace diversity. Diversity is considered in rules, relationships, systems and processes to ensure sustainable diversity practices.

This Diversity Framework supports the establishment of policies and practices to address diversity issues at Bolton Clarke with measurable objectives and outcomes for achieving greater diversity. Bolton Clarke measures and monitors diversity objectives through regular reporting and analysis.

## Quality and safety standards

Bolton Clarke ensures compliance with all diversity-related quality requirements as per the required standards set out by the following agencies:

- Australian Aged Care Quality Agency
- Australian Council on Healthcare Standards
- Australian Department of Veterans' Affairs
- Australian Commission on Safety and Quality in Health Care
- Australian Skills Quality Authority.

## Bolton Clarke policy

At Bolton Clarke, we have dedicated policies and/or procedures on valuing diversity, health literacy, partnering with consumers, developing translations of Bolton Clarke information and arranging interpreters.

At Bolton Clarke:

- all policies and procedures are written and underpinned by reference to diversity; that is, policy statements are universally applicable to all populations, wherever this is possible
- to protect people with diverse characteristics and life experiences, relevant legislation and Government policy are referenced in policies and procedures
- examples of the specific needs of population groups are included, for example CALD, where relevant
- where mandated by legislation or Government policy, a dedicated policy or procedure for a specific population group is written, for example Valuing Carers.



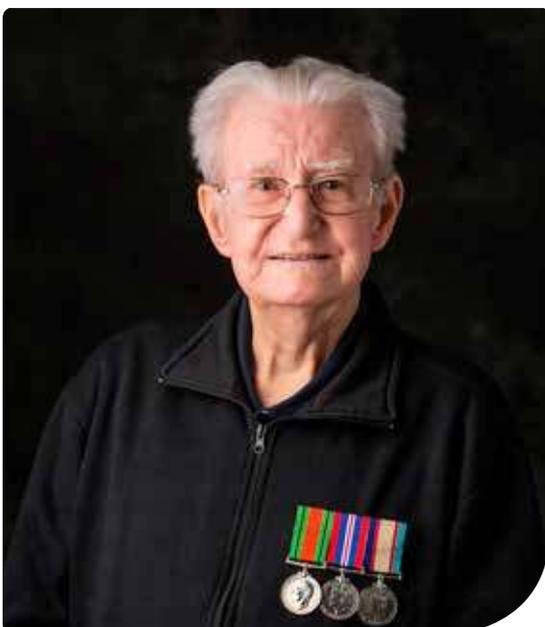
Our Carrington residential community team members at Parkinson, Queensland

## Continuous quality improvements

**Insight, innovation and evidence from research supports Bolton Clarke to continually apply better solutions to better understand and respond to the diverse needs of clients/residents, their families and carers, our workforce and other customers.**

Bolton Clarke nurtures the diversity of thought and insight of all internal and external stakeholders. This understanding of the essential diversity needs of our clients/residents and employees is critical to innovation and continuous quality improvements.

A range of qualitative and quantitative sources of data are used as evidence to inform Bolton Clarke's diversity policy, planning and practice including: Bolton Clarke Research Institute research/projects, peer-reviewed publications, population data from the Australian Bureau of Statistics (ABS) Census, reports produced by the Australian Institute of Health and Welfare (AIHW) on the health of specific population groups, incidence and prevalence reports on: disease and a range of Bolton Clarke workforce and administrative data. This helps to identify patterns of health needs and demands of population groups within Bolton Clarke service jurisdictions, catchments and the workforce required to meet these needs.



John is resident at our Rowes Bay community in Townsville, North Queensland. He served in the Australian Army and was stationed in Townsville when it was bombed in 1942.

# Diversity at Bolton Clarke

Bolton Clarke is committed to reflecting the same diversity in our client/resident population and our workforce.

## Definition of diversity

Bolton Clarke embraces diversity and is committed to accommodating differences amongst its clients/residents, their families and carers, our workers and potential customers.

The following definition is used across Bolton Clarke:

***Diversity** is about what makes a person unique and different and includes identity, life experience and beliefs. At the same time, it is about the shared characteristics and values that connect a person to groups and communities. (Michael, 2016)*

Diversity differentiates and individualises while also connecting people with groups and communities. To consider all kinds of differences and similarities effectively, Bolton Clarke's focus is on not only one, but on all, of the multiple layers of diversity (this is sometimes referred to as 'intersectionality').

To support the organisation to identify, understand and respond to the diversity of needs and choices of clients/residents, the workforce and potential customers, the following definition of a diversity characteristic is used at Bolton Clarke:

***Diversity characteristic** refers to an individual or population group characteristic such as a condition or situation that can make it difficult for a client/resident or a group of clients/residents to participate in their healthcare and wellbeing. Diversity can also be a benefit. (Michael, 2016)*

Australian Government and Bolton Clarke policy focus has been on population groups defined by a shared diversity characteristic, such as Indigenous Australians, LGBTI or CALD people. While this is valuable in improving awareness of the needs of populations with a shared diversity characteristic, it is increasingly evident that our community consists of individual people with their own person-specific multiple diversity characteristics.

## Diversity and culture

Behaviour is affected by cultural beliefs. For the purposes of this Diversity Framework, Bolton Clarke has adopted the following definition of Culture:

***Culture** refers to a set of guidelines (both explicit and implicit) which individuals have as members of a society and which tells them how to view the world, how to experience it emotionally and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment. (Helman, 1994)*

Culture can be individual, such as rituals and behaviours of an individual or family, and collective culture, such as shared rituals and behaviours of a group or community. Culture may be inclusive of religion. 'Jewish' and 'Muslim' are examples of both culture and religion.

