Let's yarn about ageing well



NATSIFACP cultural safety and governance guide

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We acknowledge the Traditional Custodians of the Country on which this organisation operates, and pay our respects to Elders past, present and emerging. This tool is grounded in the principle that community control is a governance strength, and that Elders are at the centre of all decisions made in their name.

Introduction

This guide has been developed to support NATSIFACP Service Providers to deliver culturally safe aged care and governance.

It is designed as a practical resource that can be used during site visits and as an ongoing reference. The guide focuses specifically on aged care and is aligned to governance, workforce, service delivery, compliance and reform readiness under the *Aged Care Act 2024*.

The guide is structured around six key pillars of culturally safe aged care:

1. Cultural safety in aged care
2. Trauma-informed, person-centred care
3. Culturally safe governance
4. Workforce capability and cultural load
5. Systems, evidence and accountability
6. Continuous improvement and reform readiness

Under each pillar, the guide outlines what good practice looks like, common gaps or challenges, and practical actions to get started.

The aim is to provide a clear and accessible map of what culturally safe practice looks like in the aged care reform environment, and to help service providers identify strengths and areas for development.



1. Cultural safety in Aged Care

Topics	Good practice	Common challenges
What this looks like for older people receiving care	• Older people asked what is important to them, not just assessed for clinical needs. • Care plans reflect language, kinship, gender, spirituality and connection to Country. • Plain language – no jargon, taking time to explain for them to understand. • Elders are supported to make choices about food, routines, visitors, cultural practices, and end-of-life care. • Cultural practices (e.g. Sorry Business, men's/women's business) are respected and accommodated where possible.	• Care being task-focused rather than relationship-based. • Elders feeling shame, fear, or mistrust when engaging with services. • Limited time to build trust, especially with fly-in/fly-out or high staff turnover. • Western clinical models overriding cultural preferences. • Elders disengaging or withdrawing when care does not feel culturally safe.
What it looks like for staff	• Staff feel safe to ask questions and learn without fear of being shamed. • Aboriginal and Torres Strait Islander staff are not expected to carry all cultural knowledge. • Cultural load is recognised, discussed, and managed by leadership. • Staff receive practical training, not just one-off online modules. • Managers model culturally safe behaviour and take action when behaviour is not culturally safe.	• Cultural safety being treated as "extra" rather than core business. • Aboriginal staff being relied on informally as cultural advisors. • Staff fear "getting it wrong" and avoid conversations altogether. • Training that is too academic, health-focused, or not aged-care specific. • Burnout linked to emotional and cultural load.

Topics	Good practice	Common challenges
What it looks like for families and community	• Families are welcomed as partners in care • Community leaders and Elders are consulted on how care is delivered, not just informed. • Services respect community obligations such as Sorry Business and cultural events. • Communication is clear, respectful, and timely. • Services are visible and accountable to the community.	• Families feeling excluded from decision-making. • Misunderstandings around consent, privacy, and information sharing. • Lack of clarity about roles between service, family, and community. • Community mistrust based on past experiences with institutions. • Engagement being reactive rather than ongoing.

Practical actions to get started with cultural safety in aged care

Discussion prompt	Notes [DD-MM-YYYY]	Outcome actions with date
Ask Elders and families what helps them feel culturally safe when receiving care.		
Review a sample of care plans to ensure cultural preferences, language, family connections and community obligations are documented.		
Discuss cultural safety at a staff meeting and identify one improvement the service could make.		
Review complaints and feedback processes to ensure they are culturally safe and easy to access.		
Identify one way the physical environment could better reflect local culture, community and connection to Country.		

