CULTURAL CARE COMPASS

Self Appraisal Tool

Version 2.0

2025

Centre for Cultural Diversity in Ageing

Supported by Benetas

About Us

The Centre for Cultural Diversity in Ageing provides expertise in inclusive service provision for the Australian aged care sector. The Centre supports the aged care sector to improve outcomes for older people from culturally and lingusitically diverse backgrounds.

How to use the Cultural Care Compass (CCC) Self Appraisal Tool

The CCC has been designed for organisations to use as a self-appraisal tool, enabling aged care organisations to:

- **evaluate current practices against performance measures,**
- **identify key areas for improvement,**
- **and to develop a Cultural & Linguistic Diversity Action Plan.**

About the Cultural Care Compass (CCC) Self Appraisal Tool

The Cultural Care Compass (CCC) Self Appraisal Tool assists aged care organisations to become better equipped to address the diverse needs of their consumers. The CCC enables aged care leaders to take a systemic and holistic approach to improving their organisation's current services and practices so they are welcoming, safe and accessible for everyone.

By meeting the Cultural Care Compass Performance Indicators, aged care services will be able to:

- better meet the needs of consumers from diverse backgrounds,
- empower these consumers to make informed decisions about the service they receive,
- deliver flexible, accessible services free of barriers and discrimination,
- implement a consumer directed approach; and
- achieve quality outcomes for all consumers.

Alignment with the Strengthened Aged Care Quality Standards

The Cultural Care Compass Self Appraisal Tool complements the diversity approach embedded within the Strengthened Aged Care Quality Standards (2025). These 7 Standards require all aged care organisations to deliver inclusive and non-discriminatory care and services.

Meeting the performance measures listed in this tool provides evidence that organisations have embedded an inclusive, non-discriminatory approach in its care and service delivery. Each performance measure aligns with the relevant Strengthened Aged Care Quality Standards' requirements set out by the Aged Care Quality and Safety Commission. Completing the CCC for self-appraisal and documenting actions for improvement can be used as a framework for the organisation's Cultural and Linguistic Diversity Action plan.

Centre for Cultural Diversity in Ageing
Supported by Benetas

Standard 1: The Individual

This Standard underpins how providers and workers are expected to treat older people. It's relevant to all Standards and reflects important concepts about dignity, respect, individuality, diversity, independence, choice, control, culturally safe care, and dignity of risk. Additional guidance may be sought by referring to the Aged Care Act Statement of Rights.

The Individual - I am valued and have choice over the life I lead

The Provider - I understand the people I care for and support them in choices that impact their lives

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Suggested actions for improvement
1. ***Communication needs are identified and respected from first contact*** Individuals' preferred language, communication method, and interpreter needs are recorded at intake and consistently used across care planning so that they can make informed choices and decisions about their funded services. Examples • Care plans • Intake forms • Interpreter logs • Display signs in preferred language • Policy for use of electronic tools, individuals' supporter, or interpreter when appropriate • Match residents with staff of the same nationality when and if possible.	☑	☐	☐		
2. ***Cultural identity and life story shape the care relationship*** Care planning includes a structured or story-based exploration of the person's culture, migration background, values, and life experiences to build understanding and rapport. Examples • Cultural biography forms • Care planning meeting notes • Visual life stories	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

3. ***Emotional and social well-being is supported through cultural connection*** Care plans include culturally meaningful ways of supporting mental, emotional and social well-being. Examples • Intake, assessment and care planning documentation captures the older person's background, culture, beliefs, life experiences, choices for care, communication needs and preferences. • Cultural and significant days are noted in policy documents and the organisation's calendar and are celebrated. • Links to cultural groups and activities.	☐	☐	☐		
4. ***Individuals are supported to exercise cultural autonomy and choice in care*** Clients can freely express preferences or refusals related to cultural compatibility with services or staff, without fear of judgement or service reduction. Examples • Client rights policy • Feedback forms • Case notes showing staff changes or service adaptations.	☐	☐	☐		
5. ***Procedures in place for individual to report experiences of racism without fear of reprisal.*** Examples • Information provided to individuals in preferred language • Systems in place for individuals to report racism • Incident reports • Follow-up actions	☐	☐	☐		
6. ***Processes support transparency and understanding of the organisation's agreements.*** Examples • Translated agreements and related information • A qualified interpreter is used if the person is directly involved in signing the agreement. • Translated standard form statements are used, or an interpreter is provided for the individual to understand their statement or related matters. • Copies of the Aged Care Statement of Rights available in languages other than English	☐	☐	☐		

Standard 2: The Organisation

The intent of Standard 2 is to establish the expectations of the governing body to meet the requirements of the Quality Standards and deliver quality care and services. The governing body sets the strategic priorities for your organisation and promotes a culture of safety and quality.

