Diversity planning in Victoria

Statewide review of 2016–17 planning cycle

Diversity planning in Victoria

Statewide review of 2016–17 planning cycle

Contents

Executive summary

Diversity planning recognises that some people experience barriers to accessing services due to certain diversity characteristics. Diversity planning seeks to address perceived or actual barriers to people's access to services, and promotes the design and delivery of safe, equitable and high-quality health and human services.

Victorian service providers have demonstrated strong engagement with diversity planning, with 95 per cent of providers submitting a diversity plan review for the 2016–17 planning cycle.

This report provides an analysis and discussion of these reviews. The data and examples of actions provided show that providers have made significant progress in diversity planning to improve access and meet the needs of people with diverse characteristics.

343 diversity plan reviews were received, reporting on a total of 2,936 actions. The review showed that most actions addressed the needs of people from culturally and linguistically diverse (CALD) backgrounds (24 per cent), Aboriginal people (19 per cent), lesbian, gay, bisexual, transgender and intersex (LGBTI, 14 per cent) and people living with dementia (14 per cent). Of all actions, 42 per cent were complete, 49 per cent were in progress, and only 9 per cent of actions were not started.

In addition, the review highlights the key role that Diversity Advisers play in supporting the work of making services more accessible. Diversity Advisors are jointly funded by the Commonwealth and Victorian Governments to assist providers with population-based, strategic planning. They help providers understand:

- the demographics of their target population and client population
- the differences and similarities between groups of people
- the intersections of diversity characteristics.

Another key outcome of the review was that two areas of major cultural change were consistently identified:

- more organisations are taking a whole-of-agency approach to diversity planning
- collaboration between providers is increasing.

Providers also highlighted the importance of Aboriginal Development Officers and Access and Support workers, who are vital to facilitating partnerships and supporting vulnerable clients to navigate the service system.

Background

The Cultural Planning Strategy (CPS) was established in 1997 to support HACC funded agencies to better meet the needs of HACC eligible people from CALD backgrounds. This strategy required agencies to develop and submit a HACC Cultural Action Plan to their respective department regions on an annual basis.

The CPS was evaluated in 2007, with the final Evaluation Report published in 2009. Diversity planning and practice was the department's response to the recommendations of this evaluation, which proposed that the CPS graduate to focus on diversity in a broad sense.

Diversity planning and practice was implemented within the Victorian Home and Community Care Sector in 2012. It aims to achieve:

- equitable access to services by those eligible, regardless of their diversity or disadvantage
- a respectful and responsive approach to planning services that acknowledges the community's, group's and/or individual's uniqueness and complexity of need
- consideration of diversity as core business, and as central to strategic planning and leadership.

(For more information, see Department of Health 2011, *Strengthening diversity planning and practice: guide for Victorian Home and Community Care services*, State Government of Victoria, Melbourne.)

The bilateral agreement between the Victorian and Commonwealth Governments specifies that Victorian HACC providers that transitioned to the Commonwealth Home Support Programme (CHSP) must undertake diversity planning[1] for the three years to the end of June 2019.

Diversity planning is therefore a requirement for both CHSP funded, and HACC-PYP funded organisations.

Diversity planning process

The diversity planning process requires providers to demonstrate an understanding of the demographics of the CHSP and HACC-PYP target population within their catchment area and their client population.

Priorities developed for the 2016-17 planning period were then established, based on identified barriers to service access and service responsiveness.

This strategic planning approach was supported by Diversity Advisors, with 82 per cent of CHSP and HACC-PYP service providers engaging with their regional Diversity Advisor in the planning and development of their plan.

Organisations were required to submit a diversity implementation plan for the period December 2016 to December 2017, together with a review of their previous years' plan and population planning spreadsheet. The planning period was extended and the plans encompass the period December 2016 to June 2018.

Focus areas of 2016–17 diversity plan

The Department of Health and Human Services' *Active Service Model (ASM) and diversity planning information kit* (2016) outlined the focus areas for 2016–17 diversity plans.

These include the special needs groups listed in the *CHSP programme manual*.

Special needs groups under CHSP are:

---

[1] Diversity planning is optional for new CHSP providers in 2017

- people from Aboriginal and Torres Strait Islander backgrounds
- people from culturally and linguistically diverse (CALD) backgrounds
- people living in rural and remote areas
- people experiencing financial disadvantage or socially disadvantage
- people who are homeless or are at risk of becoming homeless
- veterans
- people who are lesbian, gay, bisexual, transgender or intersex (LGBTI)
- people who are care leavers
- parents separated from children by forced adoption or removal.

Diversity planning also includes other characteristics that may be a barrier to accessing services such as dementia, age, socioeconomic status, gender, faith or spirituality.

Additional areas of focus highlighted for the 2016–17 diversity reporting period were:

- implementation of My Aged Care
- increasing use of the DHHS language services credit line (translating and interpreting service)
- training and workforce
- recruitment of staff and volunteers.

2016–17 diversity plan review reporting

In January 2018, CHSP and HACC-PYP providers were asked to submit a mid-term review of their 2016–17 diversity plan noting that the period had been expanded to June 2018.

Providers were given a template, and asked to report on their progress and achievements, including:

- specifying the stage of completion for each strategy or action (completed, in progress or not started)
- self-rating the helpfulness of each action
- listing the key achievements, barriers, challenges and general comments on outcomes and progress.

Diversity planning and implementation roles

Diversity planning and practice in Victoria is supported by three pivotal roles.

Diversity Advisor

The Diversity Advisor's role is to improve the capacity of the service system to support equitable access to services for people that embraces their diversity.

Aboriginal Development Officer

Aboriginal Development Officers support CHSP and HACC-PYP staff and organisations to improve access to services for Aboriginal people through culturally responsive services. Aboriginal Development Officers also support Aboriginal Community Controlled Organisations (ACCOs) to provide services in their communities.

Access and Support Workers

Access and Support is a funded activity of both the CHSP and HACC-PYP programs in Victoria, and employs an outreach model, identifying people who may benefit from services, but who face barriers in accessing or staying in services due to their diversity of background.

Access and Support Workers provide short-term, individual assistance to help people who are eligible for services to navigate service pathways and connect with relevant providers.

Working together with the clients' family members, carers, community, doctors and other health workers, to support the client, Access and Support Workers play a key role in connecting people to services and improving service responses for people who may be disadvantaged due to their diversity characteristics.

Methodology of analysis

The Department of Health and Human Services (DHHS) received 343 diversity plan reviews, which represents 95 per cent of the funded CHSP and HACC-PYP providers required to participate in diversity planning.

Regional Diversity Advisors collated the reviews, and completed a detailed quantitative and qualitative summary of data.

Quantitative analysis was completed on individual actions reported by each provider, a total of 2,936 actions reported across Victoria, within the domains of:

- **diversity characteristic** – Aboriginal, CALD, care leavers, living with dementia, financial or social disadvantage, homeless or at risk of homelessness, LGBTI, rural or remote, veterans and parents separated from children by forced adoption or removal
- **additional focus areas** – My Aged Care and language services
- **priority theme** – partnerships, links or MOUs, recruitment, staff training, policies/procedures/practice tools, practices (such as service coordination), client/community information, service responses, other
- **stage of completion** – completed, in progress, not started
- **helpfulness of action** – rating of 0 = not started, 1 = not helpful at all, 2 = not helpful, 3 = neutral, 4 = helpful, 5 = very helpful.

A qualitative summary of key achievements, barriers and challenges reported by providers was also completed.

Results

Key importance of the Diversity Advisor role

One of the key outcomes of the review is that providers view the Diversity Advisor role as integral to the successful development and implementation of diversity planning and practice.