Kleinman's important work stresses that behaviour during illness is strongly influenced by culture. Bolton Clarke policy and practices support employees to understand and respond to clients/resident behaviour that is linked to their culture. Assessing commitment to culture and levels of acculturation measures the extent to which individual clients/residents and the workforce associate with a cultural group(s). The level of commitment or adherence to the culture(s) can range from total and uncompromising, through to complete non-concern and/or non-practising association. Early recognition of this connection to cultural group(s) assists Bolton Clarke to better understand and respond to the needs, choices and health behaviour of clients/residents and the workforce (Kleinman, 1975).

## Client/resident diversity and participation at Bolton Clarke

**The Diversity Framework recognises that diversity can generate disadvantage for clients/residents and potential customers to access aged care services and to participate in their care.**

Identifying and understanding the diverse needs and choices of consumers means that the design and development of services will be relevant, culturally appropriate and safe. This will enable clients/residents to participate in their care or service provision.

Bolton Clarke understands that there is diversity between and within groups with a similar diversity characteristic, and is committed to holistic and person-centred care approaches. The main feature of person-centred care at Bolton Clarke is the concept of partnership. At its foundation, person-centred care means collaborative and respectful partnering between Bolton Clarke and the client/resident, their carer and family.

## Workforce diversity and inclusion at Bolton Clarke

**The Bolton Clarke workforce is made up of many individuals with unique backgrounds, skills, values and life experiences.** Improvements underway will allow Bolton Clarke to understand current diversity data and address future workforce requirements.

Bolton Clarke values diversity and inclusion and recognises the organisational capability and business performance improvements that it brings. A diverse workforce contributes to better business outcomes through higher levels of innovation, creativity, improved team engagement and risk management. Bolton Clarke is committed to providing a workplace in which employees have equal access. Discrimination, harassment, vilification and victimisation is not tolerated at Bolton Clarke.

Diversity can generate disadvantage for employees. Reasonable support and adjustments are made to work environments to ensure that employees are able to satisfactorily perform their roles and feel included in workplace activities.

Diversity and inclusion apply to all people practices, including but not limited to, recruitment, retention, performance management, promotions, training and development, and termination. Leaders are responsible to encourage diversity and inclusion in their teams and to model appropriate behaviour to ensure a strong and diverse culture at Bolton Clarke.

***Workforce** inclusion refers to the reasonable adjustments of workplace practices and behaviours to respond to people to ensure that individuals feel included within workplace activities. (Diversity Council of Australia, 2017)*

## Workforce training and development

The Learning and Organisational Development team are responsible for the training and development of Bolton Clarke employees, volunteers and students, working alongside our subsidiary learning provider and registered training organisation, Altura Learning.

Diversity and inclusion is supported through all learning and development programs from initial orientation to compulsory compliance training and ongoing leadership and professional development. Programs are continuously reviewed and updated to ensure the principles of diversity and inclusion are incorporated. Employees are encouraged to access current information and latest developments on diversity from the Bolton Clarke website and internal intranet.

Our Melbourne North At Home Support team supports our diverse client base.



Members of the Willum Warrain Aboriginal Association were consulted on our Talking Book project. Talking books are a digital tool that provides information about medicines for our clients, residents and their carers.

## Diversity partners

Bolton Clarke has relationships, partnerships, service agreements and memberships with many diversity focussed international and national organisations, service providers, advisors and state/territory, regional and local Governments.

We have partnerships with different types of organisations for different purposes including networking, service/project collaborations, co-design methods, advice and support.

We currently have working relationships with:

- Partners in Culturally Appropriate Care
- National and state/territory Aboriginal, Multicultural and Ethnic, LGBTI organisations and service providers
- Local ethnic service providers
- Local Aboriginal Community Controlled Organisations including Gathering Places
- Language service providers.

Bolton Clarke encourages suppliers to provide goods and services that are responsive to diversity such as, interpreting and translating, corporate uniform, meals and others.

Bolton Clarke has membership with business diversity advisors such as the Diversity Council of Australia (DCA). Our membership with DCA provides us with many benefits including:

- Access to DCA research
- Access to free information and education on a range of diversity characteristics
- Attendance at a free DCA event or viewing of webcast recording of an event
- 'Ask DCA' service for members to ask questions about diversity practice.

