

Title Diversity, identity and belonging

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Panellists

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[Announcer]

Across Australia, there's a network of independent, not-for-profit organisations giving a voice to older people at every stage of their aged care journey. Nationally, these organisations come together as members of OPAN, the Older Persons Advocacy Network.

Whether you or a person you care for is seeking aged care services or is receiving aged care services at home or living in residential aged care, our network of advocates are here to help you. Understand your rights. Resolve any issues you may be having with your provider. Help you express your needs and concerns. And we can help you access services you are entitled to.

Plus, our support is free and confidential, and we're independent from both government and aged care providers, meaning we're on your side. Nationally, we also raise awareness of aged care issues, taking your voice all the way to government.

To be put through to your local, state or territory aged care advocacy service, call OPAN's National Support Line on 1 800 700 600, or for more information, visit open.org.au. OPAN, the Older Persons Advocacy Network.

[Craig Gear]

Hello, my name's Craig Gear, and I'm the CEO of the Older Persons Advocacy Network, or also known as OPAN for short. I'd like to welcome you to this webinar on diversity, identity, and belonging.

Before we begin, in the spirit of reconciliation, the Older Persons Advocacy Network acknowledges the traditional custodians of country throughout Australia and their connections to land, sea, and community. And we acknowledge the Gadigal from the Eora Nation on whose lands we're on today.

We pay our respects to elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples joining us today.

Now, as we get older, the things that make us who we are don't suddenly become less important.

Our culture, language, beliefs, relationships, personal circumstances, and experiences, they all shape who we are, what matters to us, and how we want to live our lives.

And when we need aged care, whether that's supporting the home or residential aged care, recognising and respecting those individual needs can make a really real difference to our wellbeing, our independence, and quality of life. It also leads to better aged care.

When providers genuinely understand the person they're supporting, for example, how they prefer to communicate, what's important to them, who matters in their life, and their individual needs and preferences, it

can help to build trust, to improve communication, and lead to care that is high quality, safe, and person-centered.

Now, the Aged Care Act recognises older peoples' diversity, rights to dignity, respect, inclusion, and equitable access to services. And the Aged Care Quality Standards also require providers to understand and respond to each person rather than taking a one-size-all approach.

Because good aged care is about more than meeting clinical needs. It's about recognising the whole person and enabling them to live the life they choose.

What does that look like in practice? What should providers be doing to deliver care that recognises and celebrates and respects diversity? And what should older people expect from the services they receive? Well, they're all the things we're going to explore today.

So coming up, we'll unpack what we mean by diversity and the requirements providers must meet.

We'll explore why recognising and responding to peoples' diverse needs matters and how it supports wellbeing and quality of life.

We'll discuss the importance of connection and belonging, and what inclusive and person-centered care looks like in practice.

We'll also cover speaking up and getting support if your rights and needs aren't being met.

And we'll finish with your questions in our live Q&A.

Right, now, to help us unpack this, I'd like to introduce today's expert panel.

First up, joining us from Melbourne is Rachael Was, the CEO of Meaningful Ageing Australia, the national peak body championing emotional and social care for older people.

And joining us here in the studio is Anthony van Ballegooij, who I know as Tony. Tony is our diversity lead here at OPAN, heading up our provider diversity training.

Welcome, Rachael and Tony.

Also, today, we'll be hearing from diverse older people across Australia on this topic through conversations that we recorded earlier.

And if you need further support or you're having any issues with your government funded aged care services, OPAN's member advocates across Australia are here to provide free, independent, and confidential support. You can access them by calling the Aged Care Advocacy Line on 1-800-700-600.

Right, let's get started with unpacking what we mean by diversity and provider requirements under the Aged Care Act.

Tony, I'll start with you. Diversity can mean lots of different things to different people. What are we talking about here? And more importantly, who are we talking about?

[Anthony van Ballegooij]

Absolutely. Diversity in itself is so broad. And oftentimes people's mind immediately goes to cultural diversity or LGBTI when it comes to talking about diversity. And that is an absolute integral and important part when it comes to recognising and respecting someone's identity and diversity, but it's so much broader than just that.

Within our legislation, there are a number of diversity characteristics that are enshrined, as you'll see here on the screen, including people who are veterans or war widows, people living in rural and remote areas, and people who are neurodiverse, just to name a few. And each of these would deserve their own webinar, I would say, because there is just so much to learn.

But it's also important to recognise that there's so much diversity within diversity. There is not one way of working with people from a certain culture or people that live in rural or remote areas, for example. People aren't monoliths, so to speak. And I guess that really talks to the concept of intersectionality as well.

So intersectionality really talks to how different parts of someone's identity and their life history and experiences all come together to form what kind of challenges and what kind of opportunities someone has within their life as well. I think it's also really important to remember that the older person themselves is the expert on experiences and diversity.