Diversity Advisors helped providers to:

- provide regional demographic information, which supported strategic development of diversity plans using a health population approach
- facilitate planning forums, which provided opportunities for collaboration, identification of shared or subregional actions, and practical guidance in the development of actions
- share resources and training relevant to the special needs groups identified by diversity planning
- develop and facilitate regional forums that provided access to training and information
- develop regional networks and working groups, progressing actions and initiatives and supporting a collaborative approach
- liaise with providers' diversity working groups (and subgroups) to facilitate diversity plan initiatives
- develop regional and statewide resources to enhance understanding of diversity
- advocate for regional training needs and resources
- support providers to meet reporting requirements, including development and review of diversity plans
- undertake strong connections with regional alliances
- collaborate with regional sectoral development roles (including Aboriginal Development Officer, Wellness and Reablement Consultant, Regional Development Coordinator) to provide clear and consistent information to the sector.

Areas of significant cultural change in 2017

The review also highlighted two areas of significant cultural change during this diversity planning cycle.

Whole-of-agency approach

Diversity Advisors noted an increase in the number of providers taking a whole-of-agency approach to diversity planning.

This is evidenced by:

- an increased number of diversity working groups run by providers, following a co-design approach to the development and delivery of services
- diversity planning initiatives are increasingly aligned with providers' continuous quality improvement activities
- inclusion of whole-of-agency documents being referenced in diversity planning (such as reconciliation action plans, municipal health and wellbeing plans et cetera) with specific actions nominated for CHSP or HACC-PYP services.

Collaborative actions between service providers

Partnerships, links and MOUs continue to be a highly reported action theme by providers, with 19 per cent of all actions having this focus.

However, there were many further examples of collaboration and co-design in additional areas of service response and development of program information.

Examples include initiatives between mainstream and specialist services, for example, mainstream services and Aboriginal Community Controlled Organisation (ACCO) services or between providers within a local government area.

Some of this work involved aged care reforms (including My Aged Care), however the majority of these collaborations are client driven, and seek to develop service models and referral pathways that address the holistic needs of clients.

Access and Support

Another common theme identified in the review was the critical role that Access and Support workers play in assisting clients to navigate and access the service system, especially those with complex and competing needs.

One example is a client from a CALD background who had been at risk of homelessness, and also had mental and physical health issues.

Access and Support referred the client to appropriate financial assistance, liaised with their GP, and organised an Aged Care Assessment Service (ACAS) assessment following protracted efforts to achieve this.

The complexity of their situation meant that this client would likely have struggled to address all this on their own.

Actions by theme

Diversity Advisors analysed a total of 2,936 actions that were reported for the priority themes.

As shown in Figure 1, the greatest percentages of actions were reported in the areas of CALD (24 per cent), Aboriginal (19 per cent), LGBTI (14 per cent) and dementia (14 per cent).

Figure 1: Percentage of actions by priority theme
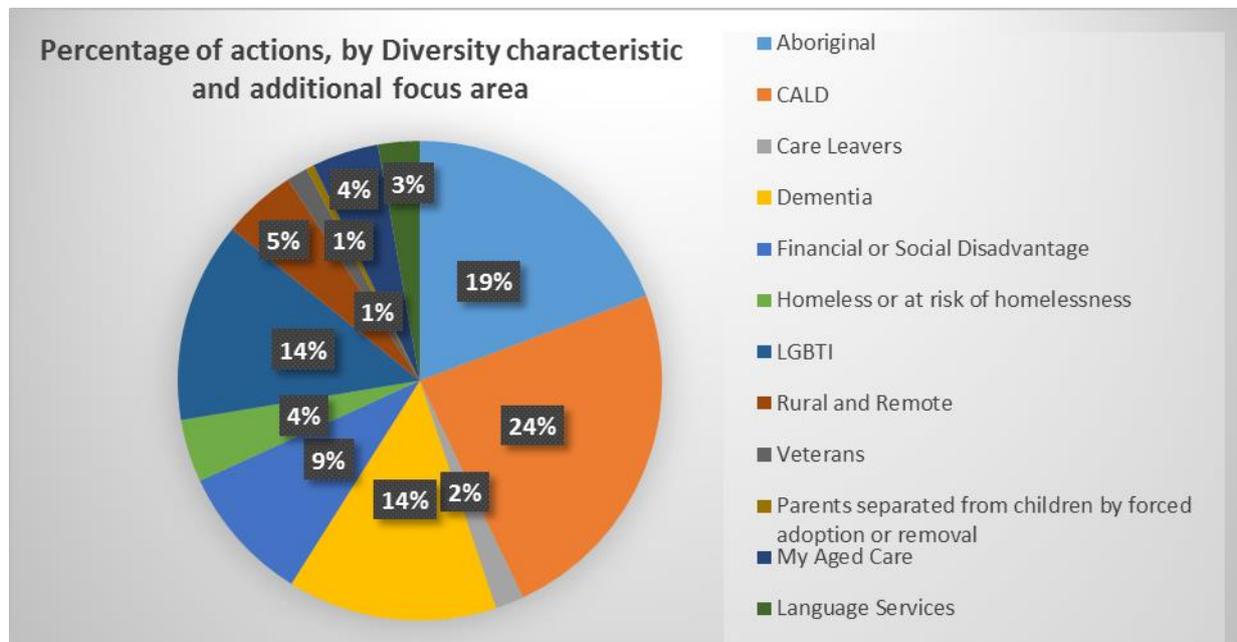
Type of action

The type of action most frequently reported related to training, which accounted for 620 actions (21 per cent). While training is important, it was encouraging to see actions that demonstrated practical outcomes for inclusive services were also highly represented. This included policies/procedures/practice tools (19 per cent), service responses (17 per cent) and partnerships, links or MOUs (16 per cent).

This shows that the outcomes of diversity planning are moving from theory into practice.

Stage of completion

Figure 2 shows a summary of the stage of completion for all actions, by priority theme. Of all actions (2,936), 42 per cent were complete, 49 per cent were in progress, and only 9 per cent of actions were reported as not started.

Note that providers were given a directive in October 2017 that the 2016–17 diversity planning period would be extended through until 30 June 2018. Thus, it is expected that providers would have actions remaining in progress.

The very low percentage of actions not yet started (9 per cent) shows the level of commitment by providers to the implementation of individual diversity plans.

**Figure 2: Stage of completion of action**
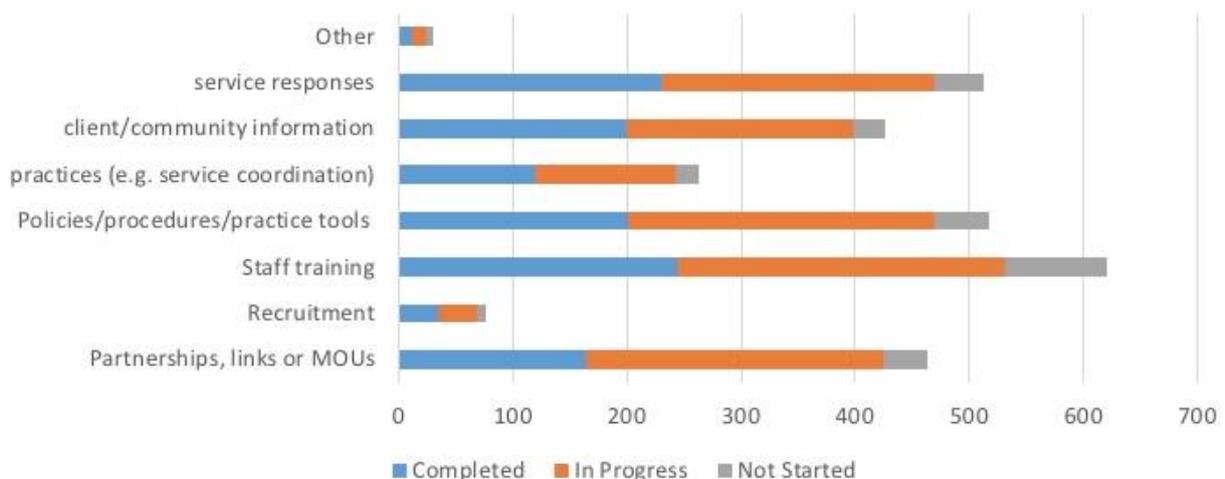
Of those actions reported as not yet started, 89 actions (15 per cent), relate to training. Comments from providers suggest that barriers to completing training actions included competing demands and resources, responding to aged care reforms and reduced ability to have staff attend training.