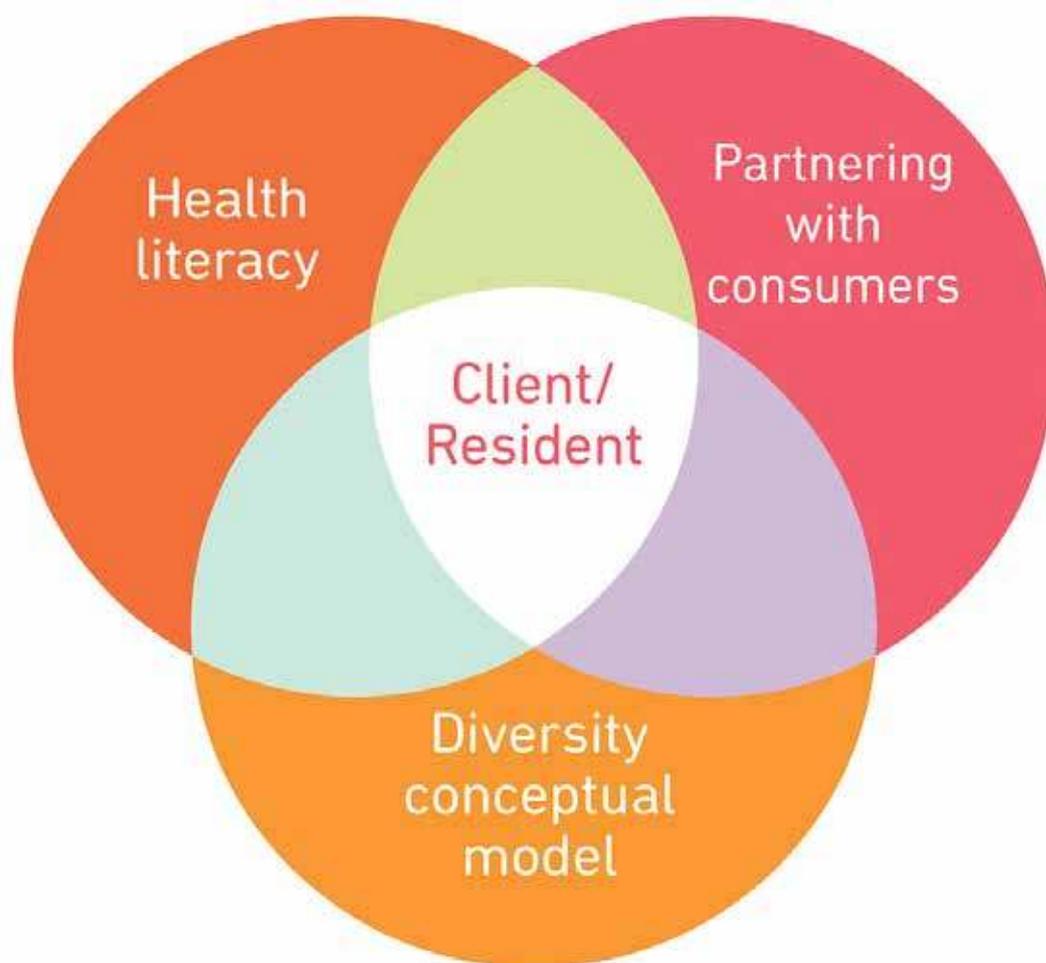
Bolton Clarke employees access information from the 'Member area' of the Diversity Council Australia website.

# The three foundations of diversity at Bolton Clarke

The following three foundations of diversity inform all policies and practices at Bolton Clarke:

1. Diversity Conceptual Model
2. Partnering with Consumers
3. Health Literacy

## Diversity Foundations



The three foundations of diversity help us provide person-centred care.

## 1. Foundation of diversity at Bolton Clarke – diversity conceptual model

The Diversity Conceptual Model supports Bolton Clarke and its workforce to identify and understand diversity and to better respond to it through policy and practice.

The Diversity Conceptual Model is made up of numerous components. Self-perceived cultural identity is presented as the central diversity characteristic. Cultural identity is inclusive of heritage, ancestry and ethnicity. A further 27 diversity characteristics are presented, that are common to and shared by older people. Continuous quality improvements and equity of care are presented as essential overarching components of the model.

Bolton Clarke understands that the Australian community consists of people with multiple person-specific diversity characteristics that impact on equity of access to services and care.

Our teams work together to provide ongoing care and support for residents at our 26 aged care communities.





## 2. Foundation of diversity at Bolton Clarke – partnering with consumers for diversity co-design model

**The Partnering with Consumers for Diversity Model is a co-design approach that is used by Bolton Clarke in both research and quality improvement processes to inform policy and service design.**

The theoretical basis of the Partnering with Consumers for Diversity Model (from here on, The Co-design Model) outlines how Bolton Clarke works in collaboration with clients/residents to better understand the impact of low health literacy to better meet their health information needs, so that they can participate in their care and services.

It was designed to accommodate equal participation from all Australian population groups including Aboriginal and Torres Strait Islanders, and English speaking and non-English speaking people. The Co-design Model can be applied to the development of all types of culturally and linguistically appropriate aged care policies and products.

The business processes of the Co-design Model requires Bolton Clarke to work in collaboration and relationship with peak community representative organisations, which have the expertise and links to identify appropriate sample groups of consumers, with a common and shared set of diversity characteristics, to actively engage them to contribute to the development of client/resident/consumer information.

The Co-design Model supports the organisation and its workforce to learn from clients/residents/consumers about their health beliefs and perceptions around illness prevention, causation and appropriateness of treatments. This understanding informs the content of consumer information (in English and other languages) so that the information is relevant and clients/residents can understand and apply the information to their care and services.

The Co-design model is applicable to support the needs and choices of all population groups including indigenous, English speaking and non-English speaking populations.

**The following are principles of the Co-design Model:**

- We have clients/residents with diverse needs and from different backgrounds.
- We recognise that diversity can create disadvantage for clients/residents to participate in their care and services.
- We are committed to developing our services and products together with consumers for consumers.
- We believe consumers are partners in the processes of service and care provision and they must all be able to give, receive, understand and act upon information.



The Bolton Clarke Partnering with Consumers for Diversity model won a 2017 Australian Better Practice Award and is a nominee for the 2018 SilverEco and Ageing Well International Awards.

### 3. Foundation of diversity at Bolton Clarke – health literacy

**The health literacy and information needs of clients/residents, their families and carers, our workforce and other customers is considered with all that we do.**

Bolton Clarke is using a coordinated, collaborative and stepped approach to address health literacy from a safety and quality perspective. Major achievements have been gained by Bolton Clarke in this area. Notable outcomes have been: the establishment of a Health Literacy Policy within the organisation, key employees completing a Health Literacy Development Course, the development of Digital Talking Books, the National Language Line, a guideline for developing information in plain English and Translation Standards.