The governing body is also responsible for:

- Driving and monitoring improvements to care and services
- Engaging with stakeholders including older people, their families, carers, and workers.

The governing body relies on insights from stakeholder engagement and data on care quality to inform its decisions.

Your organisation's governance systems and workforce are critical to the delivery of safe, quality, effective and person-centered care for every older person. They are also essential for driving continuous improvements in care and service delivery.

The Individual - I have confidence in my service provider

The Provider - I feel empowered to do my job well

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Suggested actions for improvement
1. ***All staff, including agency workers and subcontractors, complete induction and annual refresher training on culturally safe and responsive care for CALD individuals*** Examples • Training calendar • Partnership with cross cultural training and mentoring providers • Systems for ensuring all staff have received training including staff records	☐	☐	☐		
2. ***Procedures are in place to report and address incidents of racism experienced by the older person in their preferred language and method without fear of reprisal*** Examples • Incident reports • Follow up actions • Staff training on racism	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

3. ***Client feedback and complaint systems are accessible in multiple languages and formats including translated forms, interpreter support, and culturally preferred methods (oral, written, audio)*** Examples • Surveys include questions about cultural inclusion and culturally appropriate care. • Yearly client experience surveys delivered in method of choice could be oral, written, paper based, online, video or audio. • Interpreting services to facilitate feedback. • Individuals' feedback is documented and informs Cultural and Linguistic Diversity Action Plan • Feedback is documented and results presented to board and/or Consumer Advisory Body (CAB).	☐	☐	☐		
4. ***Translated materials are provided or displayed reflecting the cultural diversity of the resident community.*** Examples • Interpreting services to facilitate feedback • Lifestyle calendars and menus • Client feedback forms	☐	☐	☐		
5. An active and resourced Cultural Diversity Action Group contributes to the development, delivery and evaluation of specialised services. Examples • Action Group minutes • Representatives are supported to participate	☐	☐	☐		
6. A senior leader or board member is responsible for CALD inclusion and reports regularly on outcomes to executive leadership Examples • Staff member allocated as diversity champion • Cultural community representative sits on the governing body (e.g. board) of the provider.	☐	☐	☐		
7. The organisation has a written Diversity, Equity, Inclusion and Belonging (DEIB) strategy that includes cultural and linguistic diversity, with clear goals, timelines, and leadership accountability.					

Examples • Staff member allocated as diversity champion • Cultural and Linguistic Action Plan is in place • Cultural community representative sits on the governing body (e.g. board) of the provider.	☐	☐	☐		
8. ***Organisation regularly engages with language translation and interpreting services*** Examples • A comprehensive language services policy exists and is implemented, including when and how to use NAATI-accredited interpreters (not just bilingual staff) for consent, clinical, and legal conversations. • Account set up with TIS • Information and training provided to staff on when and how to use interpreter services.	☐	☐	☐		
9. ***The organisation collects and uses CALD-related data (e.g. language, religion, ethnicity, communication method) to plan and improve services.*** Examples • Diversity surveys • Client information systems include fields for capturing diversity data • Data is analysed to ensure complaints and feedback processes are equitably accessed by all residents. • Data collection practices are aligned with research & guidelines for collecting diversity data effectively & ethically.	☐	☐	☐		
10. ***Staff learn about the culture of the older person.*** Examples • Cross cultural communication training • Faith & food practices • Key phrases & greetings • Adapting lifestyle activities to the culture of the older person	☐	☐	☐		
11. Aged Care Workers from CALD backgrounds experience an inclusive workplace Examples: • Practices are in place to support aged care worker whose					

second language is English, were born overseas or identify with another culture. • Training for cross cultural communication • Clear policies about zero tolerance of all forms of racial discrimination and harassment • Support to understand the Australian professional and regulated standards or services and care.	☐	☐	☐		
12. Emergency and disaster planning address cultural and linguistic needs Examples • Preparatory information about emergency and disaster planning is translated into community languages. • Use of interpreters in the event of an emergency. See for example: https://www.emv.vic.gov.au/responsibilities/victorias-warning-system/vicemergency#:~:text=VicEmergency%20Hotline%20accessibility,NRS)%20(External%20link): • Back up plans include informal interpreters if TIS is unavailable and/or Google translate. Google translate messages have been tested for reliability	☐	☐	☐		

Standard 3: Care and Services

This Standard explains how organisations should deliver care and services for all types of services (noting that other Standards address requirements for specific service types). Effective assessment and planning, communication and coordination are essential. They rely on a strong and supported workforce (as described in Standard 2) and are critical to the delivery of quality care and services that meet the older person's needs, are tailored to their preferences and support them to live their best lives.

