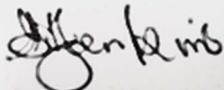


PEOPLE & COMMUNITIES POLICY

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Signature by Management representative	
	Chairperson, Suzanne Jenkins



PEOPLE & COMMUNITIES POLICY

Internal ECS References

In S:\0 CURRENT POLICY & PROCEDURES:	In S:\1 CURRENT FORMS:
Management Committee Policy	Team Worker Information Form and various Client Information Form
Volunteer Recruitment Policy	S:\0 current data base
Staff Recruitment Policy	
Bullying & Harassment Policy	
WHS Policy	
Duty of Care Policy	
Organisation Purpose Policy	

External References

Child Safe Standards at https://ocg.nsw.gov.au/resources	Aged Care Quality Standards at https://www.agedcarequality.gov.au/providers/standards
NSW Disability Inclusion Act 2014	NSW Carer Recognition Act (2010)
NSW Anti-Discrimination Act 1984	https://www.clan.org.au/clan/
Anti Discrimination Act 1991	UN Convention of the Rights of a Persons With a Disability
Aged Care Act 1997	
Aged Care Diversity Framework	

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1. POLICY STATEMENT

ECS is committed to the fulfilment of its Vision: All people feel included in our community, and all abilities, cultures and strengths are recognised.

1.1 Definitions

client = term used across ECS programs and policy documents instead of “consumer”, which is specific to Aged Care
ECS workers = anyone who carries out work on behalf of ECS, including staff, volunteers [including management committee members], contractors and students on placement

1.2 Acronyms

CALD = Culturally & Linguistically Diverse
CDC = consumer directed care
CLAN = Care Leavers Australasia Network
ECS = Engadine Community Services
LGTBI = lesbian, gay, bisexual, transgender, intersex and queer/questioning
TBI = Traumatic Brain Injury
TIS = Translating & Interpreting Service

2. GENERAL POLICY

ECS is motivated only by the wish to work with, and for, people. We seek to create a non-discriminatory environment that is supportive and enabling of all who engage with ECS, whether as workers, clients, visitors or external partners. ECS values diversity and welcomes individuals from all ages, backgrounds, groups and communities, as it strives for social inclusion and participation in ECS activities in line with future vision: All people feel included in our community, and all abilities, cultures and strengths are recognised.

In order to achieve this, ECS is continually learning through actively listening to its stakeholders, and encourages feedback to assist in continuous efforts to improve the experiences of each person we work with. ECS respects the personal autonomy of clients; we work to the best of our abilities to assist people in their pursuit of good health, happiness, spiritual fulfilment and dignity of risk in their choices, as it provides safe and sensitive services for all.

3. SPECIAL NEEDS GROUPS

There are policies and rules that describe the different ways in which people engage with ECS, and their rights and responsibilities as part of those procedures. These include:

- *Management Committee Policy*
- *Staff Recruitment Policy*
- *Volunteer Recruitment Policy*
- *Bullying & Harassment Policy*
- *WHS Policy*
- *Duty of Care Policy*

Every individual has the opportunity for equitable engagement with the organisation; however, ECS recognises that there are some groups and communities who experience challenges in areas such as physical access and communication, which may limit their participation. Trauma specifically can make it difficult for people to trust an institution or aged care service; some elderly residents who have lived through this may be triggered on birthdays or during events. Some of these special needs groups are listed in general legislation [eg. *Anti Discrimination Act 1991*] and/or laws that form part of ECS funding compliances [eg. *Aged Care Act 1997*].

ECS will develop its systems and services to minimise the real and perceived barriers for these people, by using inclusive language when talking to and about people, in the description, delivery and promotion of ECS services and by allowing individuals to self-identify with one or more of the following groups. When necessary for ongoing supports, this information is recorded in the *ECS Data Base*, confidential HR files and client files from the *Team Worker Information Form* and various *Client Information Form*, and conversations with people.

ECS actively educates ECS workers and the general community in issues affecting us all, and supports the *Aged Care Diversity Framework (2017)*, which says: “...people with diverse needs, characteristics and life experiences can share the experience of being part of a group or multiple groups that may have experienced exclusion, discrimination and stigma during their lives. However, they are not a homogenous group. There are some similarities within groups in relation to the barriers and difficulties they may face in accessing the aged care system but additionally, each person may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. In addition to common challenges, social differences often overlap as people identify with more than one characteristic, exacerbating already complex issues. There is no limit to the number of different characteristics a person holds and no two people’s lived experiences are the same.”