In contrast, only 7 per cent of actions relating to client/community information were reported as not started, with 47 per cent of actions completed and 46 per cent remaining in progress. This highlights the importance that providers placed on sharing information during this period of aged care reform, particularly with vulnerable client groups.

Figure 3 shows how useful providers determined an action to be, with a rating from 1–5 (rating described below).

Figure 3: Rating of usefulness for diversity characteristic, statewide
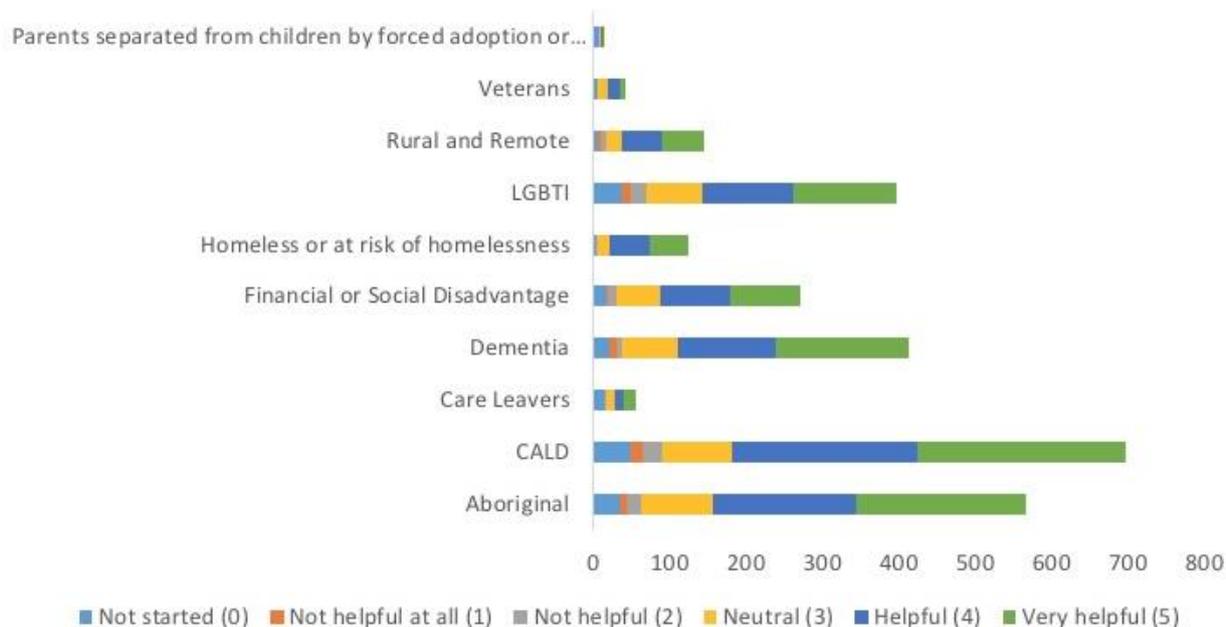
Actions not started were given an automatic rating of zero. Of all actions reported (2,936), 71 per cent were reported as very helpful or helpful, 17 per cent were neutral, and only 5 per cent were reported as not helpful or not helpful at all.

This response to level of usefulness is relatively consistent across the range of diversity characteristics.

The very low level of actions (5 per cent of all actions) reported as not helpful or not helpful at all suggests a considered planning process, and identification of relevant actions for inclusion on diversity plans.

Additional focus areas

Actions related to the additional focus areas of language services and My Aged Care were also analysed.

Language Services

Actions related to the additional focus areas of Language services and My Aged Care were also analysed. During the development phase of diversity planning, providers were encouraged to ensure clients/families and/or carers were being offered professional language services where appropriate.

Introduction of My Aged Care

Actions related to My Aged Care were focused on supporting people with diverse backgrounds through the screening process and facilitating connection with assessment and service delivery.

Actions included targeted information sessions about the My Aged Care system to community members, and individualised support with vulnerable clients groups to access screening and eligibility processes.

Actions in particular focused on My Aged Care were rated very positively, with 77% per cent of all actions reported as very helpful or helpful.

Outcomes related to these additional focus areas are discussed further on pages 22-23.in the 'My Aged Care' section under 'Diversity characteristics'.

Diversity characteristics

The following sections provide information on the completion, level of usefulness, examples of actions undertaken and reported barriers by each diversity characteristic on a statewide basis.

Aboriginal and Torres Strait Islander peoples

Figure 4: Stage of completion of Aboriginal and Torres Strait Islander peoples actions

Among all actions involving Aboriginal people, 38 per cent were complete, 54 per cent were in progress, and 8 per cent not started.

The vast majority of actions undertaken were reported to be useful by providers, with 73 per cent of all actions reported as helpful or very helpful.

- Of the 84 actions related to service responses, 80 per cent were helpful or very helpful.
- Of the 51 actions related to practices, 75 per cent were helpful or very helpful.
- Of the 113 actions related to training, 74 per cent were helpful or very helpful.

Providers continue to show a strong emphasis on connecting with ACCOs and/or Aboriginal community members via actions focused on partnerships, links or MOUs.

While potential barriers in successfully achieving these actions are described below, there is also recognition that much of this work requires an ongoing commitment, with 65 per cent of actions remaining in progress.

The Aboriginal Development Officer role was also highlighted as an important role in relation to facilitating and supporting relationships between mainstream providers and ACCOs.

Staff training had a slightly higher number of actions not started (14 per cent), with providers reporting limited access to funded training and development opportunities for staff.

Examples of actions undertaken

- Partnership between a local council and local ACCO to develop an Aboriginal Liaison Officer position.
- Development of MoU's between ACCOs and mainstream services to improve access and service response to Aboriginal clients. Examples include enhanced pathways to access integrated diabetes care, provision of off site allied health services, enhanced relationships with assessment providers to deliver culturally safe assessment.

Challenges/barriers reported

- Establishing trust and building rapport between organisations and with local communities was noted as being critical for meaningful engagement, participation and client engagement.

Vignette: Partnership between a health service and an ACCO

I first met a former support worker at an alliance meeting, and I was invited to attend a monthly community lunch hosted by a local ACCO. This was a great opportunity to meet the Elders and staff, and hear about their programs. A relationship grew, and we organised for their guests to visit our day program centre.

We planned and then conducted a number of three-hour joint sessions. These included a guests and carers Christmas celebration, Aboriginal boomerang painting session and most recently the ACCO choir came to share their music and stories, and we had the most amazing session.

Many of our clients have varying levels of engagement, and on this day, if you looked around the room, you saw some guests tapping their feet, some looking up now and then when they recognised a song, lots of smiles and much laughter.

We identified that music has a way of bringing people together when language or communication may be a barrier. This is coupled with an amazing, friendly, dedicated staff and volunteers who make our guests feel welcome and engaged.

