

# Addressing Diversity and Wellness in the strengthened Aged Care Quality Standards

## Standard 1 – The Person

### Introduction

The following case studies were developed as part of a webinar series that explores the need to address diversity and wellness within the strengthened Aged Care Quality Standards. These case studies provide good practice approaches to specific situations, highlight the breadth of diversity within each person and the need for inclusive and person-centred practice to be embedded throughout the organisation.

Reflective questions have been developed to support service providers discuss the issues raised in the case studies with their staff and volunteers, at team meetings or as part of individual learning.

### Diversity

Diversity exists within all of us, shaped by our identities, values, experiences, and what is important to us. People's identities are multifaceted, encompassing various aspects like gender, race, culture, sexual orientation, religion and ability. Therefore, aged care services must be developed and delivered to fit each client, considering all aspects of their diverse backgrounds and what is important to them.

### Wellness

A wellness approach is an ongoing, holistic method of service delivery that supports individuals in reaching their goals. It promotes independence and autonomy by building on people's strengths and encouraging active participation in their care. This approach involves flexible and timely assessment, planning, and service delivery that reduces the risks of living at home and promotes independence. A wellness approach is intrinsically linked to person-centred care, as it emphasises enabling choice and empowering people with information and strategies so they can make their own decisions. This method ensures that care is tailored to the individual, enhancing their quality of life and promoting a sense of dignity and respect.

### Intersectionality

Kimberlé Crenshaw introduced the term intersectionality to highlight how systems and structures of privilege and discrimination affect people differently, depending on how aspects of their identity, such as race, gender, age, or sexual orientation overlap and interact. These experiences are not caused by a person's identity itself, but by the way societal systems (including the aged care system) respond to and treat those identities. Applying an intersectional lens to the strengthened Aged Care Quality Standards means going beyond acknowledging a client's diversity to actively identifying and addressing systemic barriers and power imbalances. This approach focuses on tailored communication, cultural competence, and policies that treat everyone with dignity, creating a more supportive, accessible, and inclusive environment for all."

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## Standard 1 – The Person

The strengthened Aged Care Quality Standards emphasise the importance of understanding and responding to the diversity of clients to deliver person-centred and inclusive services.

Standard 1, which underpins all other standards, focuses on treating older people with dignity and respect, acknowledging their individuality, diversity and life experiences. It ensures that aged care providers recognise, embrace and deliver services that respond to each person's unique background, culture and identity. For example, providers are required to identify and understand the individual communication needs and preferences of older people, deliver culturally safe and trauma-aware care, and support older people in cultivating relationships and social connections.

There are four outcomes listed under Standard 1.

1.1: Person-centred care
1.2: Dignity, respect and privacy
1.3: Choice, independence and quality of life
1.4: Transparency and agreements



Image Source: strengthened Aged Care Quality Standards: <https://www.agedcarequality.gov.au/provider/quality-standards/strengthened-quality-standards>



### Further information

Strengthened Aged Care Quality Standard 1: The Person:

<https://www.agedcarequality.gov.au/resource-library/standard-1-person>

Draft provider guidance Standard 1:

<https://www.agedcarequality.gov.au/resource-library/draft-provider-guidance-standard-1>



## Case Study 1A - Kim

Watch and review the [video](#) case studies for Standard 1 and consider which outcomes are addressed, highlight the good practice you identify.

### Case Study 1A (video script)

Kim recently moved from the city to the country and doesn't know many people. Today, Kim is meeting Lynnette from Connecting Your Health who is taking her through a physiotherapy service specific assessment. Kim says that she has been a bit unsteady on her feet lately. Lynnette says "we can talk about the best support, but first I'd like to learn a bit about you. After Kim shares some of her interests Lynnette says "before coming here you had a conversation about a range of different things. I just want to confirm them so we can support you when we work together." She confirms some details with Kim, then says "You shared that you are Aboriginal, is there anything that we can do to support your culture in how we deliver our services? Kim pauses, "I am Aboriginal but why do you ask?" Lynnette says, "We ask about people's culture, beliefs and customs to help them feel safe when they come here. We don't want to make assumptions. We want people to feel comfortable to tell us what they want or need to be supported. It's important you can be yourself and tell us how we should work together".