[Craig Gear]

Yeah, I mean, thanks, Tony. That really reinforces just how individual each of us are. And also wanna recognise what a huge role a community plays as well.

Now, when we talk about aged care, understandably there can be a lot of focus on our physical health and clinical needs. They're obviously incredibly important. But our overall wellbeing is much more than that.

How we feel, the relationships and connections that we have, our sense of identity, belonging and purpose, are all just as important to living well as we age. That's why there are now important inclusions under the new Aged Care Act around the need for providers to respect diversity, identity, and cultural needs.

Some of these are set out in the Statement of Rights, which outlines the rights older people have when accessing any aged care services. And we're gonna dive into those in a moment.

It's also the Aged Care Quality Standards, which importantly, they're not simply aspirational, they're requirements that providers must meet. And you'll see them on your screen now. And smack bang in the centre there is Standard 1, the individual, which states that your provider should understand who you are and what matters to you, and use that understanding, importantly, to shape how your care and services are delivered.

Tony, can you walk us through some of these rights and protections and I suppose what they really mean in practice for an older person.

[Anthony van Ballegooij]

Yeah, absolutely, I can. So one of them is the right to autonomy and freedom. And that also means that providers need to recognise your individuality and lifestyle diversity, and not just recognise them, but also respect them, including taking any risks that you might want to take.

When it comes to equitable access, for example, service delivery must be free from discrimination, and also account for individual personal experiences, and take into account the impacts of past trauma and specific cognitive conditions, such as dementia, as well.

Person-centered communication is one, your right to use your individual preferred language and get information in a way that you understand, and that it's not a one-size-fits-all approach when it comes to communication.

And also connection to what is meaningful to you, individually, to your culture, community, to pets, to country and island home, and also ensuring that your lifestyle choices reflect your diverse personal identity.

And you also, of course, have access to independent advocates. So when it comes to Standard 1, that really, as you said, underpins all of those other standards.

So Standard 1 applies to providers delivering personal care or care support in the home or community, which includes allied health & therapy, personal care, community cottage respite, home or community respite, and nursing care and assistance with transition care, and residential care, including respite.

So under that, providers must support, welcome, and value your identity, your background, your ability, your culture and beliefs, and your personal experiences. They must also help you maintain your independence and your quality of life. And they must give you easy to understand information, considering your needs, your goals, and your preferences within that.

[Craig Gear]

Yeah, thanks, Tony. As you can see, the act has a lot to say about respecting older people and upholding their rights, their dignity, and individuality.

And if you feel those rights aren't being respected, stay with us. We'll cover where to go and what you can do to get support.

So let's now look at why it's important for peoples' diverse needs and how this connects with their overall wellbeing.

Rachael, can you help us understand this broader idea of wellbeing and, you know, why looking beyond someone's clinical needs is such an important part of quality aged care?

[Rachael Wass]

Thanks, Craig. Look, everyone would respect and appreciate that clinical care is essential, but it's not the whole of care, right? A person can be clinically safe, but still feel unknown, powerless, lonely, or disconnected from everything that gives life meaning.

Wellbeing includes emotional, social, cultural, and spiritual dimensions. So in ordinary practice, that might mean sustaining relationships, using a person's chosen name, enabling familiar rituals, creating opportunities for purpose, supporting grief where that happens, and respecting identity and making room for joy.

So when these dimensions are recognised, communication and trust are much, much stronger.

The person's more able to participate in decisions, and care can be adapted much, much earlier.

The reverse of this, of course, is when they're ignored. So distress, you know, gets misread as behaviours, withdrawal might be misread as decline, and a person might, you know, start to disengage. And that's the worst thing you'd want to happen. So it's really not about adding a pleasant kind of extra after the clinical work is done.

It's about understanding the whole person so that clinical, emotional, social, cultural, and spiritual care, they kind of work together. And I think we can define this kind of term of wellbeing a little bit more to get a baseline of what we mean by emotional and spiritual wellbeing as a catalyst for diversity.

You know, WHO recognises, or the World Health Organisation, I should say, it recognises that health comprises of, you know, three broad domains, your physical, mental, and your spiritual health. And each of these domains can be out of balance, in fact.

Interestingly, we can be unwell in each of these domains. So what we're talking about is the inner life. What are our values, our beliefs, what fills our cup, what are our unique connections, you know, connection to ourself, the nature, others, creativity, something greater, which might include faith for some.

And as Tony kind of outlined so beautifully, the act includes the human right of each older person or elder to have their wellbeing in this whole sense upheld. And that definition includes those kind of components, the spiritual, cultural, and emotional wellbeing, as part of that. It's a beautiful piece of law, the act, because it enshrines these things.

[Craig Gear]

Yeah. Yeah, thanks, Rachael. It is about helping people thrive. And of course what supports that sense of wellbeing was gonna be different for every one of us.