2. Trauma-informed, person-centred care

Topics	Good practice	Common challenges
Communication	• Staff speak calmly, respectfully, and at eye level, allowing time for responses. • Staff explain what they are doing and why, before touching or assisting. • Language is plain, non-clinical, and avoids directives ("you need to…"). • Staff check understanding and invite questions. • Staff are attentive to non-verbal cues (silence, body language, tone).	• Rushed communication due to time pressures. • Over-explaining or using clinical language that feels intimidating. • Staff talking about an older person rather than to them. • Avoiding difficult conversations due to fear of "saying the wrong thing". • Misinterpreting silence or withdrawal as lack of engagement.
Responding to feelings/ reactions	• Staff understand that anger, withdrawal, distress or refusal may be trauma responses. • Staff stay calm, validate feelings, and avoid escalating situations. • Staff give space where needed and return later rather than forcing tasks. • Behaviour is discussed within the team as a care issue, not a discipline issue. • Elders are supported to regain control and dignity after distress.	• Staff interpret anger, withdrawal, distress or refusal as "non-compliance" or "difficult behaviour" rather than a possible trauma response. • Staff respond quickly to complete tasks (e.g. personal care) rather than slowing down or giving the person space. • Emotional reactions escalate because staff try to persuade, correct or argue with the person instead of validating feelings. • Staff feel unsure how to respond to distress and may withdraw support rather than working as a team to understand the trigger.

Topics	Good practice	Common challenges
Care processes/ procedures	• Care routines are flexible and adjusted to individual preferences as much as possible. • Consent is ongoing, not assumed and choices are offered wherever possible. • Care planning includes history, preferences, triggers, and calming strategies. • Documentation focuses on support needs, not just incidents. • Procedures allow room for cultural obligations (e.g. Sorry Business).	• Rigid routines driven by rostering rather than individual needs. • Policies written for compliance but not used in practice. • Inconsistent documentation of triggers and preferences. • Lack of shared understanding across the team. • Trauma-informed care not embedded into everyday processes.

Practical actions to get started with trauma-informed and person-centred care

Discussion prompt	Notes [DD-MM-YYYY]	Outcome actions with date
Review how staff respond to distress, anger, withdrawal or refusal of care.		
Ask care recipients what helps them feel safe, respected and in control.		
Discuss a recent challenging situation and identify what worked well and what could be improved.		
Review care plans to ensure they focus on strengths, preferences and choice, not just clinical needs.		
Encourage staff to use curiosity and empathy rather than assumptions when responding to behaviours.		

3. Culturally safe governance

Topics	Good practice	Common challenges
Board's role, responsibilities and requirements	• Board members clearly understand their governance role vs management role and avoid operational overreach. • Board structure reflects community, cultural and skills diversity, including Elders and people with aged care knowledge. • Board members understand their responsibilities under: – the *Aged Care Act 2024* – Quality Standards – NATSIFACP requirements. • Regular governance training is undertaken, including cultural safety and reform changes. • New Board members receive a structured induction, including cultural context, community expectations and service responsibilities.	• Board members feel personally responsible for "fixing" operational issues. • Unclear understanding of legal responsibilities. • High Board turnover or limited access to governance training. • Cultural authority is present but not well supported with governance knowledge. • Difficulty balancing cultural leadership with regulatory accountability.
Decision making	• Decisions are informed by community voice, Elders' perspectives and cultural knowledge. • Board uses clear decision-making frameworks that balance: – cultural priorities – risk – financial sustainability – quality and safety obligations. • Major decisions are documented with:	• Decisions are rushed due to compliance or funding pressures. • Cultural considerations are discussed informally but not recorded. • Uncertainty about when a decision must be escalated to the Board. • Dominant voices overshadow quieter or cultural perspectives. • Fear of "getting it wrong" leads to decision avoidance.