Annual planning processes are used to monitor local demographics and develop strategies to improve the ECS workforce to accurately reflect our diverse community in Sutherland Shire, and so our clients feel culturally safe, comfortable and have people they can relate to. Indeed, the ECS brochure invites all people to join the ECS Team as volunteers:

- ✓ We welcome the talents, skills & experiences of individuals of all ages & backgrounds
- ✓ We are culturally inclusive & value diversity

The subsections below therefore provide a general guide only for ECS engagements, which are each person-centred processes, which protect people from discrimination on the grounds of race, nationality or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics or disability.

3.1	People Who Are Socially Isolated
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ECS is primarily a provider of social supports, whether through its specific government-funded Aged Services, Child & Family Services, 50+ Social Exercise programs or the volunteer program [each detailed in other policies]. There are many reasons why people come to ECS feeling separated from others and the world around them, including:

- Feelings of loss or grief, including losing a loved one or friend through death or relocation
- Lack of close family ties
- Living alone
- Difficulties in meeting new people due to access issues, an introverted personality, or feeling like they don’t belong
- Poor physical health, frailty, mobility issues
- A mental health condition such as depression or anxiety
- Fear of rejection from others or feelings of being “different” or stigmatised by society
- Inability to participate in activities due to access issues, mobility, illness, transport
- Retirement from work, home relocation, starting out in a new role or community
- Lack of purpose or meaning in life
- Language or cultural barriers, or reduced connection with their culture of origin
- Geographic isolation

According to Lifeline Australia, long periods of loneliness or social isolation can have a negative impact on your physical, mental and social health. Some signs include:

- Physical symptoms – aches and pains, headaches, illness or worsening of medical conditions
- Mental health conditions – increased risk of depression, anxiety, paranoia or panic attacks
- Low energy – tiredness or lack of motivation
- Sleep problems – difficulty getting to sleep, waking frequently or sleeping too much
- Diet problems – loss of appetite, sudden weight gain or loss
- Substance use – Increased consumption of alcohol, smoking, medications, drugs
- Negative feelings – feelings of worthlessness, hopelessness or thoughts about suicide

ECS aims to help people to stay connected through individual and group activities which clients can choose from and participate in. ECS uses the consumer directed care (CDC) model to help clients identify which services they need, and would like to participate in. Many of our volunteers are people feeling isolated. The ECS brochure invites volunteers to join the ECS Team for the social benefits, as well as those ultimately seeking paid employment:

- | | |
|------------------------------------|--|
| ✓ We are a fun-loving organisation | ✓ We help people try new things & develop new skills for their CVs |
| ✓ We care about people | ✓ We provide support & training opportunities |
| ✓ We create friendships | |

3.2 People Who Are Financially Disadvantaged

ECS is obliged to collect fees under its funding agreements and in order to maximise the services it can provide with limited resources; however, ECS acknowledges that our clients, because of the nature of their vulnerabilities and needs, may experience both limited incomes and higher than average health expenses. This reflects the Management Committee's efforts to ensure service affordability, balanced with the recognition that people feel a level of dignity and are more likely to value a service that has a fee attached to it.

To encourage and enable all clients, the ECS Manager has the discretion to reduce or waive fees in specific circumstances:

- when this is the only means to ensure access to services for an individual [Aged Services] or family [Child & Family Services]
- as a short-term arrangement to improve a person or persons' quality of life
- as an introductory offer and/or towards the end of a membership period

The considerations of financial disadvantage extend to the people who provide ECS services – staff, volunteers and contractors – who are always reimbursed for out of pocket expenses. ECS does not charge people for information, whether about ECS services, rights and responsibilities of clients and workers or other relevant supports.

3.3 People with Disabilities

ECS leads by example; we have key workers and management who are people with disabilities. ECS is driven by its vision to value and respect individual's strengths and abilities to exercise choice, take risks and contribute to the community [above] and also has obligations under several key pieces of legislation to provide an accessible and non-discriminatory workplace and service environment, including the *NSW Anti-Discrimination Act 1984*, *NSW Disability Inclusion Act 2014* and *UN Convention of the Rights of a Persons With a Disability*.