To give you an example, we asked some members of OPAN's National Older Persons Reference Group, each who have their own unique identities and life experiences, and we asked them, "What would exceeding expectations look like in meeting your diverse needs?"

Here's what they had to say.

OPAN National Older Persons Reference Group members

What would exceeding expectations look like in meeting your diverse needs?

[Danijela]

It's important that I can communicate, that I'm understood, that I understand those speaking with me, and that my needs are in fact understood.

[Philip]

That the service provider goes beyond delivering just the short, plain, basic service, to recognise us for who we are. We all have different needs and expectations. Once they listen to us and understand us, then the service will start improving a lot better.

[Kevyn]

Never make assumptions. You make an ass out of you and me. They would have to get to know me. I don't fit in one box.

[Frances]

If an aged care provider consistently respected my identity as a female person despite my mask appearance, that would substantially look after my difference.

The question, however, was about exceeding expectations. If a provider displayed an understanding of a non-binary gender identity, that would delight me and would exceed my expectations.

A service standard that embraces my diversity means more than accepting me being visible. It means more than tolerating that I look different. It requires a preparedness to celebrate and welcome my difference.

[Ross]

But how do I know when it succeeded? I know it succeeded when I'm aware that there are choices available to me and that I can exercise those choices. What time am I going to get up? What am I going to wear?

[Danijela]

To continue to be able to communicate, for example, if I revert to Slovenian, to continue to have an occasional European meal.

These are all the things that really matter to me, being able to be recognised for who I am or have been. Because it's not fair to expect me in old age all of a sudden to get used to things I'm not used to.

[Ross]

It's about leaving behind old-fashioned ideas that aged care is a charity. And it's about embracing an idea that that person, that consumer, if you want to use, I don't like that phrase much, is at the centre of this.

[Craig Gear]

Some really great insights there. And I think for me, it highlights that the things that matter most to us can look very different from one person to the next.

Rachael, let's explore that a little bit further. How can a person's culture, background, or identity influence their needs and preferences in aged care, you know, sometimes in those ways that aren't immediately obvious? And what should providers be doing to recognise and respond to those needs?

[Rachael Wass]

Oh, Craig, we just saw there how a person's background in those beautiful, you know, video outtakes that, you know, a person's background, culture, identity influence much more than preferences around food and festivals.

You know, they shape how someone communicates, how decisions are made, who's considered family, what privacy means, you know, is touch

welcome, you know, how illness is understood, and what brings comfort, purpose, or hope.

And identity is also layered. A person, you know, can be shaped by culture, language, faith, worldview, sexuality, disability, migration, trauma, family roles, and life experience at the same time. So we really can't assume that one category explains a person.

You know, a practical response is curiosity, for providers and staff to ask, you know, "What should we know about you to help you feel safe, respected, and at home?" When we ask those sorts of questions, and then we should be, you know, checking who should be involved, you know, what must continue and what should never happen so that we're really clear on how we can actually support that person. Because good care revisits these kind of conversations as well.

Identity is not static, and what matters may change with health status, losses, relationship changes, or environment. So, you know, really my shorthand elevator pitch here is one size fits one.

[Craig Gear]

Yeah. Yeah, thanks, Rachael. And also that it's not a one-off conversation.

Tony, when it comes to wellbeing and diversity, what's the data telling us here?

[Anthony van Ballegooij]

Yeah, so in general, data around diversity and diverse communities is very sparse, as we know, through lots of different systemic barriers.

There's not a lot of great consistent data collection around diverse communities.

And there can also be a fear of older people disclosing certain parts about their identity or their experiences, either because they're not being asked, they're being asked inappropriately, or they don't want to disclose at all due to some of those historical fears. Because historically, a lot of diversity characteristics that we saw earlier on the screen, if you openly identified or disclosed, that could be met with a lot of violence or had real dire life consequences. I do wanna stress though for providers that it's not necessarily about being able to count X amount of a certain group to be able to provide safe and inclusive services.

What we do know is that being connected to what is meaningful to you, as we were talking about earlier, has a real good outcome for your wellbeing, and that really holistic way of looking at someone's wellbeing. So a recent study showed that social isolation is a massive problem. And within Australia, it's nearly doubled over two decades, which is a shocking statistic to me, I would say. But it really talks to how big this problem is becoming. It also said that older adults consistently had the highest levels of social isolation and also experienced sizable increases over time, which I think is really disheartening to hear.

[Craig Gear]

Yeah, thanks, Tony. And I've heard this can be almost as bad as smoking as well. I think that's a really good segue into exploring this idea and the importance of connection.

Now, connections can take many forms. It might be staying connected to the people who are important to you, or to your pets. It might be

maintaining ties to culture, community, or spirituality, including significant celebrations or traditions. Or it could be a favourite place. It's taking time in nature, a hobby, or certainly something that has always brought you comfort and joy.