At Bolton Clarke:

***Health Literacy** means the ability to access, understand, appraise and apply information to effectively participate in health care. (ACSQHC, 2014)*

***Low health literacy** means a person has an inability to access, understand, appraise or apply information. (ACSQHC, 2014)*

We believe clients/residents, their carers and families, our workforce and other customers are partners in the processes of care provision and they must all be able to give, receive, understand and act upon information.

#### Plain English and Translation Standards

Bolton Clarke has researched, developed and adopted a guideline to support the development of information in 'Plain English' for clients/residents, our workforce and potential customers.



Translation Standards and a related 'tick' device is a registered trade mark in Australia and New Zealand. It has been operationalised into policy and practice at Bolton Clarke, to guide the development of translated information from 'Plain English'.

**Translation Standards are presented as a best practice approach to embedding health literacy in high-level systems by the Australian Commission on Safety and Quality in Health and Care (ACSQHS, 2014, 7:34)**

# Diversity planning and practice at Bolton Clarke

The Diversity Framework is an organisational strategy to understand and respond to the diverse needs and choices of clients/residents, their families and carers, the workforce and potential customers. Its implementation and management is supported by the following organisational structures:

**Diversity Manager** provides leadership and expert advice to the wider organisation and its' workforce on legislation and Government policy that impacts on diversity across all business areas. The Diversity Manager is responsible for ensuring highly professional coordination of the Diversity program.

**Diversity Coordinators** are dedicated staffing positions with a state or regional focus. Diversity Coordinators are integral to supporting the local implementation of the Diversity Framework in an efficient, effective and qualitative manner.

## Diversity Coordinators:

- Support state or regional service sites and their workforce to identify and respond to the local needs of clients/residents, their families and carers, workers and potential customers.
- Facilitate relationships and partnerships with local service providers including Aboriginal Community Controlled organisations, ethnic and multicultural organisations, LGBTI and other organisations.
- Support site Managers with the implementation, evaluation and reporting of annual Diversity Action Plans.



Our clients and residents are proudly diverse with multiple diversity characteristics.

## Diversity Action Plans

Diversity planning and practice processes at Bolton Clarke comply with the Australian Government Department of Health Aged Care Diversity Framework (2017) and other relevant Australian and State Government policies and accreditation processes.

Bolton Clarke undertakes diversity planning and practice through annual State-based Diversity Action Plans. The Bolton Clarke Purpose, Values and Service development roadmap to 2025 informs the State-based Diversity Action Plans.

State-based Diversity Action Plans are designed to support local sites to better identify, understand and respond to the diversity of needs and choices of clients/residents, their families and carers, our workforce and potential customers.



Our care workers form a strong rapport with clients and enjoy discussing a wide range of topics during their visits.

State-based Diversity Action Plans are stored on the organisation's intranet. Site Managers are responsible for implementation of the Diversity Action Plan and use RiskMan to document progress of the following six Diversity priorities and their related actions:

### **Diversity priority 1**

Introduce, improve and/or promote policy, services or products to meet the diverse characteristics and life experiences of clients/residents, the workforce and potential customers.

### **Diversity priority 2**

Increase the development and use of language services to support effective communication between employees and clients/residents, their families and carers and potential customers.

### **Diversity priority 3**

Work with clients/residents, their families and carers, our workforce and potential customers to enhance services and products, to meet the diversity of needs and choices.

### **Diversity priority 4**

Increase the take up of Bolton Clarke services by people from the nine special needs groups identified in the Australian Aged Care Act 1997.

### **Diversity priority 5**

Recruit for workforce diversity to reflect local service jurisdiction or catchment population demographics.

### **Diversity priority 6**

Improve the knowledge, awareness, skills and behaviour of employees to better understand and respond to the diverse needs and choices of clients/residents, potential customers and each other.

# Diversity stories

This Framework contains nine diversity stories about clients/residents and the workforce.

Each story has a specific focus, for example Aboriginal, CALD, LGBTI, Veteran, diversity of thought, inclusion, wound and elder abuse but also presents the multiple diversity characteristics and holistic needs of a client/resident and our workforce. Diversity stories are an integral part of identifying, understanding and responding to diversity.

Nine diversity stories in total are presented. Figure 2 (page 22) is a sample client/resident diversity story on Mr P. It illustrates the distinct nature of each diversity characteristic which in most instances is connected with other diversity characteristics and helps us to consider the context and the multiple needs of an individual client/resident. Additional client/resident and workforce diversity stories are presented on pages 21–30.

The six client/resident stories have been developed as interactive Digital Diversity Stories (also known as 2DS) and are used in workforce training and development programs. These are available on the Bolton Clarke website at [www.boltonclarke.com.au/working-with-diversity](http://www.boltonclarke.com.au/working-with-diversity).

The Diversity Stories are used together with the Diversity Conceptual Model to support concept learning for the workforce. This helps Bolton Clarke employees to identify, understand and classify client/resident diversity characteristics which can be critically analysed for connection and disadvantage. This is applied to assessment, care planning and service delivery.

# Client/resident diversity story 1

## Culturally and linguistically diverse (CALD)

Mr P was born in Turkey and migrated to Australia in 1968. He self-identifies as Assyrian, speaks and understands Assyrian and learned Turkish for four years in his local village school. He experienced trauma and was tortured as a prisoner of war during World War II.

In Australia, he worked in a motor vehicle factory for 20 years. Mr P is 86 years of age and lives in Sydney. He is a widower and has two married children; a son in Perth and a daughter in Hobart. His wife tragically passed away in a motor vehicle accident 10 years ago, and Mr P has little contact with his children.