ECS recognises that one-in-five community members are people with disabilities who may face obstacles to access our supports and facilities, but we do not make assumptions or classify people by their lack of abilities. We know, for instance, that people are more likely to experience disability as they age; however, many of our older clients and volunteers do not describe themselves as having disabilities, even when they require mobility and communication aids. ECS strives for universal access, with everyone in mind:

- the main staff [and public] toilet has handrails
- there are no stairs in the building
- our written materials are in plain English, with appropriate use of graphics
- printing is never smaller than 10 pt size and generally sans serif fonts [Arial or Calibri]
- the telephone is answered by real people, who speak clearly and are prepared for calm conversation with confused or distressed people
- all volunteers who transport clients have vehicles of appropriate height
- we hire buses with handrails and plan outings requiring minimal walking
- ECS Team Meetings provide information in audio and visual formats

ECS aims, within given resources, to service the needs identified by each individual we engage with, and if we are not equipped to provide them with the assistance for any or all of their needs, we are happy to assist people in getting referrals and access to services who can meet their needs.

ECS has a philosophy centred around assisting all people in achieving their best lives, and the ECS brochure invites volunteers with disabilities to join the ECS Team, where we will endeavour to find a valuable place for everyone:

- ✓ We welcome the talents, skills & experiences of individuals of all ages & backgrounds
- ✓ We welcome people with disabilities
- ✓ We can offer choice & flexible options for our volunteers [in our office, at the Toy Library, on bus trips, in the centre, on shopping trips, on the phone, in the community]

3.4 People with Dementia

While not a separate special needs group under the *Aged Care Act 1997*, ECS recognises the need for specific consideration when engaging with people with the symptoms of dementia and similar cognitive dysfunction, including:

- memory problems, particularly remembering recent events
- increasing confusion
- reduced concentration
- personality or behaviour changes
- apathy and withdrawal or depression
- loss of ability to do everyday tasks

As a provider of basic community care supports to aged people, ECS appreciates that a significant proportion of its clients will enter our services due to a dementia-related condition or develop dementia while under the care of ECS. We will not discriminate against people with dementia, but provide support as long as this can be done safely and appropriately within our resources, which include:

- the capacity of volunteers available to meet ECS' duty of care to individual clients
- the appropriateness of ECS services for individuals' level of need [eg. clients won't become lost on bus outings]
- a client's level of need or behaviour does not create risk to self, volunteers or other ECS clients
- ECS may negotiate a brokered service arrangement with case managers to provide group social support to clients for a period after they have been escalated to higher level Home Care services

According to Dementia Australia:

- nearly 1 in 10 people over 65 have dementia
- it's thought that there will be more than 589,000 people with dementia by 2028 and over a million by 2058
- dementia is the single greatest cause of disability in Australians over the age of 65 years, and the third leading cause of disability burden overall.
- dementia is the second leading cause of death in Australia and the leading cause of death among Australian females.
- on average, the signs and symptoms of dementia are noticed by families three years before a firm diagnosis is made

Some of our workers are also likely to experience dementia themselves, and ECS may play a part in their journey to diagnosis, as we identify and respond to the symptoms, while supporting their continued role in the ECS Team as long as possible.

3.5 First Nations People

The *Aged Care Act 1997* recognises 'people from Aboriginal and Torres Strait Islander communities'; however, ECS has learned from working with our local community that this is not the most respectful terminology, as well as the fact that Torres Strait Islanders do not reside here. ECS will always seek, listen to and respond to advice from our local Elders, Land Council and specialist service providers at Kurranulla Aboriginal Corporation and show respect for this community by:

- starting all ECS Team Meetings and public gathering with the following or similar words: "I wish to start by acknowledging the Traditional Custodians of the land on which we meet and pay respect to Elders past and present, and any Indigenous colleagues in the room"
- recognising the Dharawal People, where appropriate [note: Kurranulla manager advises against use in an Acknowledgment]
- engaging an Elder to perform a Welcome to Country at large events
- referring to an Elder as Aunty or Uncle as appropriate [ie. when permission is given or s/he is introduced that way]
- protecting and promoting any message or event which respects our First Nations People
- never including First Nations People in group descriptors, such as CALD [see below] and always naming them first
- displaying both Aboriginal and Torres Strait Islander flags, as a sign of welcome, wherever possible [eg. in the foyer, on information tables, on newsletters]
- never seeking funding for, or access to, this community without first talking to Kurranulla
- not knowingly supporting any party or event which discriminates against or disrespects our First Nations People

ECS is particularly mindful of the trauma experienced by Stolen Generations and the cross-generational impacts of this pain for Aboriginal people who may engage with ECS today and in the future. ECS acknowledges Stolen Generations as part of 'people who are care leavers' [below], but always describes them as a distinct group with specific needs.