These connections, they help shape who we are and can play an important role in our sense of belonging, purpose, and wellbeing throughout our lives. Let's take a look at what some of our National Older Persons Reference Group members have to say about connection.

OPAN National Older Persons Reference Group members

The importance of connection

[Danijela]

People who leave a suburb, their home, to move into residential care, that connection that existed within their suburb, within their bicultural club, all of a sudden that breaks into a hundred pieces. And this is probably what I fear most, the loneliness behind a closed door when I can't communicate and be friends with anybody anymore.

[Ross]

Picking me up once a week and taking me to a daycare centre would probably be a nightmare to me. But on a Monday morning, there's a little group of us who meet for Zoom online. It's great. We meet in person about once every six months.

[Kevyn]

It's important for me to remain connected to my children and my grandchildren who are spread all over this country, and the friends that I have. I have a passion for photography. If I didn't have a computer, I don't think I would be doing anything that I love. I think it would kill me.

[Danijela]

As I don't have children or grandchildren, that I will become quite isolated. So those means of communicating and remaining part of the community are essential. I would like the provider to maybe offer me some means of getting back to my bicultural club, to enable me to get onto SBS TV and radio in the language that I still speak. There is also the possibility of the service provider organising volunteers that are bicultural and bilingual.

[Frances]

Many of the personal and culturally significant elements in our lives have celebratory dates. As a gender-diverse person, the annual Trans Day of Visibility matters to me, and an adequate response from a service provider to facilitate a celebration on that day.

[Philip]

Yep, going out, doing shopping, doing all the basic tasks that normal people take for granted, I have to plan that at one week to two weeks ahead. So it's very important for me to be able to socially get out. My social relationships are very important. And say, "Would you like to go out to the movies or out to the footy?"

[Kevyn]

I need to stay active, and these are the things that I can do. I feel like I'm contributing. But I don't wanna be left sitting in a room. I don't wanna be that person sitting in a princess chair, staring out the window with drool running down my chin.

[Craig Gear]

Yeah, more great perspectives there.

Rachael, why is this such a challenge and what can older people and providers do to, you know, get this right, particularly when considering the needs of older people with diverse needs and experiences?

[Rachael Wass]

Oh, Craig, I just love what the National Older Persons Reference Group had to say there. You know, we heard that connection's not just one thing. For one person, it is family or chosen family. For another, it's a pet, faith, community, you know, Country with a capital C, music, gardening, a language, a neighbourhood, a sporting club, or the responsibility of caring for somebody else, you know, your volunteering work.

These connections, you know, they carry identity. They tell us, "I'm still me. I still belong. And my life still has purpose."

They also provide practical and emotional support, especially through, you know, times where things are tough, like, you know, if there's an illness or transition.

You know, a huge one of those is obviously having to be in a situation where you're receiving care or going into residential aged care, grief and loss, of course.

What I think, you know, the important point here is, particularly for diverse communities, is not to prescribe connection. And what I mean by that is that some people flourish in groups, others need just one trusted relationship or a small predictable interaction. And that can be a challenge in places like aged care, where there's a lot of kind of, you know, lifestyle en masse, somewhat continuity with a community while others might not feel safe with that community.

So providers or supporters, you know, really need to ask three questions. And I think that's what connections sustain you, what could interrupt them, what can we do to help keep them active, and then treat the answers as a part of their care plan, not, you know, an extra optional lifestyle note. Because connection's personal. It's personal infrastructure. When we protect that, we protect identity, belonging, and wellbeing.

[Craig Gear]

Yeah, Tony, you've been out and about. Have you seen any great examples of aged care providers maintaining those relationships and actually, I suppose, fostering those connections?

[Anthony van Ballegooij]

Yeah, absolutely. And it kind of goes to what Rachael was saying earlier as well, you know? Connection is social infrastructure. And I think those questions are so beautiful because it goes further than just making assumptions about what is meaningful to a person.

Because what is meaningful to a person is so deeply, deeply personal, but sometimes we can ascribe what we think a person might need, whether that's a whole group interaction or not, but that might not be fitting for that person.

I think a lot of great examples that I've heard is where people look further than just connections with just our direct family members or just their direct support system.

But helping people connect with pets, for example, I think is such a beautiful thing. And have you seen lots of great examples where people have brought in pets to their residential aged care homes or started pet therapies. And there's a lot of great evidence out there that suggests that connections with pets really increase someone's mood, their engagement, their connection. And I always think it's just beautiful to see as well.

Another great example that I've heard very recently from one of the trainings that I did was a provider that had a new resident come into their care. And as part of their intake and assessment, they found out that this person was a surfer their entire life, and that was an integral part of who they were, what they found important, and their part of connecting out with nature, being out in the water, hearing the waves, et cetera.