The conversation continues and Kim shares that in her 40's she learnt her father was from Gunggari Country in South-West Queensland and after a few years she slowly started connecting with her Aboriginal culture. She was born and raised in Naarm and lived on Wurundjeri land for most of her life. She recently moved to Yorta Yorta country to be close to her son after having some health issues. When Lynnette asks Kim what's important to you about your culture, she lights up and says I like to share what I have learnt from Elders. Feeling more relaxed Kim opens up about some of the challenges she's going through, "I've fallen a few times recently and I don't always remember to take my diabetes medication." Lynnette discusses how their programs can support her to build her strength and improve her balance. She also asks if she would like to be introduced to the local gathering place that runs a social group for Elders. Kim is excited about this and says she would like to connect with the local Aboriginal community.

Lynnette and her team have been building their relationship with local the local Aboriginal Gathering Place over the last six months. Ricky the Social Support Coordinator appreciates the approach Lynette, and her team are taking to connect with the Gathering Place and local Elders. Lynette reaches out to Ricky so Kim can connect with him and learn about the group.

Over the next few months Lynnette and her team continue building their relationship with the Gathering Place. This leads to Ricky inviting Lynnette and the team to talk to the Elders about their services and they discuss the opportunity to bring allied health services onsite to support the client's cultural safety. The relationship between the two organisations continues to grow and they partner up for Reconciliation and NAIDOC week events and this leads to further referrals.



## Reflective Activity

Reflect on the case study and answer the following questions:

1. Which specific outcomes of Standard 1 are addressed and how are they achieved?

2. How is good Diversity and Person-Centred practice demonstrated in the case study?

3. If Kim was your client, what changes or improvements would you implement in your current practice to ensure you could address her needs and preferences?



## Reflections summary

In the case study, Lynnette from Connecting Your Health exemplifies excellent practice in meeting the requirements of Standard 1 of the Aged Care Quality Standards. This standard emphasises dignity, respect, individuality, diversity, independence, choice, control, culturally safe care and dignity of risk. The interaction between Lynnette and Kim highlights several key aspects of this standard.

### 1.1 Person-Centred Care

**Safe, welcome and included:** Lynnette begins the assessment by learning about Kim's interests and confirming previous conversations. This approach avoids Kim having to repeat information that she's already provided, and Lynnette asks specific questions that support her to tailor services to Kim and her unique needs and preferences.

**Culture, Diversity and Beliefs:** The interaction reflects a commitment to diversity and inclusion by acknowledging and valuing Kim's Aboriginal heritage. The organisation's practice of asking all people accessing their service about their cultural identity and diversity is done to ensure the services meet the individual's needs. Lynnette has not relied only on visual cues to learn about Kim's diversity, this ensures the approach is comprehensive and inclusive. This is particularly important and why the standards require that every client is asked if they identify as Aboriginal and/or Torres Strait Islander. First Nations People have various skin tones and they have experienced culturally offensive comments and interactions by their identity and culture being questioned on the basis of their appearance.

**Culturally Safe Care:** Lynnette not only confirms that Kim is Aboriginal, but importantly asks appropriate questions to understand how her culture should inform the design and delivery of her services. She makes no assumptions about Kim's needs, culture, or limitations. Her approach ensures that Kim's cultural background is considered in her care plan, promoting a sense of belonging and safety. Lynnette's support of Kim's cultural needs and her efforts to connect Kim with local Aboriginal services demonstrate a commitment to providing care that is respectful and responsive to cultural differences. She listens to Kim's story and personalises her care based on what is important to her. This approach ensures that Kim's care is built around who she is as an individual, rather than any preconceived notions.

**Trauma-Aware and Healing-Informed Care:** Lynnette's approach is trauma-aware and healing-informed, as she creates a safe space for Kim to share her experiences and challenges. This fosters trust and supports Kim's emotional and mental wellbeing.