3.6 People From Culturally & Linguistically Diverse (CALD) Background

ECS welcomes all people who seek to engage with the organisation, and we are mindful of the impacts of actual and perceived differences of culture, language and attitudes. ECS is careful to avoid racist language or actions that may cause distress to workers, clients and visitors, and attempts to use multicultural imagery and universal terminology, where possible. Negative assumptions and attitudes associated with race will not be tolerated within the environments controlled by ECS [see also 2.5]; we will disengage with anyone who wilfully displays racist behaviour.

When resources permit, ECS will provide translated materials to help people from specific language groups to access services and we will always source existing materials to ensure they understand their rights and responsibilities. ECS uses the Translating and Interpreting Service (TIS National) as needed and strives to support the social connectedness of people who are very likely to face multiple challenges in engaging with ECS services and community generally. Our membership of Sutherland Shire Multicultural Network gives ECS opportunities to build relationships with local cultural, religious and community organisations to gain a deeper understanding of existing and emerging CALD communities' needs.

ECS is aware of the social issues that can lead to disadvantage and the particular vulnerabilities of CALD background people we may be supporting, such as:

- social isolation due to lack of English language proficiency
- lack of family connections
- elder abuse and domestic violence
- homelessness
- social inequality
- physical and intellectual disabilities
- mental health / PTSD related conditions

We also appreciate that the life experiences of some of our CALD clients and workers may have involved trauma, through witnessing war, loss of loved ones, displacement from homeland and family, or even torture. ECS is particularly careful in describing funding compliances and information systems to people who may have experienced persecution by bureaucracies [see also 2.5, 2.8]. Of course, we respect that the individual must be allowed to choose what they talk about, to whom and when; therefore, we avoid group exercises that force people to discuss the countries they came from or their past lives.

3.7 People Who Are Veterans, Including The Spouse, Widow Or Widower Of A Veteran

A veteran is defined as a person (or deceased person) who rendered eligible war service, either operational or continuous full time service as a member of the defence force or a mariner employee. This includes any spouses of members of the defence force.

Veterans have a 'special needs' status to support complex medical requirements that include the need for high levels of emotional and cultural support in old age as a result of a veterans' wartime experience/s. Due to the impact of veteran's past life on their sense of wellbeing, physical health and mental health that veterans age quicker and enter aged care sooner than the rest of the general population.

There are several issues that veteran and their spouses face:

- Musculoskeletal injuries and pain eg. lingering pain in their backs, necks, knees or shoulders
- Mental health issues
- Chemical exposure
- Infectious diseases
- Noise and vibration exposure
- Traumatic Brain Injury (TBI)
- Urologic injuries

ECS services are sensitive to individual backgrounds, such as war trauma, when engaging with clients. Staff maintain knowledge of specialist services available through Australian Department of Veterans' Affairs and Legacy to seek advice and make referrals, as appropriate.

3.8 People Who Are Homeless, Or At Risk Of Becoming Homeless

The definition of being homeless is someone who does not have access to adequate housing. There are varying degrees of homelessness: primary (sleeping rough), secondary (couch surfing) and tertiary (boarding houses).

ECS recognises the significant presence of people who are experiencing or at risk of experiencing homelessness:

- Referrals to other services who are equipped to assist them with urgent matters such as housing, food and clothing
- Providing a social outlet to ensure that they are still feeling looked after
- Engaging with them and recognising the needs they feel that need to be addressed and in what order to ensure they feel they are safe

People at risk of being homeless may be eligible for ECS services, although staff are not specialists in homelessness. ECS maintains connections with external organisations for advice and referrals.

3.9 People Who Are Care Leavers

A care leaver is an adult who spent time in institutional or out-of-home care as a child (ie. under the age of 18). This care could have been foster care, residential care (mainly children's homes) or another arrangement outside the immediate or extended family. The term 'care leaver' includes Forgotten Australians, Former Child Migrants and Stolen Generations.

Children were placed in care for a myriad of reasons including being orphaned; being born to a single mother; family dislocation from domestic violence, divorce or separation; family poverty and parents' inability to cope with their children often as a result of some form of crisis or hardship including war. Experiences common to individuals from this community include:

- feelings of abandonment and loss
- grief through separation from their parents and siblings
- loss of identity
- loss of connection to their country and culture

In addition, many children suffered from neglect, exploitation, mistreatment and physical and sexual assault at the hands of their caregivers, which could impact on how they engage with life, including:

- lifelong health problems
- reduced opportunity in employment and finances
- fear of government and institutions
- reluctance to make eye contact or speak
- fear of loss of privacy or control
- hoarding of personal belongings
- risk-taking behaviours, such as substance abuse

In order to ensure that further trauma is minimised, ECS applies the same consideration to all people we engage with; field and office workers who identify signs must report to the relevant Coordinator or ECS Manager. No one is pressured to discuss their childhood or past, but if they do, the information they give is received with kindness, respect for privacy and appropriate service provision. ECS seeks guidance from the Care Leavers Australasia Network (CLAN) and promotes their expert support. To learn more, ECS workers are encouraged to read the relevant Senate Community Affairs References Committee inquiry reports.