So what they did was they linked together with Disabled Service Association of Australia to... So they're an organisation that helps people with disabilities from all ages get back on the surfboard. And that was such a beautiful piece of keeping someone connected with what was actually important to them. But they only found that out really by asking

those open-ended questions, like Rachael mentioned earlier, you know? What is important to you and how can we sustain that?

[Craig Gear]

As Kevyn said in the videos, we shouldn't assume.

[Anthony van Ballegooij]

Absolutely.

[Craig Gear]

Rachael, what can happen when someone loses access to the connections that are important to them? And I suppose at what point can restricting those connections, you know, potentially become abuse of the older person, such as isolating them?

[Rachael Wass]

Yeah, I think when people lose access to important relationships and activities, you know, the effects can include loneliness, grief, withdrawal, reduced confidence, and a loss of identity of purpose.

And I think for someone already facing language, mobility, or communication barriers, the impact can be greater because the remaining circle of trust might be really small. And we often see this in kind of regional areas as well, where, you know, a lot of people have moved away and they might be much more isolated.

But I do wanna say here, not every disruption is abuse. There is situations, say, for example, hospital admission, distance or changed health can interrupt, you know, those connections. And the concern really becomes serious when another person deliberately controls, prevents, or monitors contact, or isolates the older person from trusted people, and uses access as punishment or coercion.

So let's look at choice, consent, pattern, power, and impact. You know, is this what the older person wants? Are they able to communicate privately? Is someone benefiting from the isolation? Are they becoming fearful or unusually, you know, kind of withdrawn compared to normal?

So I think, you know, if concerns, document what is observed, create safe opportunities to speak with the older person, allow safeguarding procedures, seek specialist advocacy. OPAN, obviously a wonderful, wonderful organisation. 'Cause we wanna make sure the older person's voice and immediate safety has to be, you know, central.

[Craig Gear]

Yeah, it just shows how important it is getting this right. Thank you, Rachael. And if you'd like to understand more about what constitutes abuse of an older person, you know, the signs of things to look out for or what to do if somebody you know is experiencing abuse, we've covered this in a recent webinar. And you can see the details there on your screen now.

Okay, let's now take a look at what inclusive and person-centered care looks like in practice.

To kick us off, I'll once again throw to our National Older Persons Reference Group members, where we asked, when it comes to respecting diverse backgrounds, what does excellent aged care look like?

OPAN National Older Persons Reference Group members

What does excellent inclusive & person-centred aged care look like?

[Frances]

I believe excellent aged care is underpinned by a genuine interest in the unique history of the care consumer.

[Philip]

Respect us as humans, not as a number or just another job.

[Frances]

The curiosity of the carer clearly implies value in the person that they are talking to. Showing interest in the things that are passionate for the health consumer is going to give joy to the providers as well. It's definitely a highly mutual process.

[Kevyn]

Excellent aged care looks like everybody gets treated the same. So, you know, why should they get a can of thin sausages while somebody across the road are eating T-bone steak and caviar? Everybody should be treated the same.

[Danijela]

I really don't think that many of us seniors expect excellence as such. We need assurance that we are looked upon as human beings, that we are not neglected, that we are not abused, that we are in fact celebrate.

If I feel that I, with all my cultural background and languages and my diverse needs, am in fact enable to celebrate life at old age, when I'm frail, not to feel diminished, like, you know, you are obsolete, you no longer make money for this country, we don't want you here, we'll just feed you and give you room. That's excellence, to celebrate with me my life and my care.

[Philip]

A service provider that supports us on time, that they give us 48 hours notice when they wanna cancel the shift. Like, we have to give them 48 hours notice. Not just four minutes, or four hours, or no notice at all. We move the case manager back to going out and visiting their clients at least once every two months.

[Ross]

If it was excellent aged care, I'd know firstly when they were coming. There you are. There's the first thing where services often fail. I know that it will almost always be the same person. There's a second quality, that there's a consistency. And the third part, there needs to be a tenderness. I know that this person has some awareness of my life and that accepts that person for who they are.

[Craig Gear]

Yeah, such great perspectives there. Thank you to all those who shared their thoughts with us.

Rachael, in your view, what should good and inclusive person-centered care look like in practice?

[Rachael Wass]

Craig, I think good inclusive care is visible in small repeated actions. Staff or carers use the person's preferred name and their communication method that they've specified. They ask rather than assume. They know who and what matters to the person, what routines create safety, and what aspects of culture, spirituality, or identity must be sustained. And it's also visible in decision-making.

This is really where supported decision-making comes into play. You know, we're starting with the person's will and preferences, providing information in a form that they can understand, allowing time, and involving chosen supporters without handing the decision away.

For a person living with dementia, this matters more, not less. You know, use their life story, observation, consistent staff assignment, and trusting supporters to understand communication and preferences. A diagnosis, you know, should never become a reason to stop asking. And at an organisational level, good practice is reliable.