Mr P has mobility issues and uses a walking stick. He is member of the Holy Apostolic Catholic Church of the East and the priest visits him often. He has no superannuation and relies on his aged care pension. He lives alone in a rental unit. He does not speak English well.

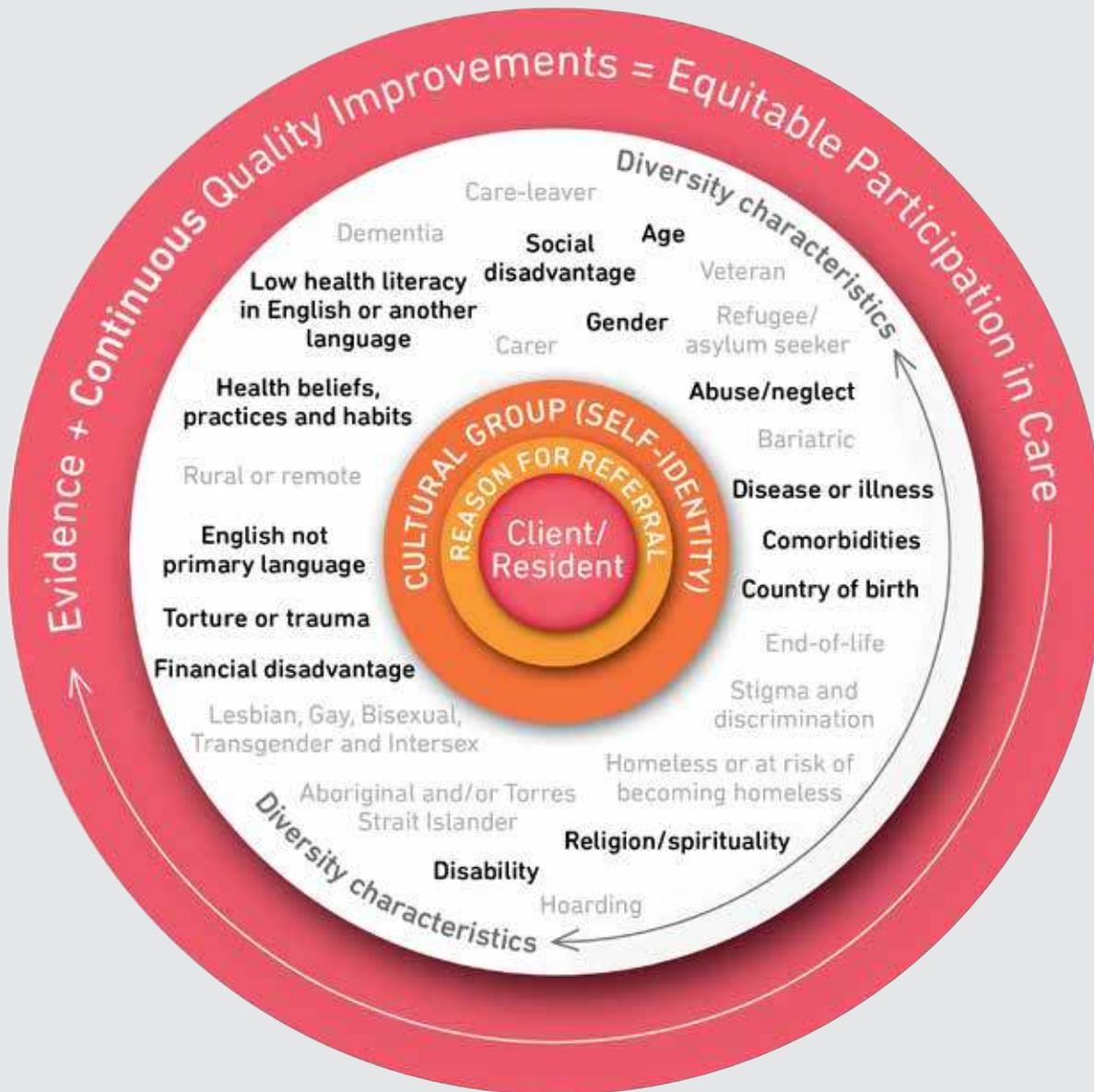
He is a heavy smoker and continues to drink alcohol—against advice—throughout the day, as he believes it helps him with his appetite. Mr P also suffers from anxiety and depression and takes medicines to manage these conditions.

Mr P recently had a stroke. This further reduces his capacity to be self-caring.

Mr P recently accepted a Home Care Package from Bolton Clarke. Following initial discussions with his case manager, Mr P decided to accept domestic assistance and an Assyrian speaking personal care worker to assist him with showering. He also agreed to nursing assistance to manage his insulin therapy, blood glucose monitoring and oral medicines.

# Diversity Conceptual Model

Figure 2 below, is Mr P's conceptualised diversity story. Diversity characteristics, starting from cultural group, are considered when planning and delivering holistic and person-centred care and services.



## Client/resident diversity story 2 (Aboriginal focus)

Mr B is a 58 year old Aboriginal man who lives in Sydney, New South Wales. His only living family is a brother, who lives in Cairns, Queensland. He had limited education opportunities in his early life on his country in Queensland. He is not able to read English well, as this is not his first language.

Mr B and his partner rent a house in the inner suburbs. The house is run down and the power was disconnected when they were unable to pay their electricity bills. They use a gas lamp for lighting. They also try to stay warm in winter by keeping the gas oven on, with the door open. Both Mr B and his partner have recently experienced health problems. This makes it hard for them to find work.