Topics	Good practice	Common challenges
	– the rationale – cultural considerations – risk implications. • Board agendas allow adequate time for discussion and reflection, not just approvals. • Conflicts of interest are openly declared and managed in culturally respectful ways.	
Oversight	• Board receives clear, consistent reporting on: – quality and safety – workforce – finances – compliance and risk. • Oversight focuses on patterns and trends, not individual incidents. • The Board asks reflective questions such as: – “What does this mean for Elders?” – “Where might this create unintended harm?” • Committees (if used) have clear terms of reference and report back effectively. • The Board regularly reviews its own performance and effectiveness.	• Reports are overly technical or compliance-heavy. • Board focuses on “red flags” but not system improvements. • Limited confidence in interpreting financial or quality data. • Difficulty linking oversight to strategic direction. • Committee structures exist but aren’t well utilised.

Practical actions to get started with culturally safe governance

Discussion prompt	Notes [DD-MM-YYYY]	Outcome actions with date
Discuss cultural safety as a standing item at governing body meetings.		
Review how Elders, community members and cultural advisors contribute to organisational decision-making.		
Clarify governance roles and responsibilities relating to cultural safety.		
Consider whether governing body members have access to cultural safety learning opportunities.		
Identify one governance decision where community input could be strengthened.		

4. Workforce capability and cultural load

Topics	Good practice	Common challenges
Supporting First Nations staff	• Clear role descriptions that do not assume cultural labour unless it is explicitly part of the role. • First Nations staff are supported, not relied upon, to carry cultural knowledge. • Access to culturally safe supervision, mentoring or peer support. • Career pathways are visible and supported • Managers understand how cultural obligations (Sorry Business, community responsibilities) may impact availability and workload.	• First Nations staff being expected to: – translate culture – mediate conflict – explain community issues – "fix" cultural safety issues. • Burnout due to emotional labour and role overload. • Limited opportunities for progression. • Inadequate cultural understanding from non-Indigenous managers. • Staff leaving due to lack of support rather than lack of skill.
Cultural load and burnout	• Cultural load is named, acknowledged and discussed openly. • Cultural responsibilities are shared across the organisation, not concentrated on a few staff. • Managers regularly check in on workload and wellbeing. • Cultural advisors or Elders are engaged appropriately (not informally burdening staff). • Flexible rostering and leave arrangements support cultural obligations.	• Cultural load is invisible or misunderstood. • Staff feel guilty saying no to additional cultural requests. • Managers don't know how to ask about cultural load respectfully. • No processes to identify early signs of burnout. • Small teams with limited capacity to redistribute workload.
Training and induction (all staff) + ongoing	• All staff receive culturally safe induction.	• Training is compliance-driven rather than practice-focused.

	• Cultural safety and trauma-informed care training is ongoing. • Training is delivered in plain language, using scenarios relevant to aged care. • Managers reinforce training through supervision and practice conversations. • Training aligns with: – *Aged Care Act 2024* – Code of Conduct – Quality Standards.	• Staff feel overwhelmed by training requirements. • High staff turnover means constant re-induction. • Training materials are too generic or health focused. • Learning is not embedded into day-to-day work.

Practical actions to get started with workforce capability and cultural load

Discussion prompt	Notes [DD-MM-YYYY]	Outcome actions with date
Talk with staff about cultural load and what support they need.		
Review how cultural knowledge and responsibilities are shared across the workforce.		
Ensure cultural safety is included in staff induction and ongoing learning.		
Encourage managers to regularly check in on staff wellbeing and workload.		
Identify opportunities for mentoring, coaching or peer support.		

5. Systems, evidence and accountability

Topics	Good practice	Common challenges
Policies and procedures	• Policies are current, relevant and used, not just filed. • Policies reflect: – the *Aged Care Act 2024* – NATSIFACP requirements – cultural safety and trauma-informed practice. • Staff know where policies are and when to use them. • Policies are written in plain language and adapted to local context. • Clear ownership for reviewing, updating and training on policies.	• Policies are: – outdated – duplicated – copied from elsewhere without adaptation. • Staff are unaware of policies or find them too complex. • No review schedule or assigned policy owner. • Cultural safety is referenced but not implemented. • Time constraints prevent regular updates.
Records, reporting and evidence	• Records are: – accurate – timely – consistent across systems. • Staff understand: – what to record – when to record – where it should live. • Evidence is stored in an organised way and can be easily located. • Reporting requirements are clearly understood by managers. • Incident, complaint and feedback processes are culturally safe and accessible.	• Evidence is spread across: – multiple systems – paper files – staff knowledge. • Staff unsure how detailed records need to be. • Reporting deadlines missed due to confusion or capacity constraints. • Anxiety about audits leads to over-recording or avoidance. • Cultural considerations not reflected in documentation.