We involve staff and guests in planning the sessions, and respond flexibly to the day as it unfolds.

I believe that the key ingredients for the successful partnership have been open, sincere collaboration, common interests, flexibility and wanting to engage with the broader community. It is important to be proactive, make connections and keep at it.

Culturally and linguistically diverse

Figure 5: Stage of completion of CALD actions
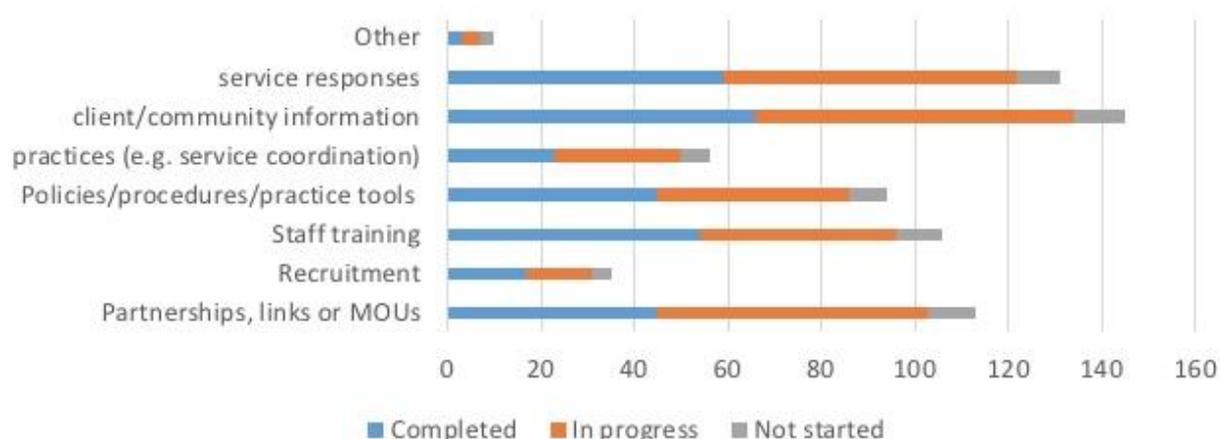
Among all CALD actions, 45 per cent were completed, 46 per cent were in progress, and 9 per cent were not started.

- Of 690 CALD actions reported, 512 or 74 per cent were very helpful or helpful.
- Of the 145 actions related to client/community information, 80 per cent were very helpful or helpful.
- Of the 131 actions related to service responses, 77 per cent were very helpful or helpful.
- Of the 113 actions related to partnerships, links or MOUs, 68 per cent were very helpful or helpful.

Provision of information to current and potential clients was the most frequent action reported by providers, making up 21 per cent of all CALD actions.

Examples of actions

- In one region, 28 per cent of organisations had a priority to address communication with people from non English speaking backgrounds Organisations also identified a need to enhance the use of interpreters and improve communication between CALD clients and reception staff. Outcomes included increased knowledge and confidence of staff in accessing translation services, and a positive response from clients when information was translated into different community languages.
- Development of a partnership between providers to broker community care workers aligned with their client language profile.

Partnership between service provider and local community to develop an information booklet describing cultural sensitivities to inform service provision Vignette: Partnering to promote and celebrate diversity

A local centre provides social support programs to older people and those with a disability in Melbourne's east. The centre offers a range of flexible programs, including centre-based activities, community outings and carer support, all designed to meet an individual's needs. The centre has its own community bus which is regularly used to get out and about in the community for picnics or sightseeing excursions such as coastal or country drives with lunch at local restaurants, bistros or cafes.

For the past five years, the centre has developed a strong partnership with AMES by supporting the placement of recently arrived migrant students who may be interested in pursuing a career in community aged care. Not surprisingly, the partnership has proven to provide a range of benefits for all involved, including the clients and carers associated with the centre.

Care leavers

Figure 6: Stage of completion of care leavers actions
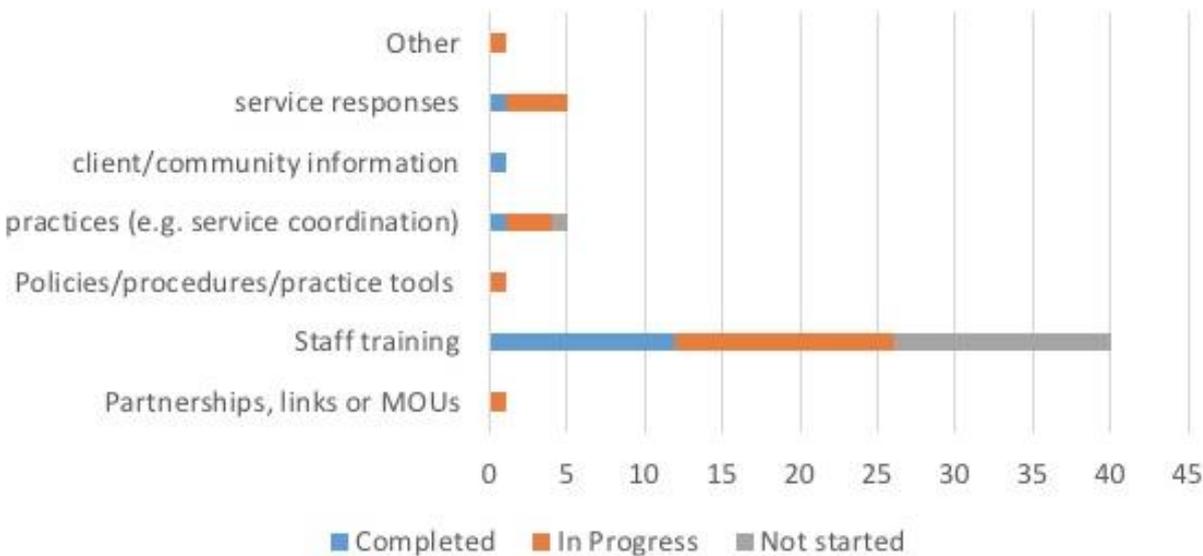
In total, 54 actions related to care leavers.

Of the training actions, 52 per cent were reported as very helpful or helpful. Of completed training actions, 82 per cent were reported as very helpful.

This result can be understood in light of the fact that care leavers are a relatively new group included in diversity planning, and thus staff training is an important initial response by providers.

Given this, it is also not surprising that providers reported limited knowledge of the individual needs and potential barriers experienced by care leavers
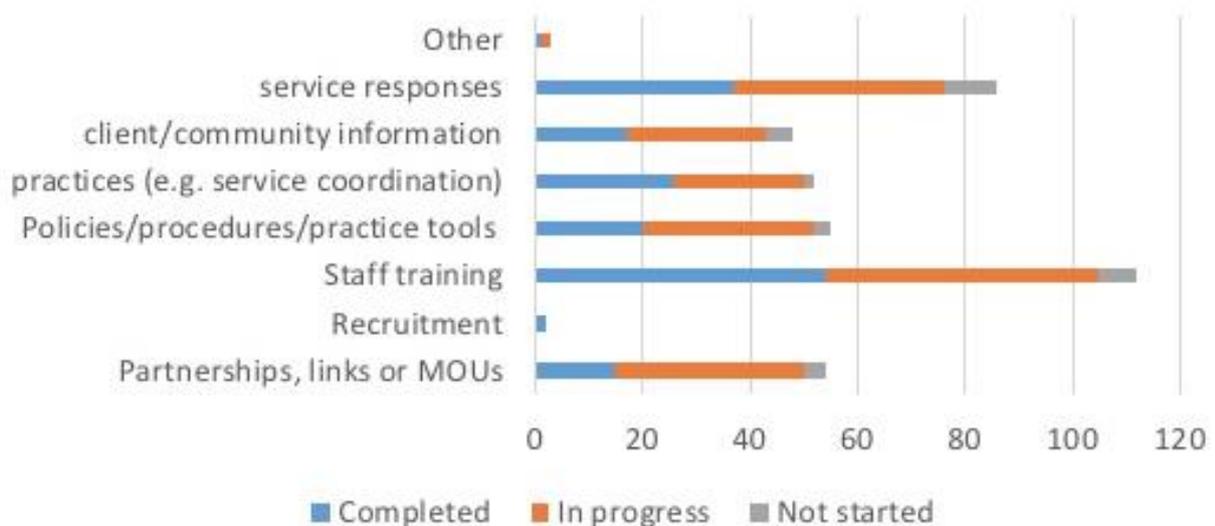
Examples of actions undertaken

• Staff training to increase knowledge and understanding of the needs of care leavers

People living with dementia

People living with dementia remains a specific focus area for many providers.