3.10 People from the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex & Asexual Community

ECS recognises the importance of respecting and acknowledging the self-identification of individuals and how the community respond to people under the LGBTQIA umbrella. The experience for many lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) people throughout their lifetime can sometimes be of rejection, persecution and discrimination. Many older LGBTIQ people may hide their sexual orientation, sex or gender identity on a daily basis because they continue to fear discrimination.

Experiences common to members of the LGBTQIA community include:

- Discrimination due to sexual orientation, gender identity and intersex status
- Increased experience with abuse
- People in the LGBTQIA community are 3 times more likely to experience depression

ECS actively supports their workforce, clients and community members generally to make personal choices regarding identity and relationships, and live in safety and respect.

3.11 People Who Are Parents Separated From Their Children by Forced Adoption or Removal

Similar to care leavers, parents separated from their children by forced adoption or removal are likely to have experienced negative impacts on their mental wellbeing, including post-traumatic stress disorder. Between 1951 and 1971, the peak period for forced adoptions, 250,000 children were adopted to new families. In some cases, a child was immediately marked up for adoption from the moment they were born, without the mother's authority or knowledge. Most of the mothers were unmarried, however, there were instances where women were married.

ECS recognises the importance of acknowledging that although the CHSP policy framework defines this group as parents affected, it is important to note that the National Apology was for all people affected by Forced Adoptions, including other family members.

ECS provides services to these clients by:

- Supporting and validating the experiences of those who are affected by this issue
- Referring them to services that can assist them in dealing with this issue
- Understanding that the effects of the separation can be triggered by subsequent life events
- Understanding their mistrust of the system and providing information and signing consent forms

3.12 Carers

A carer is a person who gives regular and ongoing care and help to a person with disability or frailty through age, for which they do not receive a wage. Often a carer receives a Centrelink payment, but this is an assistance subsidy only. A carer could be a family member, a partner, a friend, or a neighbour. A carer may give care for a few hours a week or all day every day, depending on the level of support needed. Care can be physical and/or emotional, and received in all of the circumstances:

- where carer and care recipient live together
- where carer visits or calls the care recipient's home
- when the care recipient lives in a residential service/facility

Everyone's path to being a carer is different; a family member could need help suddenly or through a gradual process with physical and/or mental changes slowly making it harder for them to care for themselves. Twenty percent of carers suffer from depression. Some will see themselves as a family member who looks after a person they love, not as a carer, and they could be an ECS staff member, volunteer, management committee member, ECS member or client of one of our services. Either way, carers may need ECS support to.

- balance work with caring responsibilities
- maintain their own health and wellbeing
- find services for the care recipient
- get advice to help in their caring role

ECS has obligations under the *NSW Carer Recognition Act (2010)* to support the valuable contribution of carers to the community and as partners in care, their diverse needs within and beyond their caring role, including the importance of their health and wellbeing. ECS refers to Carers NSW and specialist services via The Carer's Gateway, as appropriate, as everyone's care needs are different.

4. KEY PRINCIPLES

ECS hopes that by recognising the diverse needs of the people and communities it engages with, it will achieve the following for all:

- Equity of access and outcomes – people with diverse characteristics and life experiences have equitable access to information and services that are effective and appropriate to their needs, and that take into account individual circumstances.
- Empowerment - people with diverse characteristics and life experiences, and their families, carers and representatives are respected and supported, and have the information, knowledge and confidence to optimise their use of ECS services.
- Inclusion – people with diverse characteristics and life experiences, and their families, carers and representatives are included in the development, implementation and evaluation of ECS policies and services on an ongoing basis.

- Quality – people with diverse characteristics and life experiences are treated with dignity and respect, and can maintain their identity. They can make informed choices about their use of ECS services and how these services support them to live the lives they choose.
- Capacity building –people and their communities have the capacity to articulate their needs and have their diverse characteristics and life experiences embraced at ECS.
- Responsive and accountable – ECS embeds the diverse characteristics and life experiences of all its stakeholders in system planning, delivery, monitoring, and transparent reporting.