You know, we heard there about the timing. It appears in assessments, in handovers, workforce learning, rostering, the food, environments, complaints, governance and review. So inclusion cannot depend on one

excellent worker noticing, you know, something that everyone else has missed.

[Craig Gear]

Yeah, thank you, Rachael. Yes, your right to be supported is an important one, including your right to supported decision-making. And if you'd like to find out more about this, we've developed an easy to understand online toolkit. And this has been designed specifically for older people, their family, and support networks. And it helps you to better understand the legislation and your rights on supported decision-making. You can see the web address to access that on your screen now. And we also have a webinar available covering that topic too.

Tony, one of your key roles here at OPAN is delivering the diversity training for providers through our diversity workshops. What are some of the things that you're hearing when it comes to providers getting this right?

[Anthony van Ballegooij]

Yeah, absolutely. And I think I 100% agree with what Rachael was saying earlier. It's really those small repetitive actions that have a meaningful impact that really matter a lot to older people.

I hear time and time again from providers that there's just so much to learn about diversity. And there absolutely is. But I would say that because there is so much to learn, understanding diversity is one thing, but it won't give you all of the answers. But hopefully it will set providers up to ask better questions as well.

So one of the things that I hear from a lot of providers is that they're looking at changing things around their intake and assessment, and asking some of those more broader holistic questions, like Rachael mentioned earlier, around what is actually important to the person, who matters, what matters, and how we can then best support that person.

But it's definitely a learning journey, I would say, for a lot of people. I think some of the biggest takeaways that a lot of providers have had is that it's not just about having, you know, the completed form. That doesn't necessarily mean that you've had a great conversation with that person.

[Craig Gear]

Big issue, is it?

[Anthony van Ballegooij]

Absolutely. So that is one of them. And as some of the NOPRG, our National Older People's Reference Group, were saying earlier, exceeding excellent aged care really looks at not just tolerating or accepting a person for their diversity, but really embracing it, and celebrating it, and looking at how we can make people feel valued and empowered.

[Craig Gear]

Great. Thank you, Tony.

So what happens though if a provider isn't respecting your culture, identity, or diversity needs, or isn't meeting its obligations under the act? Well, let's now look at speaking up and getting support.

Rachael, the first thing that people should do is speak up. How important is it for people to communicate their wishes and preferences here?

[Rachael Wass]

Craig, I think communicating your wishes is important because staff can't act on what they don't know. But the burden should not always sit entirely with the older person.

You know, providers and government have a responsibility to create that safe and accessible opportunities for people to express their preferences in a safe way. And that could, you know, require interpreter, a communication aid, hearing support, extra time, plain language, a private conversation, or the involvement of a trusted supporter. And, you know, an older person should have the right to ask for those things.

You know, we should not mistake the difficulty in communicating for lack of preference or capacity in any way. And once someone's wishes are expressed, then we need to see that they are a pathway into care, that they're recorded accurately and shared, you know, only with the consent and when needed to make them visible for the relevant team members, and revisit them when circumstances change.

So I would encourage people to be really specific about talking about their needs, preferences, and wishes. You know, instead of kind of just saying, "My culture's important," explain the practices, relationships. Be very specific. You know, say what the boundaries are that matter in daily life for you. And then providers should close the loop by saying, "This is what I've heard. This is what we will do now. And this is when we'll review it."

[Craig Gear]

Yeah, thank you, Rachael. Another useful resource is OPAN's self-advocacy toolkit, which can help you to understand your rights and also to feel more confident with speaking up. You can find the details of that on your screen now.

If you've raised an issue, say, and you don't feel like you're being heard, support is actually available. You can contact an OPAN member aged care advocate for free, confidential, and independent support on 1-800-700-600.

You can also make a complaint to the Aged Care Quality and Safety Commission, either doing that confidentially or anonymously. If you'd like to learn more about the complaints process, we have a previous webinar dedicated to that topic as well.

Now, Tony there are many organisations that are out there that provide information and support to people from diverse backgrounds, probably too many for us to mention here at the moment. Where should people go if they're looking for their local service?

[Anthony van Ballegooij]

Yeah, absolutely. There's probably way too many to mention, but there's so many great peak bodies and organisations that do a bevy of work, a great amount of work in each of the respective areas of diversity.

I think my advice would be to be really specific about the specialised support that you might need or the specialised information that you might need and Google some of the peak bodies that are out there.

There might also be local support groups that have some more localised information or can link you in with some localised support as well. And of course you can also, of course, contact your local advocate that can provide you with more information or link you through.

[Craig Gear]

Great. And, Rachael, last one for you. If someone wants to improve their wellbeing or become more connected to the things that bring them that purpose and joy, where would you suggest they start?

[Rachael Wass]

Ah, that's a fantastic question. I think to ask what gives you meaning. You know, have some time to kind of reflect on this.

We often, you know, have lots of things going on in life, but to really be able to have an opportunity to consider, you know, what gives you meaning, comfort, connection, something to look forward to.