Figure 7: Stage of completion of dementia actions

Fourteen per cent (or 412) actions related to dementia. Forty-two per cent were completed, 51 per cent were in progress, and 7 per cent not started.

Of 412 actions related to dementia reported, 512 or 73 per cent were very helpful or helpful.

• Of the 112 actions related to staff training, 75 per cent were very helpful or helpful.
• Of the 86 actions related to service responses, 73 per cent were very helpful or helpful.

Staff training remains a focus area for providers, making up 27 per cent of all dementia actions, with a range of training options undertaken.

Service responses included developing local referral pathways and partnerships with specialist services, and understanding the My Aged Care processes for people with cognitive loss and dementia, particularly without carers.

Ongoing challenges included poor understanding of dementia among the broader community and families of people living with dementia. In particular, providers report challenges in providing services where there are intersections of diversity (such as CALD or Aboriginal people living with dementia) that can result in a different understanding of dementia.

Examples of actions undertaken

- Local dementia forums provided in partnership with specialist providers, general service providers, clients and carers
- Engagement with specialist dementia services to better understand the issues related to younger-onset dementia and related supports available resulting in the development of new service response.
- Establishment of Memory Lane Café for social connection in identified rural and remote communities.

Challenges/barriers reported

- Dementia can be a stigmatising issue for many diverse communities, especially when questioning changes in elders' thinking, memory or behaviour.
- The word dementia does not translate into many community languages, which creates a barrier to educating people about the disease.

Vignette: Establishing a dementia resource library

A local council's aged and disability services unit and library services received a $7,000 grant towards the establishment of a Dementia Resource Library.

The funding, through the Foundation for Rural & Regional Renewal, will assist in the establishment of a resource library of kits to support and provide positive wellbeing outcomes for people living with dementia and their carers.

The library is based on successful programs in the US and UK, and uses a range of sensory and reminiscing-themed resources to help trigger fond memories, and provide conversation and entertainment and in turn to reduce levels of agitation and anxiety.

The kits will be catalogued and made available for loan to members of the public, aged care providers and staff, carers and people living with dementia.

The kits will be maintained and managed by both the aged and disability service unit and library service. In addition, staff will provide community presentations and sessions to health organisations about the resources, along with tip sheets, feedback forms and evaluation of the contents.

Financial and social disadvantage

The impact of financial and social disadvantage is increasingly relevant for the design and delivery of CHSP and HACC-PYP services, and there are growing numbers of actions reported in this area each year.

Figure 8: Stage of completion of financial and social disadvantage actions
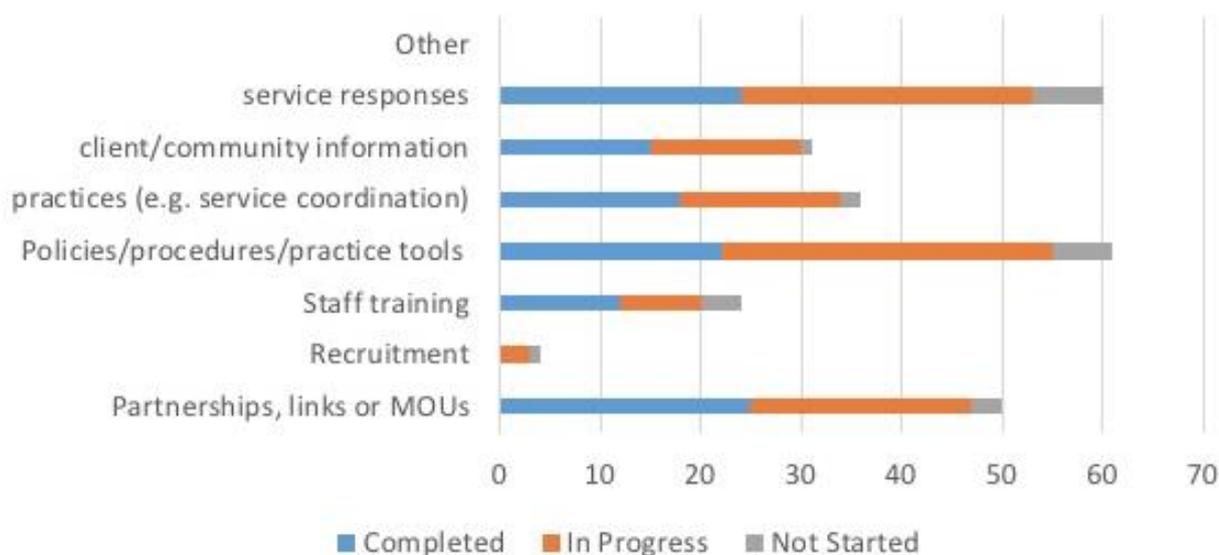
In total, 266 actions were reported by providers. Of these 44 per cent were completed, 48 per cent were in progress and 8 per cent not started.

Among all actions related to financial and social disadvantage, 266 actions (68 per cent) were reported to be very helpful or helpful.

- Of 61 actions related to policies, procedures, and practice tools, 64 per cent were helpful or very helpful.
- Of 60 actions related to service responses, 68 per cent were helpful or very helpful.
- Of 50 actions related to partnerships, links or MOUs, 70 per cent were helpful or very helpful.

Actions in the area of policies, procedures and practice tools often related to the review or application of established fees policies. With growing financial and social stress identified among clients, providers reported establishing new partnerships with specialist services (for example financial counsellors and advocacy services) to respond to the holistic needs of their clients.

Service providers noted the difficulty in assessing the impact of their actions in terms of whether they influenced clients to take up the service.