Topics	Good practice	Common challenges
Readiness for compliance	• Services understand compliance is continuous. • Managers and staff can explain: – their role – their systems – how care is delivered. • Governance oversight is active and documented. • Evidence aligns with actual practice. • Services feel supported rather than judged.	• Fear and stress around audits. • Unclear understanding of what auditors are looking for. • Staff unfamiliar with audit-style questions. • Limited time to prepare due to workforce pressures. • Confusion about how reforms affect existing practices.

Practical actions to get started with systems, evidence and accountability

Discussion prompt	Notes [DD-MM-YYYY]	Outcome actions with date
Review existing policies and procedures to ensure cultural safety is reflected throughout.		
Identify what evidence currently demonstrates culturally safe practice within the service.		
Review complaints, incidents and feedback for any recurring cultural safety themes.		
Consider how cultural safety outcomes are monitored and reported.		
Develop a simple continuous improvement process to track actions and progress.		

6. Continuous improvement and reform readiness

Topics	Good practice	Common challenges
Feedback process	• Feedback is gathered from: – Elders and care recipients – Families and carers – Staff and community. • Multiple ways to give feedback (verbal, yarning, written, informal). • Feedback processes are culturally safe, respectful and accessible. • Staff know how to receive feedback without defensiveness. • Feedback is discussed, not just collected. • Communities can see that feedback leads to change ("you said / we did").	• Feedback systems feel formal, intimidating or "government-like". • Elders reluctant to complain due to relationships or cultural obligations. • Staff unsure how to respond to critical feedback. • Feedback collected but not analysed or acted on. • No clear ownership for closing the feedback loop.
Adapting to the new Aged Care Act	• Services understand what has changed and what has not. • Reform requirements are translated into: – practical actions – staged changes. • Boards and managers focus on priority obligations, not everything at once. • Staff receive clear, role-specific information. • Reform discussions are ongoing.	• Reform fatigue and information overload. • Fear of "getting it wrong". • Uncertainty about timelines and expectations. • Difficulty translating legislation into day-to-day practice. • Limited capacity to absorb multiple changes at once.

Topics	Good practice	Common challenges
Tracking improvements/ lessons learnt	• Services regularly reflect on: – what worked – what didn't – what to do differently next time. • Improvements are documented simply. • Learning is shared across teams and governance. • Small wins are recognised. • Continuous improvement is seen as normal practice.	• Improvement work feels like extra paperwork. • No simple way to capture learning. • Lessons learnt but not shared or revisited. • Focus on problems rather than progress. • Improvements made but not documented.

Practical actions to get started with continuous improvement and reform readiness

Discussion prompt	Notes [DD-MM-YYYY]	Outcome actions with date
Identify three priority areas requiring attention before the implementation of reform requirements.		
Develop a simple action tracker with responsibilities and timelines.		
Review progress against actions regularly with staff and governing body members.		
Encourage staff to raise challenges, questions and improvement ideas early.		
Celebrate achievements and improvements, no matter how small, to maintain momentum.		

Bringing It All Together

Cultural safety is not a single policy, training session or checklist. It is reflected in the way organisations govern, communicate, deliver care, support staff and continuously improve. Services do not need to address everything at once. Start with the areas that are most relevant to your organisation, celebrate strengths, and focus on small practical improvements over time.

Suggested Next Steps

- Complete the reflection questions with your team.
- Identify three priority improvement areas.
- Develop an action plan.
- Review progress in six months.