**Trusting partnerships with Local Aboriginal Organisations:** Lynnette and her team have been building relationships with the local Aboriginal Gathering Place, creating opportunities for collaboration. This partnership allows for the exchange of knowledge and resources, enhancing the quality of care provided. Building professional and trusting relationships between Lynnette's team and the local community is crucial for effective care delivery and ensures that services are culturally appropriate and respectful.

## 1.2 Dignity, Respect, and Privacy

Lynnette respects Kim's dignity by inquiring about her cultural background and how it might influence her care. This demonstrates an understanding that cultural identity is integral to a person's sense of self and wellbeing. By asking how they can support Kim's culture, Lynnette goes beyond merely identifying Kim as Aboriginal, actively seeking to incorporate this information into Kim's care plan. Lynnette follows good privacy protocols by asking Kim if she can share details with others.

## 1.3 Choice, Independence, and Quality of Life

Lynnette offers Kim choices regarding her care and services, such as introducing her to a local social group for Elders. This supports Kim's independence and enhances her quality of life by providing opportunities for social connection and community involvement.

**Supported Decision-Making:** Lynnette supports Kim's decision-making by providing her with information about available services and encouraging her to make choices about her care. This empowers Kim to take an active role in her health and wellbeing.

## Conclusion

By integrating these elements into Kim's care, Lynnette and her team have met the requirements of Standard 1 and their approach ensures that Kim feels valued, respected and supported, ultimately enhancing her sense of safety, autonomy, inclusion and quality of life.



## Case Study 1B - Ihsan

Read and review the case study for Standard 1 and consider which outcomes are addressed, highlight the good practice you identify.

### Case Study 1B

Ihsan has received in home support since his wife passed away a year ago and had been managing fine until recently, when he fell in the bathroom. Toby an Occupational Therapist is assigned to work with Ihsan. He reads in the support plan that Ihsan slipped on some water while cleaning himself.

Toby arrives at Ihsan's with an interpreter, and they are both welcomed in and shown around. Toby explains that he is visiting to understand more about how Ihsan lives in his home and the specifics of the fall so they can work out a way to keep him safe at home. Toby asks Ihsan to take him through what happened. Ihsan says he slipped while preparing for salat or prayer. "Salat is one of the five pillars of Islam. It is an obligation that all adult Muslims pray five times a day. Before any salat, Muslims must perform wudu which is a specific act of ablution. First washing the hands, taking water into the mouth, inhaling it through the nose, washing the face, then the lower arms, next the head, then the ears and lastly washing both feet three times each starting with right and making sure to clean between the toes.

It is obvious to Toby how important this practice is to Ihsan and how connected his faith is to his overall wellbeing. However, he is concerned that performing wudu in this specific way has its risks and slipping, losing balance or falling again could be likely. Toby shares his concerns with Ihsan and asks him if any adjustments can be made for Muslims as they get older or have mobility concerns. Ihsan says "It is possible, and I did this when I first injured myself, but I want to do it the way describe by the Prophet Muhammad (peace be upon him), and I can do it this way." Toby asks Ihsan "do you understand the risk involved with continuing to doings the way you are?" Ihsan says he does. While this is not Toby's preferred approach, he recognises that Ihsan can and must be able to make his own choices and take risks. He says to Ihsan "If you are comfortable with the risk then it is your decision but let's look at how we can make it safer." Ihsan is pleased to have been listened to and they discuss options for non-slip matts and rails that could help.



## Reflective Activity

Reflect on the case study and answer the following questions:

1. How does Toby's approach illustrate person-centred care, and what elements of his practice specifically align with the outcomes of Standard 1?

2. In what ways does Toby's handling of Ihsan's cultural and religious needs demonstrate respect and support for Ihsan's cultural practices and beliefs?

3. How does the case study demonstrate the concept of dignity of risk in relation to Ihsan's care?

4. Considering the interaction between Toby and Ihsan, what practices would you adopt or adapt in your own work to ensure effective communication and culturally safe care for clients from diverse backgrounds?



## Reflections

This case study exemplifies good practice aligned with Standard 1 of the Aged Care Quality Standards. Toby's approach follows good practice in relation to person-centred care, dignity, respect, privacy, choice, independence and quality of life.