Examples of actions undertaken

- Providers building relationships and referral pathways with financial counselling services, emergency relief services and consumer rights services.
- Service providers reported a number of priorities to support clients accessing services, including offering low-cost activities, reviewing policies on fees and adjusting prices accordingly.
- establishing an outreach program involving a range of community services to address a range of client needs

Homeless or at risk of homelessness

Figure 9: Stage of completion of homelessness or at risk of homelessness actions
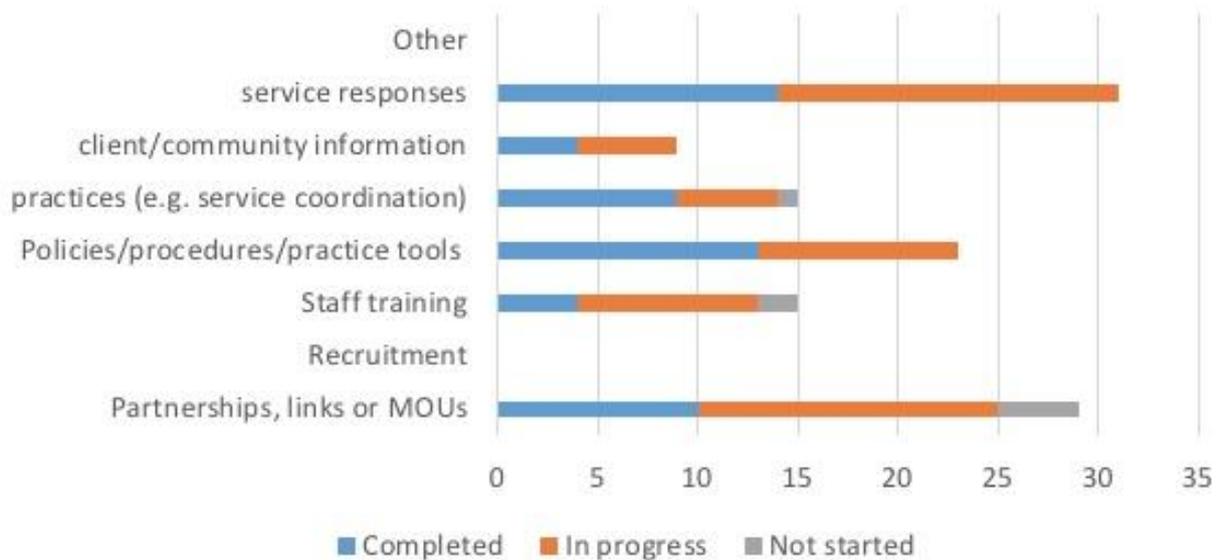
Among all homeless or at risk of homelessness actions, 44 per cent were completed, 50 per cent were in progress and 6 per cent were not started.

- Of all 122 actions received, 82 per cent were very helpful or helpful.
- Of 31 actions related to service responses, 87 per cent were very helpful or helpful.
- Of 29 actions related to partnerships, links or MOUs, 76 per cent were very helpful or helpful.
- Of 23 actions related to policies/procedures/practice tools, 74 per cent were very helpful or helpful.

Fewer actions were received in relation to people experiencing or at risk of homelessness, with fewer actions related to training, and more focus on partnerships and service responses.

Gaining trust was highlighted by many providers as critical to engagement, providing support and linking into other relevant services. Examples of actions undertaken

- Service providers reported a number of priorities to support client's accessing services, including offering low-cost activities, reviewing policies on fees and adjusting prices accordingly

Vignette: A provider's social support partnership

We have hosted two free BBQs now at our local caravan park. We have found these to be successful, with around 25–30 people attending.

We gave a presentation on both occasions, handing out brochures (not just for our agency but other agencies and for different services) and talking to individual people.

So far, we have helped several people to access different services and three people have joined our social support program. More BBQ's are planned for 2018.

Perhaps the only barriers or challenges were to gain people's trust. Some people were a little reluctant or suspicious at first of our motives for the free BBQ. We had a great outcome, and were better able to assess for other needs and link residents into services they required.

This initiative was shared by the provider at a networking opportunity as an example of good practice, and it is being replicated in two other local government areas with similar partnerships between CHSP / HACC-PYP provider and specialist services.

Lesbian, gay, bisexual, transgender and intersex (LGBTI)

Figure 10: Stage of completion of LGBTI actions
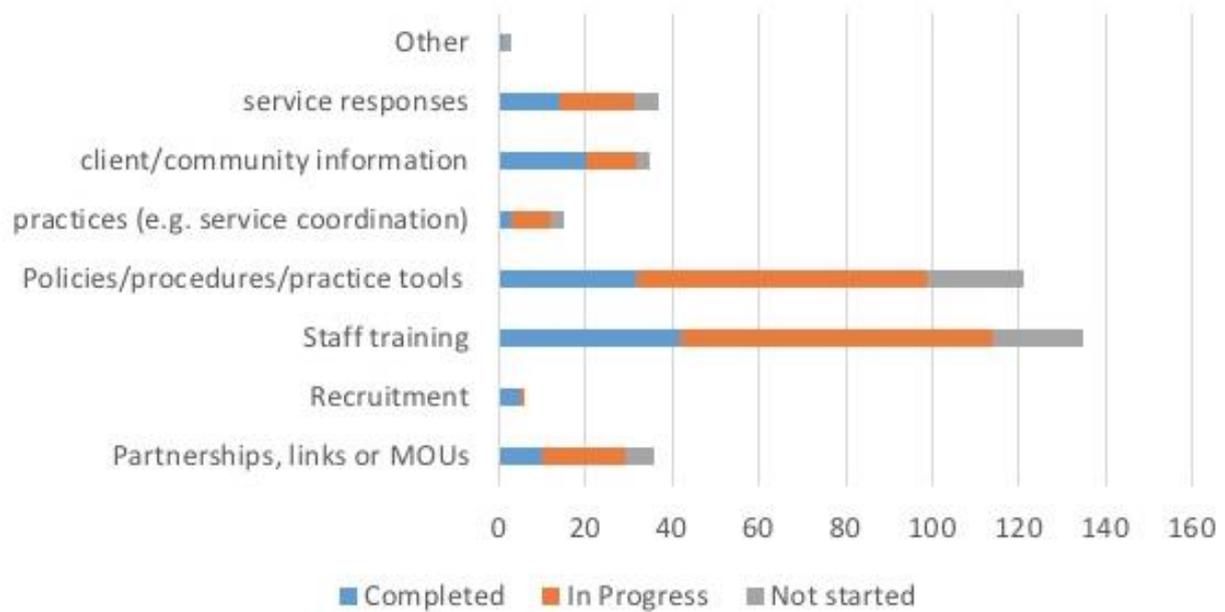
Among all LGBTI actions, 33 per cent were complete, 51 per cent in progress and 16 per cent not started.

- Of all 388 actions received, 64 per cent were very helpful or helpful.
- Of 135 actions related to training, 63 per cent were very helpful or helpful.
- Of 121 actions related to policies, procedures and practice tools, 63 per cent were reported as being very helpful or helpful.

Staff training focussed on understanding individual needs and potential barriers faced by LGBTI clients continues to be a focus for providers (35 per cent of all actions).

Actions related to policies / procedures and practice tools, while varying, typically related to taking a strategic and organisational approach to developing an inclusive service. For many providers, this work was based on established LGBTI-inclusive practice audit tools, offering an established set of standards to base their work on.

Examples of actions undertaken

- Providers establishing LGBTI working groups and consumer advisory committees to develop, review and oversee LGBTI action plans
- A regional health service completed an audit of the Rainbow Tick program, and developed an action plan. Actions included:
  - provide staff with LGBTI training
  - review current policies and procedures to ensure they reflect current practice
  - identify champions who can ensure LGBTI inclusivity is practiced within the service
  - work with local LGBTI community through events and celebrations
  - participate in Midsummer Festival.
- Partnership with an Aboriginal health service to tailor LGBTI awareness raising for staff, Elders, young people and the community.

Vignette: LGBTI-inclusive practice working group

An LGBTI-inclusive practice working group was established in response to number of providers within the region who wanted to develop and deliver LGBTI inclusive services.

This group has a very practical focus, providing peer support and a collaborative environment to develop resources and appropriate service responses.

This group is co-facilitated by a Diversity Advisor and Val's LGBTI Ageing and Aged Care – Gay Lesbian Health Victoria, which gives providers from across the region guidance to undertake practical and meaningful steps toward inclusive service delivery.

This group has members from over 40 per cent of the region's providers and continues to be well attended.

