## **Cultural safety: Self-reflection tool**

"Cultural safety starts with looking inward. When we understand ourselves, we can deliver care that is respectful."

Cultural safety starts with self-awareness. Every provider and worker bring their own culture, perspectives and biases to their role. Reflecting on these thoughtfully helps ensure that care for older people is inclusive, respectful and responsive to their needs.

The purpose of this tool is to encourage ongoing self-reflection and awareness of how personal values, culture and assumptions influence interactions with older people.

Think of a recent situation where you provided care to an older person and use that real-life example to complete the self-reflection template below. This tool is designed to help you reflect on what went well, identify areas for improvement, and explore opportunities to deliver better care.

## Instructions

- use this tool individually, in supervision, or as part of team discussions
- reflect honestly on each question
- record examples and identify areas where you want to improve.

## Self-reflection tool – Example of a completed tool

Care scenario: Mr Singh, a 79-year-old man of Sikh faith, recently moved into residential care. At lunchtime, I offered him a meal option that included beef.

Aspect	Your approach	Areas for improvement
How did you communicate with the older person?  (Think verbally, body language, tone, were alternate communication tools required?)	I described the lunch options clearly and checked if he had any dietary preferences. When I noticed hesitation, I asked gentle follow-up questions and encouraged him to share what foods he usually eats at home.	I could have first reviewed his care plan or cultural profile before asking, so I was more prepared with respectful meal suggestions.
What was your initial response?	I initially recommended the beef stew option without thinking about cultural or religious dietary restrictions.	I should have paused and reflected before making meal suggestions, knowing that some residents may avoid certain meats for cultural or religious reasons.
Did you make any assumptions?	Yes, I assumed everyone would be open to the meal choices on the standard menu.	I need to avoid assuming the default menu is suitable for all residents and instead ask about cultural or religious requirements.
Was anyone else involved in providing support?	No support person was required, but Mr Singh has shared that his family helps him advocate for culturally appropriate food when they visit.	I could check whether he would like us to consult with his family about his dietary and cultural preferences. I could check his care plan for anyone listed as a person he wants support from, such as a registered supporter, friend, or family member. I know I should always ask Mr Singh before involving anyone else.
What were the older person's preferences?	He explained that, as part of his faith, he does not eat beef. He prefers vegetarian or chicken-based meals with traditional spices.	I could have proactively asked if he had any dietary preferences prior to running through the menu options. Then I could guide him to the options that meet his preferences.
How did you meet their preferences?  (if you were unable to, what were the alternate options that you offered?)	I described the other lunch options that aligned with his preferences.	I could record his preferences in his care plan and share this with kitchen staff to ensure there are always meal options that align to his preferences.
Outcome (how did the older person feel?)	Mr Singh looked relieved and expressed gratitude that his cultural practice was respected. He enjoyed the meal he selected with my guidance.	I can follow up with him to ensure his dietary preferences are consistently respected across all shifts.
Organisational culture (Is there a lesson that can be shared with colleagues)	Be mindful that cultural and religious practices directly shape food preferences. Workers should check and respect these practices.	We could update staff training to include awareness of religious and cultural dietary requirements and ensure meal planning always includes culturally safe options.

## **Self-reflection tool**

Care scenario:

Aspect	Your approach	Areas for improvement
How did you communicate with the older person?		
(Think verbally, body language, tone, were alternate communication tools required?)		
What was your initial response?		
Did you make any assumptions?		
Was anyone else involved in providing support?		
What were the older person's preferences?		
How did you meet their preferences?		
(if you were unable to, what were the alternate options that you offered?)		
Outcome (how did the older person feel?)		
Organisational culture		
(Is there a lesson that can be shared with colleagues)		