



Cultural safety organisational review tool

Cultural safety is measured by how policies, processes and practices align with the lived experience of older people.

Introduction

Delivering culturally safe care does not happen by chance. It requires deliberate action across all parts of an organisation, from the way leaders set expectations, to the systems that guide care, to the everyday interactions between workers and older people. To support aged care providers in embedding cultural safe care delivery, this guide focuses on five interconnected areas:



Policies: the commitments and governance settings that anchor culturally safe care delivery at the highest level.



Processes: the systems and procedures that ensure culturally safe process are consistently applied in care delivery.



Practices: the day-to-day behaviours, environments and choices that shape the older person's lived experience of their aged care.



Workforce capability: the skills, confidence, ongoing training and accountability of staff and leaders to provide care that respects and responds to diverse cultural needs.



Community connections: the partnerships and relationships that extend cultural safety beyond the organisation and into the communities it serves.

Each area is essential on its own, but together they create a strong, integrated framework where cultural safety is not an aspiration, it is the lived reality for every older person, every day.

Purpose

This guide provides guidance for providers to consider when seeking to embed delivering culturally safe care across their operations. It also includes an organisational review tool designed to help providers take a structured look at how cultural safety is embedded across their organisation.

Focus areas for embedding culturally safe care in your operations



Policies (governance and strategy)

Policies set the tone for delivering culturally safe care across the organisation. They show your commitment, create accountability, and make clear what culturally safe care should look like at a governance level.

What you can do to embed delivering culturally safe care into your governance and strategy:

- **Anchor to rights and standards:** embed culturally safe care delivery in your care philosophy, risk appetite, and board policy suite. Include explicit board accountability for inclusion, dignity, consent and supported decision-making.
- **Set clear commitments:** define what culturally safe care means for your organisation. Create and publish a short, accessible statement to communicate this definition to your workforce and the older people (and their supporters) to whom you provide services. Assign clear roles and responsibilities for implementation across all levels of the organisation.
- **Build it into governance rhythms:** include culturally safe care delivery as a standing agenda item in board and quality meetings. Track performance through dashboards that monitor areas such as complaints, interpreter use, care planning preferences, cultural and spiritual care needs, and family engagement. Report transparently to staff, older people and the community.



Processes (how care is delivered and checked)

Processes turn policy into practice. They are the systems, forms and procedures that make sure cultural needs are identified, recorded and consistently met in care delivery.

What you can do to embed culturally safe care into how care is delivered and checked:

- **Intake:** document preferences such as cultural, linguistic, spiritual, kinship, dietary and privacy preferences during intake. Use a standard 'ask, record, honour, review' approach to ensure these needs are captured and revisited.
- **Consent and communication:** standardise interpreter access and apply 'teach-back' methods to check understanding. Where family members act as informal interpreters, confirm accuracy and always prioritise professional interpreters for high-risk decisions. Prompt staff to confirm decision-makers, registered supporters, and cultural custodians.
- **Care planning and handover:** add a dedicated 'cultural considerations' field in care plans and handover templates so preferences are visible and actionable at the point of care.
- **Palliative and bereavement care:** use culturally sensitive checklists to guide symptom management, decision-making, rituals and bereavement support. Involve family and community early in the care process.
- **Continuous improvement:** code incidents, compliments and complaints for cultural themes. Conduct quarterly audits to assess how well cultural preferences are honoured and act on findings.



Practices (everyday behaviours and environment)

Practices are the everyday actions and behaviours that shape the lived experience of older people. They are how staff bring culturally safe care to life in daily care, interactions and the environment.

What you can do to embed culturally safe care into everyday behaviours and environment:

- **Make rights visible:** display the Aged Care Quality Standards and the Statement of Rights in common areas. Reference them during resident meetings, care planning, and staff supervision.
- **Daily micro-practices:** use preferred names and languages, offer faith-appropriate foods, respect modesty, privacy and gender preferences and support cultural ceremonies or connections to community.
- **Culturally humble mindset:** Encourage workers to ask: “What matters to you culturally?” and “What would respectful care look like for you today?” Promote self-reflection and coach staff to notice and redress power imbalances.
- **Safe environments:** Provide spaces for prayer, quiet reflection and cultural gatherings. Ensure signage, artwork, activities, and menus reflect the diversity of residents and communities.



Workforce capability (skills, confidence and accountability)

Culturally safe care delivery depends on the skills, confidence and accountability of your workforce. Building workforce capability means providing training, supervision and reflection so workers can deliver care that respects every individual.