Rural and remote

Figure 11: Stage of completion rural and remote actions
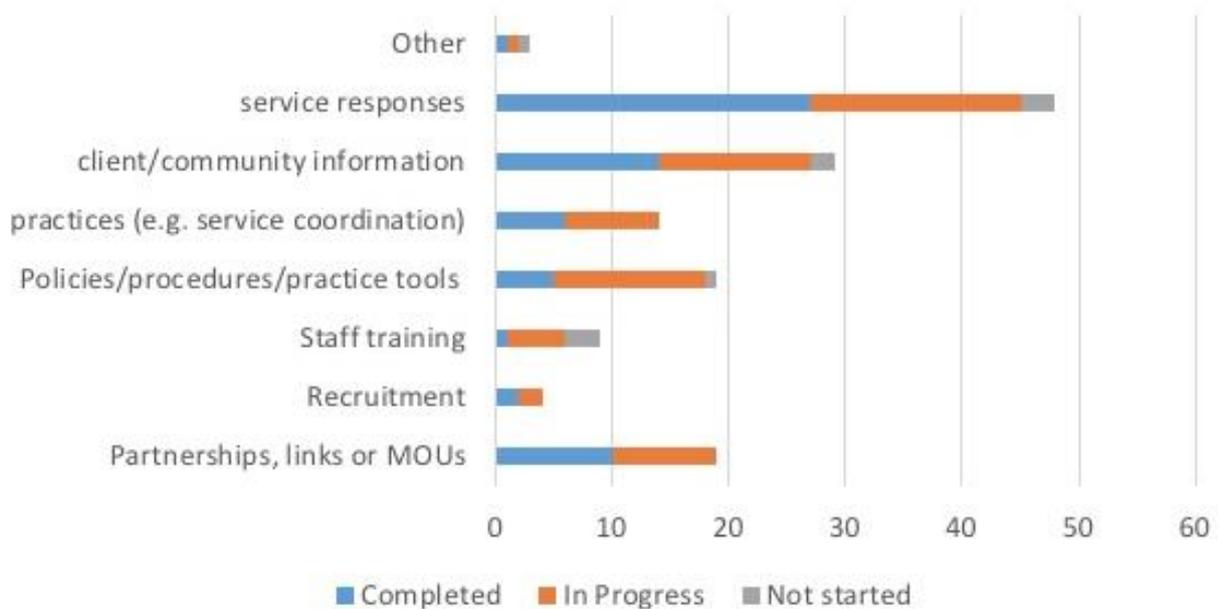
Among all rural and remote actions (145 received), 46 per cent were complete, 48 per cent in progress and 6 per cent not started.

- Of all 145 actions received, 74 per cent were very helpful or helpful.
- Of 48 actions related to service response, 81 per cent were very helpful or helpful.
- Of 29 actions related client/community information 69 per cent were very helpful or helpful.

Actions reported were typically very practical in nature, and specifically addressed the barriers of accessing services when living considerable distances from services.

Organisations focusing their work in this area are often quite small providers with limited resources, and are uniquely innovative in their service responses and knowing the needs of their local community members.

Providers reported using telehealth to reduce the travel burden and stress for clients and carers. These services are often provided in partnership with larger health services, increasing access to specialist services.

Providers also highlighted the social needs of clients living in rural and remote locations, and the importance of social connection for health and wellbeing. Outreach models of exercise and social support groups were reported along with nursing and allied health services.

Veterans

Figure 12: Stage of completion of veterans actions
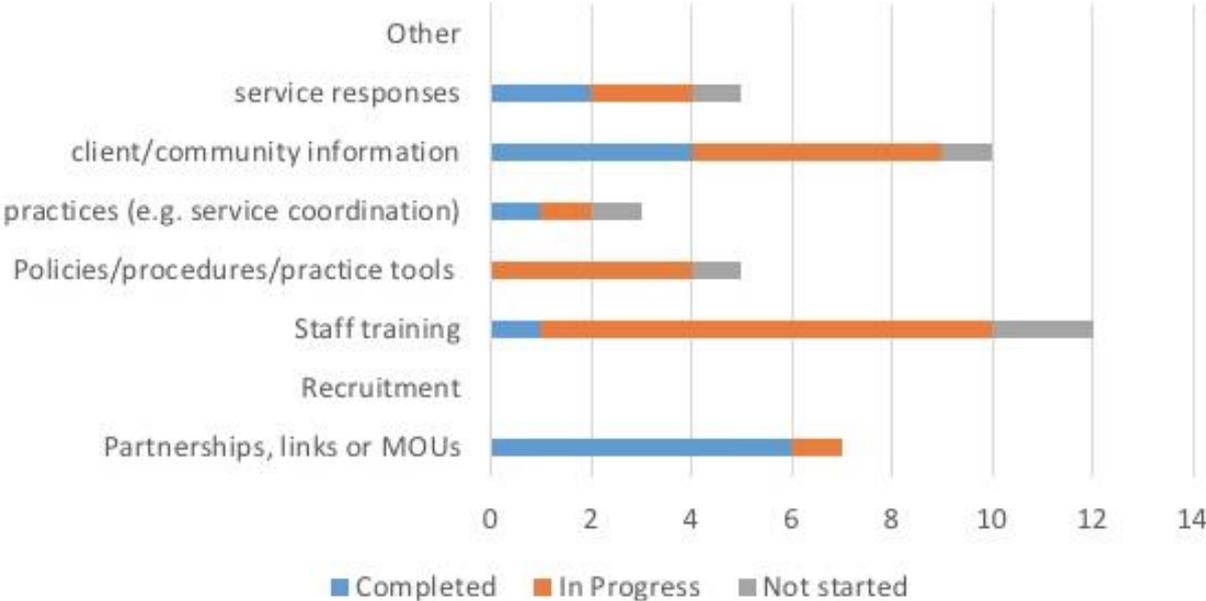
Veterans are a new focus area for providers.

Providers noted that identifying available training and resources to better understand the needs and available supports to veterans was needed. Among all actions relating to veterans, 33 per cent were complete, 53 per cent in progress and 14 per cent not started.

- Of all 42 actions received, 57 per cent were very helpful or helpful.
- Of 48 actions related to staff training, 58 per cent were very helpful or helpful.
- Of 29 actions related client/community information, 60 per cent were reported as being very helpful or helpful.

Providers with priorities under this theme reported initiating relationships and developing referral pathways with RSLs.

Parents separated from children by forced adoption or removal

Figure 13: Stage of completion of parents separated from children by forced adoption or removal actions
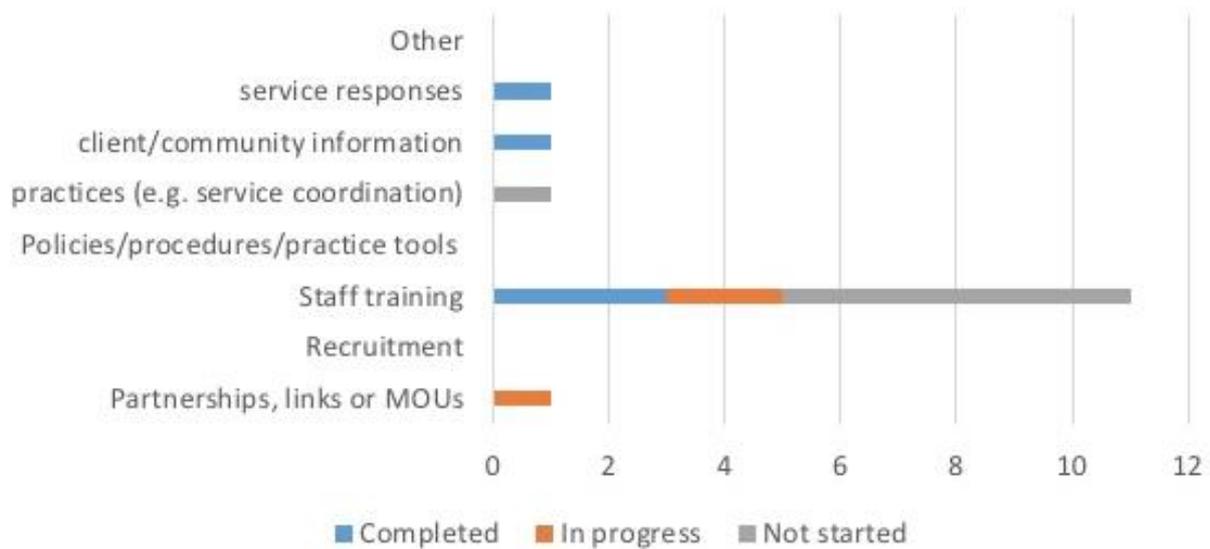
In response to parents separated from children by forced adoption or removal, a total of 15 actions were reported, with 11 of these related to staff training.