Mr B was recently referred from hospital to Bolton Clarke for a home nursing service. He had been admitted for unstable diabetes and chronic obstructive pulmonary disease. He was withdrawn and mostly silent in hospital. This led some staff to become concerned about his capacity to understand and make decisions about his health.

The Aboriginal Hospital Liaison Officer became involved for support while Mr B was in hospital and on discharge. Other medical and allied health staff remained worried about how he would cope at home. The lack of power and refrigeration for insulin and food storage was a major concern. The hospital therefore suggested residential care be considered. Mr B did not want to be separated from his partner. He discharged himself from hospital against medical advice.

An Aged Care Assessment was conducted through My Aged Care. A referral was made to Bolton Clarke to provide daily monitoring of insulin, blood glucose levels and medicines. Once Bolton Clarke employees were able to develop a trusting relationship, Mr B was willing to discuss his health and other needs. With their consent, Mr B and his partner were referred to a local Aboriginal Health Service. They were supported to find more appropriate accommodation and to have financial counselling. They also got help with nutrition, podiatry and ongoing support. Mr B agreed for a local pharmacy to store his insulin supplies, until more suitable arrangements could be made.

Mr B's diabetes management was stabilised and his general health and nutrition improved.

# Client/resident diversity story 3

## (Veteran focus)

Mr J is a 95 year old Veteran who served in World War 2. He has a Gold Card from the Australian Department of Veterans' Affairs. This gives him access to a range of services and treatments.

Mr J has recently moved to live at a Bolton Clarke residential aged care facility in Caloundra, Queensland. He told staff that he never wanted to leave his own home, but he is now really happy.

Mr J explained that as a young child he had been in a children's home following the death of his mother. He was a State Ward for 10 years before running away and joining the army. He had to lie about his age to join up because he was only 15 years old. He felt he had no choice because he had been abused while living in State care.

Mr J told the staff that the abuse he had received at the children's home, as well as his war experiences, had traumatised him.

On discharge from the army, Mr J married and had children. After his children moved out of home, his wife left him. He ran a successful shoe repair business. He struggled with depression and anxiety and was a heavy drinker. In recent years, his health deteriorated and he was no longer able to live alone at home. Mr J shared that he had suicidal thoughts about returning to live in a care home.

However, after just a few weeks of living in an aged care home, he realised that this was a different experience. He felt the employees really listened to him. They were keen to learn about his needs and wishes and very interested in his life story.

Mr J still likes to do things for himself. Personal care workers assist with showering and dressing when he feels he needs this. He also attends a hydrotherapy program to improve his fitness and mobility.

## Client/resident diversity story 4 (Elder abuse focus)

Mrs L is an 89 year old pensioner who arrived in Australia in 1983 from Hong Kong. She speaks Cantonese and has limited English. Mrs L lives with her 59 year old son in a retirement village. She is Roman Catholic but is no longer able to attend church services, due to mobility issues.

Mrs L is also no longer able to visit her close friend, who lives nearby.

The staff at the retirement village organised for Mrs L to receive home nursing for her diabetes and wounds. During a wound assessment with an onsite interpreter, Mrs L shared she had authorised her son to withdraw money from her account to pay bills. She recently received letters about overdue bills. Mrs L accepted the nurse's suggestion to discuss this with a Bolton Clarke Social Worker.

During the social work visit, a number of options were discussed to resolve these issues. A professional interpreter was used to ensure good communication between Mrs L and the social worker. Mrs L said she could not allow her son to get into trouble with any authorities or to lose face. She wanted to sort out the issues herself.

Mrs L was advised she could contact Bolton Clarke by using the National Language Line. This would connect her to a professional telephone interpreter to speak directly with the Social Worker. Mrs L was shown how to use this service. Six weeks later, the social worker received a call from Mrs L. She was distressed as she had received disconnection notices from her water, gas and electricity providers. The Social Worker took her to her bank where a Cantonese speaking bank teller assisted. Mrs L made the decision to revoke the authority for her son to withdraw money from her account. Instead, she set up direct debits for bill payments.

During follow up visits, the social worker also linked Mrs L to other aged care services, including weekly visits to a local Chinese social support group. Mrs L was also referred for a Home Care Package with Bolton Clarke. She now has a Cantonese speaking personal care worker who takes her to church and to visit her friend regularly.

# Client/resident diversity story 5

## (Wound focus)

Mrs D is a 68 year old with Maori ancestry, who was born in Christchurch, New Zealand. She was living with her elderly parents and her younger brother and his wife, when an earthquake occurred. Their house was completely destroyed and they were left without a home.

When Mrs D's brother found a job in Melbourne, Victoria her family decided to migrate as well. Five members of her family are currently settled in a small unit in the south-eastern suburbs of Melbourne near extended family.

Mrs D's family are members of the local Catholic church and they attend services each week. She helps her extended family care for her father, who was recently diagnosed with stomach cancer.

Mrs D is 160cm tall, is morbidly obese (135kg) and has type 2 diabetes. She also has a leg ulcer.

The family speaks Maori at home. Mrs D had limited opportunities for schooling and finds it difficult to read English. She had problems with self-managing her diabetes and her wound, so receives support from Bolton Clarke nurses to manage these. All support provided by Bolton Clarke is demonstrated and discussed rather than given to her in written form.

Mrs D is unable to reach down to wash or moisturise her legs. Bolton Clarke personal care staff provide assistance with this.

Mrs D's family also uses traditional Maori medicine to complement the service provided by Bolton Clarke.

