

TERMS OF REFERENCE

AGED CARE DIVERSITY CONSULTATIVE COMMITTEE

September 2022

1. Purpose

The purpose of the Aged Care Diversity Consultative Committee (Diversity Consultative Committee) is to provide stakeholder direction and guidance to the Department of Health and Aged Care (the department) on the ways the aged care system can better cater to people with diverse characteristics and life experiences. This will involve:

- providing advice on aged care policy, program and service matters relating to older people from diverse backgrounds and those with diverse characteristics and life experiences; and
- supporting members on aged care reference groups that represent diverse cohorts.

The Government is committed to ensuring the provision of culturally appropriate aged care, including strategies that address the particular needs of diverse groups of Australians and Aboriginal and Torres Strait Islander peoples. The Diversity Consultative Committee will provide a key consultation mechanism to support the Government in meeting its commitment to ensure representatives from diverse communities are engaged at every level of reform to the aged care sector and to work with multicultural communities to improve their access to culturally appropriate aged care services.

2. Functions

The Diversity Consultative Committee focuses on older people from all diverse population groups, reflecting the diversity of our society. It will seek to address common and specific barriers impacting access to the aged care system by older Australians to drive cultural and systemic improvements and to ensure equity of outcomes, as the Royal Commission into Aged Care Quality and Safety identified as being needed.

Diversity groups include, but are not limited to, the following, noting the potential for intersectionality which means that many people belong to more than one group:

- Aboriginal and Torres Strait Islander peoples, including those from stolen generations
- people from culturally and linguistically diverse backgrounds
- people who live in rural, remote, or very remote areas
- people who are financially or socially disadvantaged
- veterans
- people who are experiencing, or at risk of, homelessness
- care-leavers including Forgotten Australians and former child migrants placed in orphanages
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender and intersex people
- aged care recipients with a disability and those with mental health problems or mental illness

The Diversity Consultative Committee will:

- provide a consultative mechanism for the Government on ageing and aged care, and related policies, systems and processes so that they are inclusive of people with diverse life experiences and characteristics and are developed through a co-design process to the extent possible;
- consult with respective stakeholders and constituents on policy issues and share insights with the department; and

- provide a consultative mechanism for diverse representatives on aged care reference groups.

The Diversity Consultative Committee will also ensure that their work:

- reflects the needs of older people with diverse life experiences and characteristics;
- promotes the ability of individuals with diverse life experiences and characteristics having equitable access and outcomes when engaging with the aged care service system;
- is based on the latest evidence (whether from research, the lived experience of older Australians or their carers, or practice wisdom from practitioners in aged care, health, disability or other relevant services and the organisations that represent these groups);
- is complementary to existing approaches including policies and strategies; and
- is responsive to community and individual needs, and is coordinated and consistent with other relevant policies, systems and processes including but not limited to the health and disability sectors.

3. Membership

- Members have been appointed to the Diversity Consultative Committee as representatives of their constituent organisations and associated networks, and in recognition of their expertise in aged care and understanding of diverse population groups.
- The department will be represented by the Assistant Secretary, Dementia, Diversity and Design Branch.
- In recognition of the demands on members' time, the Diversity Consultative Committee will be established as comprising a core team that provides advice on all matters referred to the Committee and a broader group of members co-opted to provide advice on specific matters. Refer to **Attachment A** for potential invitees to the Diversity Consultative Committee.

4. Roles and Responsibilities

Members of the Diversity Consultative Committee will be required to:

- provide feedback/input from their broad network (for example - providers and consumers);
- provide advice on diversity considerations for new and existing policies/programs to the department;
- provide feedback on papers in requested timeframes (usually two weeks) for aged care reference groups, as required;
- attend aged care reference groups, as required; and
- actively engage in the work of the Diversity Consultative Committee.

To support these functions members of the Diversity Consultative Committee will:

- act in a collegiate and collaborative manner when debating and resolving issues, noting that no quorum is required to establish the Committee's position on matters and differing perspectives from members will be taken into account by the department; and
- respect the confidentiality of the proceedings, balanced with the need to seek and provide feedback with their constituents.

5. Frequency of Meetings

The Diversity Consultative Committee is anticipated to meet with diverse members on aged care reference groups approximately four times a year, via videoconferences or face-to-face as required at members' convenience.

Meetings can be convened more frequently if needed, to support knowledge transfer between groups and to the department.

The Diversity Consultative Committee will meet on an ad hoc basis to deep dive into specific matters of priority. Members or the department may advise the Secretariat of any issues they wish to raise at any given meeting and for out-of-session consideration at any time.

6. Funding

Travel and accommodation for members will be paid for in accordance with departmental procedures and will be arranged by the Secretariat.

7. Secretariat

The Diversity and Inclusion Section within the Dementia, Diversity and Design Branch in the department will provide Secretariat support to the Diversity Consultative Committee.

The agenda and papers for meetings will be agreed between the Chair and the department.

Papers will be distributed to the Diversity Consultative Committee prior to meetings, and at least five working days prior to the meeting where practicable

Attachment A1 – Diversity Consultative Committee

	Diversity Representation	Name	Position / Organisation
1	Chair	Samantha Edmonds	Director, Policy and Systemic Advocacy Older Persons Advocacy Network
2	Aboriginal and Torres Strait Islander	Kylie O'Bryan	Executive Manager, Booroongen Djugun – member of the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council Inc
3	Aboriginal and Torres Strait Islander	Matthew Moore	General Manager, Aged Care Institute for Urban Indigenous Health
4	Culturally and linguistically diverse	Mary Ann Geronimo	Director of Policy, Health & Ageing The Federation of Ethnic Communities' Councils of Australia
5	PICAC Alliance	Nikolaus Rittinghausen	Manager, PICAC Victoria The Centre for Cultural Diversity in Ageing
6	Consumer	Sophia Petrov	National Manager, Policy and Engagement COTA
7	Housing and Homelessness	Bryan Lipmann	CEO Wintringham
8	Homelessness	Fiona York	Executive Officer Housing for the Aged Action Group Inc
9	LGBTI	Nicky Bath	CEO LGBTIQ+ Health Australia
10	Rural and remote	Melanie Avion	Professional Officer CRANaplus
11	Veterans	Nathan Klinge	CEO RSL Care SA
12	Aged Care Quality and Safety Commission	Suzi Clark	Acting Executive Director, Engagement, Education and Sector Capability, Aged Care Quality and Safety Commission
13	Department of Health and Aged Care	Eliza Hazlett	Assistant Secretary Dementia, Diversity and Design Branch Market and Workforce Division Ageing and Aged Care Group
14	N/A	Bill Jolley	Individual