As with other newly added special needs groups, more understanding is required by providers in order to best respond to the needs of this group.

Examples of actions undertaken

- Provider engaged with local support service to review intake and assessment processes.
- Regional forums were held to increase knowledge and awareness among providers.

My Aged Care

Providers were encouraged to consider the impact that the implementation of My Aged Care may have on their communities, and ensure that people with diverse needs can access services through My Aged Care.

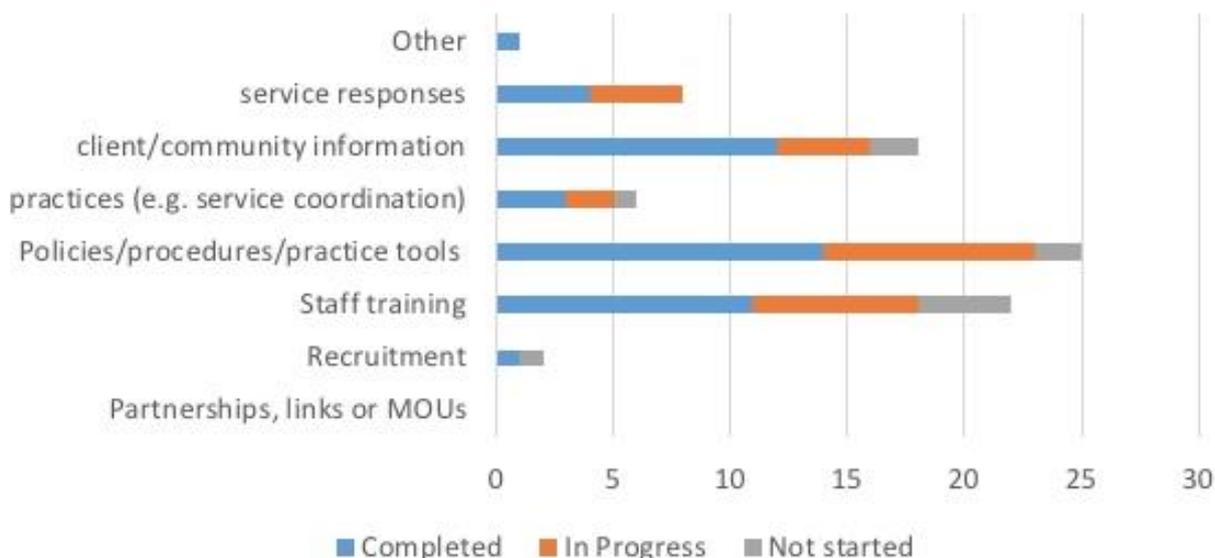**Figure 14: Stage of completion of My Aged Care actions**
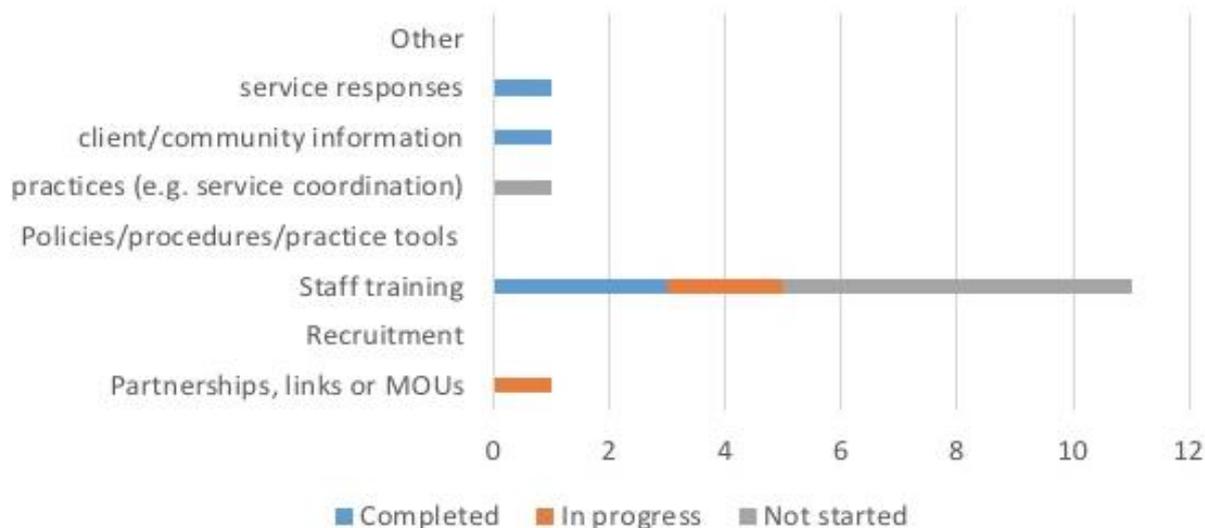
Of all 130 actions reported relating to My Aged Care, 77 per cent were very helpful or helpful.

For outcomes relating to client/community information, 84 per cent of actions were very helpful or helpful.

Providers also clearly emphasised client/community information, with 55 actions identified.

Examples highlighted the facilitation of information forums, review and distribution of relevant information and consultation with community groups.

Access and Support workers also had an integral role in their support of clients to access and navigate the service system.

Language services

Through the diversity planning process, providers were encouraged to review their policies and procedures to ensure that clients and carers who need an interpreter have access to one, and that staff are trained in how to work with interpreters, and how to access interpreter services.

Figure 15: Stage of completion of language services actions

In total 82 actions were reported related to language services. Of these, 56 per cent were completed, 32 per cent in progress and 12 per cent not started.

- Of the 82 actions reported relating to use of language services, 66 per cent were very helpful or helpful.
- For outcomes relating to policies/procedures/practice tools (25 actions), 68 per cent were very helpful or helpful.
- For outcomes relating to staff training (22 actions), 64 per cent were very helpful or helpful.
- For outcomes relating to client/community information (18 actions), 72 per cent were very helpful or helpful.

Successes noted by service providers included increased knowledge and confidence of staff in accessing translation services, and a positive response when information was translated into different community languages.

These are important enablers that facilitate and enable CALD clients to make informed decisions about their care.

Examples of actions undertaken

- Updated policies and procedures to increase usage of language services and ensure that consistent processes were established and maintained.
- Education and training of support staff to understand when and how to use interpreters,

Challenges/barriers identified

- Clients accessing family or friends to interpret information.
- Availability of on-site interpreters in regional areas

Results out of scope

We received additional outcomes in relation to:

- carers
- development and delivery of services to people with a disability
- development and delivery of services to people with mental health conditions.

For the purposes of this report, these actions are out of scope and have not been included.