### 1.1 Person-Centred Care

Toby's approach is a prime example of person-centred care. By bringing an interpreter, he ensures that Ihsan can fully communicate his needs and concerns. Toby's visit aims to understand Ihsan's living environment and the circumstances of his fall, showing a commitment to tailoring care to Ihsan's individual situation.

**Cultural Safety:** Toby is responsive to Ihsan's cultural and religious needs; he may not fully understand why the practice is important to Ihsan, but he doesn't diminish the value it has to him. This ensures that Ihsan's identity and cultural background are valued and supported, aligning with the standard's strengthened focus on culturally safe care, trauma-aware practices, and continuous improvement in approaches to inclusion and diversity.

**Safety and Quality of Life:** Toby balances respect for Ihsan's dignity of risk with a focus on safety. By discussing options for non-slip mats and rails, Toby seeks to mitigate the risks while supporting Ihsan's desire to perform wudu traditionally. This collaborative approach enhances Ihsan's quality of life by enabling him to continue important religious practices safely.

**Working Together and Positive Relationships:** Toby's respectful and collaborative approach fosters trust and ensures that Ihsan feels heard and valued. By involving Ihsan in the decision-making process and discussing practical safety solutions, Toby builds a positive, professional relationship that supports Ihsan's wellbeing.

**Using Interpreters and Effective Communication:** Effective communication is crucial for providing high-quality care. The requirement to arrange translating or interpreting services when needed is a key aspect of this. Toby ensures effective communication by bringing an interpreter to facilitate clear and accurate communication with Ihsan. Throughout their interactions, Toby communicates directly with Ihsan, using the interpreter as a bridge rather than a substitute for direct engagement. This practice not only helps in understanding Ihsan's needs and preferences but also fosters a sense of respect and inclusion, making Ihsan feel valued and heard.

### 1.2 Dignity, Respect and Privacy

**Respect:** From the outset, Toby respects Ihsan's cultural and religious practices. When Toby learns that Ihsan's fall occurred during the act of wudu, a significant religious ritual, he demonstrates respect for Ihsan's faith. This reflects the expectation that older people should be treated with dignity and respect, free from discrimination. Toby does not diminish how important wudu is to Ihsan but listens to why it is important and looks for ways to support Ihsan's choices.

### 1.3 Choice, Independence and Autonomy

**Positive Risk Taking and Dignity of Risk:** Despite his concerns about the risks associated with performing wudu, Toby respects Ihsan's autonomy and preference to continue the traditional method. Toby's response highlights the concepts of positive risk-taking and dignity of risk. He ensures Ihsan's decision is informed by asking, "Do you understand the risk involved with continuing to do things the way you are?" and then collaborates with Ihsan to manage those risks by exploring options like non-slip mats and rails, allowing Ihsan to continue his practice safely. Toby's statement, "If you are comfortable with the risk then it is your decision but let's look at how we can make it safer," exemplifies how aged care workers can support positive risk-taking while ensuring safety measures are in place. This approach empowers Ihsan to maintain his cultural and religious practices while making his own choices about his care.

**Supporting Decision-Making:** By explaining the risks and discussing potential safety measures, Toby helps Ihsan make an informed decision about his care, reflecting the strengthened standard's emphasis on supported decision-making.

#### Conclusion

The interaction between Toby and Ihsan demonstrates how aged care providers can implement the principles of Standard 1 to enhance the safety, autonomy, inclusion and quality of life for older people. By respecting Ihsan's dignity, providing person-centred care, supporting his choices, and addressing his safety concerns, Toby ensures that Ihsan's care is both respectful and effective, exemplifying the best practices as required in the Aged Care Quality Standards. This case study showcases the importance of positive risk-taking, dignity of risk, autonomy, working together, positive relationships, cultural safety and truly knowing the person and what is important to them. Effective communication, facilitated by using interpreters, further underscores the commitment to providing high-quality, inclusive care.

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**Presented by the Eastern SSD (ESDT), SSD Connect Alliance & Grampians SSD**

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