# Cultural Safety: Everyday practice checklist

Cultural safety lives in the everyday, in the words we use, the choices we offer, and the respect we show in each interaction

Cultural safety is lived in daily actions. This tool gives practical prompts to help workers embed cultural safety into care interactions and routines. It provides simple, everyday reminders for delivering culturally safe, respectful and inclusive care.

Only the older person themselves can determine whether the service is culturally safe.

#### How to use the checklist

- use during care planning, shift handovers, or as part of reflective practice
- tick items you currently do and highlight areas to improve
- revisit regularly and share examples of good practice with your team.



## Open and clear communication

Open and clear communication is key to providing culturally safe, rights-based care to older people. It is vital as a care worker to not make assumptions and to respectfully learn about the older person's customs or experiences.

Do I know the ways the older person prefers to communicate?
Have I provided the older person key information and documentation in their preferred language or communication method?
Do I understand the cultural norms for non-physical communication and contact for the older person I am caring for? (for example, appropriateness of maintaining eye contact, physical touch, modesty, talking during personal care activities, gender specific carers)
Do I understand what culturally safe and respectful care means to the older person that I am caring for?



# **Connection to community**

Providers and workers must create a safe, inclusive, and respectful environment that acknowledges and values the diverse cultural backgrounds of older people. This includes understanding and accommodating cultural dietary preferences and ensuring a culturally sensitive environment.

Have I asked about cultural, religious or other lifestyle practices that are important to the older person I am caring for?
Have I taken steps today to show respect for the older person's culture, pronouns, gender, bodily diversity, identity and preferences?
Does the older person have access to library of books, magazines, radio station, YouTube, TV shows or movies and other materials in their preferred languages?
Have I asked about the older person's food or dining preferences? Do I understand what the role food plays within their culture?
Do I support participation in local community events or social groups relevant to their cultural background especially where the older person has existing links?
Have I regularly engaged with the older person's carers, families, registered supporters, community representatives or anyone else that the older person has identified?
Have I considered any unconscious biases and prejudices that I might have?
Do I understand how these biases and prejudices may impact the relationships that I have with the people I care for?



# **Individuality**

Individualised and personalised engagement and care is at the heart of rights-based care. The Act emphasises personcentred care, where older people can make decisions about their lives and care, in partnership with support as wanted or needed.

Have I recently asked about the older person's needs, wishes and preferences? Do I know if their needs, wishes and preferences have changed?
Have I documented all the older person's wishes and preferences in their case notes or care plan?
Do I know who the older person's registered supporters are, if any, and how the older person wants me to engage with these people?
Have I taken steps to show respect for the older person's requests to meet their needs, wishes and preferences?
Have I talked to the older person about their life, their background, their stories, their family or other people important to them?



## **Trauma-informed care**

The Act emphasises the need for trauma-informed care for all older people, particularly for Aboriginal and Torres Strait Islander people and Elders, recognising their historical and ongoing experiences. Trauma-informed care is an overarching approach to care that is closely aligned with the personcentred model of care.

Do I understand any potential triggers for the older person that could cause them distress, anxiety or behaviour changes?
If there are potential triggers, have I put in place approaches to limit the impact of them to best support the older person?
Do I understand (or have I asked) what makes the older person that I care for feel safe?
Have I actively engaged with the older person's registered supporters, support workers, medical team, or any other person who may be authorised to receive personal information about the older person, to update them or seek additional support?
Have I shown compassion, kindness and respect to the older person?
Am I aware of specific dates, events or milestones coming up that may distress or trigger the older person?
Am I looking after myself to avoid burnout, vicarious trauma and limit my own emotional reactions?

# **Engagement and participation**



Provider and workers' facilitation of older people's regular and active participation and engagement is vital for the cultural safety, dignity, respect and clinical wellbeing of the older people within their care. This includes engagement and participation in a physical and mentally active lifestyle, hobbies and social engagement, including community and cultural participation.

Do I know the activities, organisations, groups or community engagements that the older person is participating in, interested in or connected to?
Have I identified what community, cultural, and advocacy groups are in our local community?
Have I facilitated or actively engaged with the older person's family, registered supporters, support workers or other people providing support to the older person to seek additional support in assisting the older person to engage and participate? (for example, transportation, mobility aids, modified tools or materials, someone to go with them)
Do I understand the older person's signs of disengagement? Have I thought about what I could do if I saw these signs of disengagement or refusal to participate?



# **Build safe and trusting relationships**

Registered providers and aged care workers must take responsibility for building trust and relationships with all older people, Aboriginal and/or Torres Strait Islander Elders, older people, and those supporting them.

Did I introduce myself and explain how I am there to assist them, before I started to provide them with care?
What does a safe and trusting relationship mean to the older person that I am caring for?
Did I actively listen and did my actions and responses reflect that I listened?
Was I consistent in what I said and did?
Did I do what I said I was going to do and when I said that I was going to do it?
Did I receive any direct or indirect feedback, suggestions or ideas from the older person or someone supporting them today? How will I integrate this feedback into my daily practice?
Did I act with openness, honesty, integrity, compassion and respect with the older person, their family, registered supporters and any other person supporting the older person?