And also think about, you know, life has its ups and downs. What's changed? What do you miss? Who knows you really well? Who are those people around you? And if it's in the perspective and aged care provider, kind of asking or wanting to meet that question with somebody. I think, you know, I'd begin with a guided conversation rather than a wellbeing kind of score alone on a kind of tick box.

There is lots of, you know, resources. Meaningful Ageing Australia can help workers and older people explore identity, belonging, meaning, and connection. And for people who may be receiving care and have access to it, also spiritual care practitioners and wellbeing officers might also be

helpful, particularly when there's, you know, circumstances around grief or existential distress, loss of meaning.

And really the right pathway here depends on what emerges for that person. It might be sort of culturally specific to you. You know, definitely looking at all those wonderful organisations that you were mentioning earlier, Tony. You know, I think, you know, simply kind of reflecting on what is important to us first, I think, is a great place to start.

[Craig Gear]

Thanks, Rachael.

Tony, you're pretty much the face of a lot of what we do here at OPAN in relation to diversity training, particularly the diversity workshops for providers.

What can providers be doing to better support older people in their diverse needs and indeed in meeting their obligations, the providers meeting their obligations under the act?

[Anthony van Ballegooij]

Yeah, absolutely. Lots of things. And one of those would of course be to attend one of our planning for diversity workshops.

[Craig Gear]

Oh, good idea.

[Anthony van Ballegooij]

Yeah, I would say so. There's lots of information online as well. So our diversity workshops really help providers understand their community better, what kind of barriers might be out there for people from diverse communities in accessing aged care, and also what kind of actions providers can take to better meet their obligations when it comes to evidencing, that they're well-equipped to provide safe and inclusive services for all older people within their communities.

We also have an e-learning programme available. That is for anyone that is not able to attend any of our face-to-face sessions. So that is out there for you. And we also have a whole range of different e-learning options on our website as well, which you can access online for providers. You can go to–

[Craig Gear]

They're all free as well.

[Anthony van Ballegooij]

Yeah, they're all free as well, I should mention. But all of that information is available on our website.

[Craig Gear]

Yeah. Thank you so much, Tony, and also to you, Rachael.

Right, let's move along now to our live Q&A. Thank you to everyone who submitted questions. And you may have noticed some of them are being archived as they come through, but you can be rest assured that we are

receiving them all and we're working hard behind the scenes to collate them and feed them through to me to my iPad here.

We'll answer as many as we can in the time we have. And speaking of time, panellists, I respectfully ask if you can keep your answers as succinct as possible.

Okay, Tony, the first question is here from Marion to you. Marion asks, "How can aged care leaders and managers make room for often competing cultural beliefs and practices within their facility?"

[Anthony van Ballegooij]

It's a great question. I think aged care leaders can start by recognising that it's not necessarily always about competition or about, you know, recognising that sometimes it can feel for providers that they have to do more for one person than the other person, which is hopefully not the case.

It's really about recognising that each person has their individual needs and how we can both meet those and meet in the middle so that everyone's needs are met and everyone feels valued.

[Craig Gear]

Fantastic. Rachael, Irene asks here to you, "Language is the biggest barrier when it comes to communication in residential aged care. Apart from using cue cards and digital translation, what other methods can be used to remove these barriers?"

[Rachael Wass]

Yeah, I think... Thank you for that question, I should say first. I'd take a culturally humble and culturally safe approach here, really to understand and ask each person what language and communication approach works best. And avoid assuming that family or supporters should interpret, and involve the people significant to them when that is what the person wants.

And I think, you know, regularly review whether language is preventing the person from expressing some of these kind of aspects. And, you know, give a shout out to Speechly, speech therapists here too, because if it's a situation where there's a medical condition that's an impediment to communication, they're an amazing allied health professional who can identify and assist.

[Craig Gear]

Yes, just language there as well. When supporting, you know, I've got a question here from Dorothy. "When supporting older people from diverse communities, including people living with HIV, where's the line between a provider assessing whether it can meet a person's care needs and when is it unlawful discrimination? Can HIV status ever be grounds for refusing a resident?"

Um, I might take this one. So my understanding is this would be a human rights issue, and it actually backs into our discrimination laws in Australia as well. It also would be a provider not really showing the spirit of upholding the Statement of Rights, where it is about recognising diversity.

These days someone living with HIV is usually under treatment and often undetectable. So the risk of transmitting is so, so low or non-existent. So it

shouldn't be a barrier to someone accepting a resident because it's just like any other medical condition. It's like treating diabetes as well.

So I think it would be really risky and be considered discrimination if that was the case.

Rachael, Brian is asking here, "What should providers be looking at when an older person says they feel respected, but may not feel culturally safe or comfortable enough to tell us when they don't?"