Migration to Australia has further disadvantaged Mrs D. As well as experiencing isolation and settlement issues, she is also facing greater financial disadvantage. She cannot afford the wound care products and as a newly-arrived migrant to Australia, she is not eligible for any benefits. In New Zealand, wound care products are provided free of charge. Bolton Clarke however, has helped Mrs D to pay for products through an internal trust fund.

Mrs D's management of her diabetes has improved immensely and her wound is currently healing.

## Client/resident diversity story 6 (Transgender focus)

Ms T is an Australian born 67 year old transgender woman. She transitioned from male to female at age 62, following the death of her wife. She has been on hormones for 5 years. She has not yet undergone gender reassignment surgery. She still has male sexual organs.

Ms T has no contact with her family, and now relies on the aged care pension. Due to her tight budget she cut down the amount of hormone medicine she needs. She is also unable to afford treatments for facial hair removal.

Ms T feels anxious when accessing health and aged care services. She experiences discrimination due to her gender identity, and she also struggles with depression.

Ms T was recently admitted to hospital. She was having problems with passing urine due to an enlarged prostate. Her medical management in hospital included the insertion of a catheter. On discharge from hospital, she was referred to Bolton Clarke for continence and catheter nursing care. On the referral form Ms T was listed as male.

When the Bolton Clarke nurse first met Ms T, the nurse was surprised that she had a female appearance. After some respectful discussion, Ms T started to share her gender history with the nurse. She told the nurse that she was happy for this information to be shared within Bolton Clarke, but not outside the organisation. The nurse explained the importance of confidentiality of personal and health information at Bolton Clarke. The nurse recorded the correct self-identification of Ms T's gender.

After the initial meeting the nurse looked for more information from the 'Guidelines for working with transgender and gender diverse people at Bolton Clarke' to better understand Ms T's needs and choices.

The next time Ms T was seen, the nurse taught her about her catheter and the procedure to change it. Ms T's information was also shared in Bolton Clarke records to ensure that other staff are aware of her correct catheter equipment and procedures.

# Workforce diversity story 1

## (Diversity-of-thought focus)

Due to an employee being on sick leave, a relieving personal care worker Alana, was allocated a hygiene visit to Mrs K, an 80 year old Sikh client, who had migrated to Australia from India in 1979. Alana checked the electronic client record information and alerts prior to the visit and was aware that Mrs K had a history of mental health issues.

On arrival at Mrs K's home, communication was difficult as Mrs K has limited English language skills. Mrs K also seemed agitated and kept repeating words in a language that Alana could not understand.

However, Mrs K seemed to be aware that Alana was visiting to assist her with showering and led her to the bathroom. Alana explained in words and signs to Mrs K that she should follow her usual routine with showering and that Alana would help with any aspect she found difficult to do, such as undoing of buttons due to Mrs K's arthritis.

When Mrs K started to undress, Alana saw that she wore a belt, on which was attached what seemed to be a sharp dagger.

This frightened Alana but she proceeded with providing the client care. On leaving Mrs K's house, Alana immediately contacted her line manager to ask if she should contact Mrs K's family or the police due to the potential risk to Mrs K and/or others.

Alana was asked to complete an incident report and this issue was also immediately reported to the Diversity Manager.

When the Diversity Manager was gathering information about this incident, she consulted an office based staff member, who she knew was also of the Sikh faith. This staff member advised that all baptised Sikhs always carry a small sword known as a Kirpan, which are one of their five articles of faith. The Kirpan symbolises a way to maintain and protect the weak and needy and for self-defence. It is never to be used in anger. The Diversity Manager was also later advised that other staff were aware of this practice as it had been explained by the family at the time of admission and had been assessed as not being an issue of concern. However, this information had not been recorded on the client's electronic record. A recommendation was made that cultural and religious practices always be recorded electronically when relevant in client/resident care.

## Workforce diversity story 2 (Gender focus)

Tomas is a registered nurse who has worked for Bolton Clarke for 15 years. Tomas was born in Africa with Asian heritage and came to Australia when he was 16 years of age. His nursing degree was completed at a University in Adelaide.

During an evening shift, Tomas received a call-out from the Bolton Clarke Customer Service Centre (CSC), asking him to attend to a client needing an indwelling catheter change.

On arrival, when the client opened the door, she immediately asked if there was a female nurse available to assist her instead of a male nurse. The client, Mrs K, was 82 years of age and had migrated to Australia from Hungary. She spoke limited English. She explained that she had not known that district nurses could be male and appeared nervous about having a male standing at her door.

Tomas advised Mrs K that he would check if it was possible to arrange for a female nurse to visit instead. He phoned the other nurse on duty but she was located too far away to attend.

Tomas explained this to Mrs K, and that she had the option of going to the Accident and Emergency Department at the local hospital. However, Mrs K declined this and instead agreed for Tomas to change her catheter to relieve her increasing discomfort.

While providing to her care needs, Tomas began a conversation with Mrs K about what it had been like for him, when he first arrived in Australia, to try to put her at ease. They found that they had many experiences in common when they were new migrants arriving in this country. Mrs K also told Tomas that her schooling had been severely disrupted during World War 2, so she had difficulty reading Hungarian as well as English. She said she was so glad the younger generation, the children of migrants like Tomas, now had the opportunity to get a University education and have professional jobs.

Towards the end of his shift Tomas rang Mrs K to check if everything was going well with her catheter. Mrs. K said that she was grateful for the care that was provided and that she was no longer in discomfort.

Mrs K also commented that she felt that Tomas had been able to help her to overcome her reluctance to accept care from a man for such a personal health need. She said that in future, she would possibly be more willing to accept help from male health workers to attend her other care needs.