What you can do build workforce capability in cultural safety:

- **Role-specific learning pathways:** deliver baseline training on cultural safety, communication and unconscious bias. Where identified, provide contextualised learning for different roles (nursing, personal care, lifestyle, kitchen and corporate staff). Test competence, not just attendance.
- **Cultural mentors and champions:** appoint internal cultural safety champions and engage Elders or Cultural Mentors to provide guidance, training and case debriefs.
- **Supervision and appraisal:** embed culturally safe care delivery into supervision discussions, reflective practice and annual appraisals. Recognise and reward staff who identify barriers and co-design solutions with residents and families.
- **Onboarding essentials:** include information on interpreter access, respectful greetings, dietary and ritual awareness and documentation standards in worker inductions. Reinforce these as non-negotiable practices for all workers.



Community connections (co-design and partnerships)

Cultural safety extends beyond the walls of the organisation. Strong connections with Elders, cultural groups and communities help ensure care is relevant, inclusive and guided by those it is meant to serve.

What you can do to embed cultural safety through community connections:

- **Formal partnerships:** establish partnerships with relevant community organisations (such as Aboriginal and Torres Strait Islander organisations, multicultural associations, faith leaders and LGBTQI+ groups). Involve them in co-designing programs, reviewing menus and advising on complex cases.
- **Family involvement:** welcome families and community representatives into social activities. Align visiting hours and celebrations with cultural and community calendars.
- **Feedback loops:** facilitate resident and family forums in preferred languages. Demonstrate responsiveness with 'you said, we did' boards highlighting actions taken in response to cultural feedback.

Cultural safety organisational review and implementation tool

Step 1: Diagnose and prioritise

- Use the tool in workshops with leaders, staff and (where possible) older people or advocates.
- For each of the five areas, complete the “Current approach” column to capture what is already in place.
- Discuss and record “Gaps or risks” openly. Encourage examples and stories, not just policies on paper.
- Prioritise the top two or three gaps in each area to focus your improvement effort.

Step 2: Co-design minimum standards

- In the “Actions to improve” column, agree on practical, minimum expectations that everyone commits to.
- Involve older people, families, and community representatives in defining these actions, especially for practices and community connections.
- Ensure actions are specific and measurable (e.g. “Add a cultural considerations field in care plan templates by March” rather than “Improve care plans”).

Step 3: Embed and enable

- Assign responsibility for each action directly in the tool (you could add a “Who is responsible” column if helpful).
- Update policies, forms, systems or rosters to embed the agreed standards into daily workflows.
- Train staff or brief teams on the agreed improvements. Use the tool at team meetings to check on progress.

Step 4: Measure and review

- Identify success measures to track how you will know if actions have been effective (e.g. survey results, audit findings, family feedback).
- Revisit the tool quarterly at board, quality or leadership meetings. Review what has been implemented, celebrate successes and update actions as new gaps emerge.
- Share progress with older people, families and workers to build trust and transparency.

Area	Prompts to guide review	Current approach	Gaps or risks	Actions to improve
 Policies (e.g. diversity, cultural safety, RAP, complaints)	- Do our policies explicitly reference cultural safety and inclusion? - Is there clear board accountability? - Do we name priority groups (e.g. Aboriginal and Torres Strait Islander peoples, CALD, LGBTIQ+)? Examples: <i>Diversity and inclusion policy, Reconciliation Action Plan, governance charter</i>			
 Processes (e.g. intake, assessment, communication supports, rostering)	- Do intake forms capture cultural, language, spiritual and dietary needs? - Are interpreter pathways documented and accessible? - Do handover templates include cultural considerations? - Have you applied any unconscious bias and made assumptions about a person's needs, choices or preferences? Examples: <i>admission checklist, interpreter booking process, cultural preferences in care plans</i>			
 Practices (e.g. dietary/spiritual needs, interpreters, daily care)	- Are residents greeted in their preferred name and language? - Are cultural and spiritual practices visibly supported? - Do workers ask questions such as “are there any traditions, foods or routines that are important for you?” Examples: <i>menus with faith-appropriate meals, prayer/quiet spaces, daily use of interpreters</i>			
 Workforce capability (e.g. training, supervision, reflection)	- Do all workers receive training in cultural safety and trauma-informed care? - Are culturally safe behaviours assessed during supervision? - Do we have cultural mentors or champions? Examples: <i>induction checklist, reflective supervision guides, role-specific training modules</i>			
 Community connections (e.g. partnerships with Elders, cultural groups)	- Do we have partnerships with local Aboriginal and Torres Strait Islander Elders, multicultural services and faith groups? - Are families and advocates included in forums? - Do we close the loop on feedback with ‘you said, we did’? Examples: <i>MOUs with relevant community organisations, family forums, co-designed cultural events</i>			