[Rachael Wass]

I really think this is that point where, you know, you really need to seek some professional to help you because, again, as I said before, this really isn't the older person's sole responsibility here to be able to, a safe environment. So I really would say to reach out to OPAN in this case. Tony or Craig, I'm not sure if you wanna add to that.

[Craig Gear]

Yeah, I mean, that's what independent aged care advocates are really good at, is helping people to speak up and have the confidence.

I suppose there's boundary times when people might not feel as confident or safe to do that. But people do need to know they've got the right to live free of discrimination. There's our contact details on there as well.

Tony, Glanis asks, "What is considered best practice for asking older people sensitive questions about their identity and personal circumstances?" I know we've had this chat with our advocates as well.

How do you actually do it in a way, in particular, how should staff explain the information is being collected? How should they phrase the questions respectfully and provide that option to not answer the questions? Have you seen it done well?

[Anthony van Ballegooij]

I think it's a really good question because there's a really broad answer that I could give you to that. I think it really depends on the person and being led by the person in that conversation as well around what feels right for them, how they want that conversation to be led. And as you said as well, really importantly, setting those boundaries from the start around, these are some of the questions that I'm asking you.

This is also why I'm asking you this question. Because explaining why you're asking questions to someone instantly builds more trust, because hopefully that also explains to the person, I'm not just being asked this because it's a tick and flick exercise.

[Craig Gear]

I wanna get to know you.

[Anthony van Ballegooij]

I wanna get to know you. I wanna get to know what's important to you. And I'm actually going to use this information to inform how we're going to work together with you.

[Craig Gear]

Yep, great answer. Rachael, sometimes aged care providers decline to provide services because of the condition of an elder's home.

I suppose this is talking about care in the home. How can we explain this to elders in a culturally respectful way without making them feel judged or embarrassed when they still need accessing healthcare or aged care services?

[Rachael Wass]

Hmm, ah, this is a really interesting question. And obviously there's a lot of sensitivities around this because, you know, there's also overlays of people having lived experience of trauma and various other circumstances, mental health, for example, a whole range of complexities.

And so approaching this, I think, with perhaps a social worker's, you know, support would be really important.

And I think, you know, what we don't wanna do is make people feel worse. But we do need to be able to clearly and succinctly be able to explain that, you know, for providers to provide service, they have to have a safe environment, that's legislated, that's a legal framework, and health and safety.

So I think it is about kind of meeting people where they're at and understanding the circumstances which we find them, and being able to have a compassionate conversation with somebody.

[Craig Gear]

Yeah. Tony, I'm gonna go to a couple of questions here together as our last question to you. As a teacher, and teaching young people, what do you think is an important lesson we can teach students about diversity, identity, and belonging in aged care?

[Anthony van Ballegooij]

Ooh, that's such a tough question because there is so much to learn. I think if I had to sum it up, just coming at it with curiosity. And I think that was something that Rachael mentioned as well, you know? Being open-minded and being curious about what that means to a person and how we can best support them, just coming at it with a lot of curiosity.

And as some of our National Older People's Reference Group members mentioned as well, to not make assumptions. So to be really inquisitive about, "Okay, how can I get to know you? What can I do to best support you?" And just go at it from that angle.

[Craig Gear]

Yeah, and taking the time to have those conversations.

[Anthony van Ballegooij]

Absolutely.

[Craig Gear]

And I think, Rachael, as you were saying earlier about it's not a one-off question. You keep coming back and talking to people and having those conversations.

Look, thank you. That was our last submitted question. Before we wrap up, I would like each of you as panel members to share one thing you'd like everyone watching today to take away from this webinar. Rachael, I'll start with you.

[Rachael Wass]

Ah, my takeaway is that truly person-centered care begins with understanding the whole person, that whole person, all the facets of somebody. Because when we support emotional and spiritual wellbeing in that fullest sense, we also strengthen identity, belonging, and ability to live really well.

[Craig Gear]

Thanks, Rachael. Tony, last word to you.

[Anthony van Ballegooij]

Ooh, I think, again, remembering that the older person is the expert in their own diversity and their own experiences, and being led by the person with an understanding how to best support them.

[Craig Gear]

Brilliant. Unfortunately, we're at the end of our webinar. I'd like to extend my appreciation to both you Rachael and Tony for joining us today and sharing your knowledge and insights. Thank you so much for that.

And as always, if you've registered to view this webinar, you'll receive a follow-up email with all the resource links mentioned today.

And if you'd like to share this webinar, it will be available on the OPAN website in the coming days.

To find out more about our past webinars and what's coming up, please sign up for our newsletter, and we'll be sure to inform you of any upcoming topics.

And of course, if you have any questions, do not hesitate to reach out to one of our network member advocates. And you can see their contact details there on your screen.

It's been a pleasure to be with you. I'm Craig Gear. Stay well, stay connected, and most importantly, look after each other.

[Announcer]

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