# Workforce diversity story 3

## (Inclusion focus)

The Diversity Coordinator noticed that a participant at a Bolton Clarke employee induction session was wearing the corporate wardrobe but also wore a headscarf with a non-Bolton Clarke design. During a break, the Diversity Coordinator asked the new employee about options for her to wear the scarf.

The employee, Yasmin, explained that the headscarf she wore was called a hijab and that she would like to be able to coordinate this with the rest of her working wardrobe.

The Diversity Coordinator then asked other employees who wore headscarves at work if they would like the scarf added to the wardrobe range. They provided feedback, including the types of materials and size that it should be. It was also noted that there are other religions and cultures where it was customary to cover hair and that options for a headscarf as part of the staff wardrobe would have wider benefits.

This feedback has generated further consultation regarding cultural and religious considerations that require a certain dress standard in relation to the corporate wardrobe. Feedback gathered will provide input into a review of Bolton Clarke's existing employee standard of dress guideline that ensures all employees present a professional and well-groomed image and supports safety.



Almost one third of older Australians were born outside of Australia and one in five older Australians are from culturally and linguistically diverse backgrounds.



Consumer testing of the content of a new digital talking book at the Aboriginal Balee Group in Hastings, Melbourne



# Definitions

<b>Care Leaver</b>	is a person who spent time in care as a child (under the age of 18). This care could have been foster care, residential care (mainly children's homes) or another arrangement outside their immediate or extended family. Care Leavers are also known as Forgotten Australians, Child Migrants or Stolen Generations.
<b>Carer</b>	means a person who provides personal care, support and assistance to another person in an informal unpaid 'care relationship'.
<b>Client</b>	is the term used for people receiving services from Bolton Clarke outside of residential aged care.
<b>Consumer</b>	is a collective term that refers to people who use, or are potential users of Bolton Clarke services, including their families and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.
<b>Consumer Participation</b>	is when consumers (clients and the broader community) actively participate in their own care, and in policy, planning, service delivery at service and organisation levels.
<b>Consumer Representative</b>	is a person who is a member of, or associated with, an organisation of consumers or community members usually with a focus on a shared diversity characteristic(s).
<b>Culture</b>	refers to a set of guidelines (both explicit and implicit) which individuals have as members of a society and which tells them how to view the world, how to experience it emotionally and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment.
<b>Customer</b>	is the term used for people who are potential Bolton Clarke 'clients' of the future.
<b>Diversity</b>	is about what makes a person unique and different and includes identity, life experience and beliefs. At the same time it is about the shared characteristics and values that connects a person to groups and communities.
<b>Diversity characteristic</b>	refers to an individual or population group characteristic such as a condition or situation that can make it difficult for a client or a group of clients to participate in their healthcare and wellbeing. Diversity can also be a benefit.

<b>Diversity Conceptual Model</b>	is a Bolton Clarke innovation that supports thinking about diversity. It assists us to think, understand and solve problems associated with customer, employee and population diversity and possible associations with disadvantage. The model encourages use of evidence and continuous quality improvements to inform and create opportunities for more equitable participation and inclusion in healthcare, wellbeing and employment through policy, planning and practice.
<b>Health literacy</b>	means the ability to access, understand, appraise and apply information to effectively participate in health care.
<b>Inclusion</b>	refers to the reasonable adjustments of workplace practices and behaviours to respond to people to ensure that individuals feel included within workplace activities.
<b>Low health literacy</b>	means a person has an inability to access, understand, appraise or apply information.
<b>Person-centred care</b>	is treatment and care provided by health services [that] places the person at the centre of their own care and decision making. It also encourages consideration of the needs of the person's carers.
<b>Residents</b>	are people living in Bolton Clarke Residential Aged Care Services and Retirement Living.
<b>Wellness approach</b>	an approach to service provision which involves assessment, planning and delivery of supports that build on the strengths, capacity and goals of individuals, and encourage actions that promote a level of independence in daily living tasks.

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# National Language Line

Clients, residents and their families or carers can contact us in their preferred language using the National Language Line

- 1300 131 089 إذا كنتم بحاجة إلى التحدث إلينا الرجاء الاتصال على الرقم (Arabic)
- 如果您需要與我們聯絡，請致電 1300 132 475 (Cantonese)
- Ako želite razgovarati sa nama, pozovite na 1300 538 673 (Croatian)
- Αν χρειάζεται να μας μιλήσετε παρακαλείστε να τηλεφωνήσετε στο 1300 539 128 (Greek)
- Se hai bisogno di parlare con noi, telefona al 1300 563 448 (Italian)
- Ако сакате да зборувате со нас, јавете се на 1300 043 200 (Macedonian)
- 如需和我们谈话，请拨打 1300 732 962 (Mandarin)
- Jeśli chcesz się z nami skontaktować dzwoń pod numer 1300 738 085 (Polish)
- Если вам нужно поговорить с нами, то позвоните по номеру 1300 791 051 (Russian)
- Nếu cần nói chuyện với chúng tôi, xin gọi số 1300 798 068 (Vietnamese)
- If you need to speak to us please ring 1300 824 661 (All other languages)

## How to contact us:

[boltonclarke.com.au](http://boltonclarke.com.au)  
1300 22 11 22

### **National Language Line:**

Clients/residents can contact us in their preferred language via the National Language Line

[boltonclarke.com.au/national-language-line/](http://boltonclarke.com.au/national-language-line/)  
1300 824 661

### **National Relay Service**

Clients/residents who are deaf, or have a hearing or speech impairment, can contact us through the National Relay Service.

[relayservice.gov.au](http://relayservice.gov.au)

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