The Individual - My care is based on who I am and what's important to me

The Provider - I understand who I'm caring for and what is important to them

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Actions for improvement
1. *Support individuals to maintain connection with family and culture* Examples • Individuals have access to information, diverse entertainment & media options in their preferred languages • Individuals are supported to connect with family members overseas via technology. • Support for older people affected by global events. This could be war, conflict, natural disasters or political oppression.	☐	☐	☐		
2. *Deliver services in a way that is culturally safe and appropriate* Examples • Intake, assessment & care planning documentation captures the older person's background, culture, spiritual beliefs, health beliefs, life experiences, choices for care, communication needs & preferences • Support individuals to have choice regarding the gender of care workers – when required for religious reasons & where it's feasible to accommodate. • Support individuals to engage in advance care planning with translated / bilingual documents and qualified health interpreters including the appointment of legal	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

decision makers and support persons depending on the legal framework for the state/ territory in which they reside. See, for example: https://www.advancecareplanning.org.au/understand-advance-care-planning/advance-care-planning-in-your-language#:~:text=Information%20in%20your%20language,Advance%20Care%20Planning%20%2D%20Deaf%20Connect					
3. ***Adapt services to meet the individual cultural, linguistic, faith & spiritual needs of individuals.*** Examples • Support individual to access spiritual and religious leaders including end of life • Adapt services to meet the individual, cultural, linguistic, faith and spiritual needs for individual during end-of-life • Ensure staff are accessing multilingual resources for palliative care: https://palliativecare.org.au/mediarelease/talking-about-palliative-care-no-matter-what-language-you-speak/	☐	☐	☐		
4. ***Deliver evidence-based care services that are culturally safe, trauma aware and healing informed*** Examples • Provision of evidenced based training to staff • Provision of culturally safe, trauma aware, healing informed care is documented in organization policy.	☐	☐	☐		
5. ***Communication for safety and quality conveys essential information about individuals' communication and cultural needs:*** Examples • Clinical handover between services (e.g. to a hospital) accurately identifies the individual's culture, language, critical health beliefs and practices (e.g. fasting for religious reasons) and appropriate aids the individual can use (e.g. translation app, communication cards)	☐	☐	☐		
6. ***Planning and coordination of funded services identifies the critical processes for using formal vs informal interpreters.*** Examples • Procedures and processes in place to determine critical points of individuals' aged care experiences where interpreters should be engaged.	☐	☐	☐		

Standard 4: The Environment

The intent of this Standard is to make sure older people receive care and services in a physical environment that is safe, supportive and meets their needs. Effective infection prevention and control measures are a core component of service delivery to protect older people, their families, carers and workers.

The Individual – I feel safe and supported where I live

The Provider – I create a safe and supported environment

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Actions for improvement
1. ***When appropriate, equipment instructions are provided in languages other than English to prevent accidents or injuries.*** Examples • Where the provider is delivering aged cares services in an individual's home and provides equipment to individuals, the equipment instructions are provided in languages other than English if required and/or interpreter used when training is provided to prevent accidents or injuries. • Carer language preference and ability is noted in care plan	☐	☐	☐		
2. ***Support all older people to practice their faith or spirituality in the way they choose*** Examples • Multi faith Prayer spaces available to residents • Organisation facilitates visits from Spiritual leaders • Materials relevant to their tradition are available .	☐	☐	☐		
3. ***The physical environment (including signage, art, colours, music, smells, and shared spaces) reflects cultural diversity and does not unintentionally exclude or marginalise any group*** Examples • Environmental review undertaken periodically and discussed at Aged Care Diversity Consultative Committee • Culturally sensitive written signage & visual aids in multiple languages throughout your facility.	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

4. ***Infection control training is informed by the cultural practices and beliefs of diverse residents, especially around touch, modesty, hygiene, and end-of-life rituals*** Examples • Regularly update staff on best practices for infection control • Consult with culturally diverse older people, carers, family members about their preferences • Preferences are documented in resident's care plans.	☐	☐	☐		

Standard 5: Clinical Care

Standard 5 aims to support providers to improve the quality and safety of clinical care. It provides a nationally consistent statement about the quality of clinical care older people can expect when receiving aged care services.

Older people in aged care typically have greater and more complex health needs compared to the general population. Complex needs require a coordinated, multidisciplinary response involving both the health and aged care systems.

The Individual - I get the right clinical care for me

The Provider – I understand the clinical needs of the person I'm caring for

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Actions for improvement
1. ***Provide training on planning and delivering culturally appropriate clinical and comprehensive care & communicates care procedures to individuals from cultural and linguistic diverse backgrounds.*** Examples • All workers receive training on trauma awareness in aged care. This includes worker wellbeing • Workers receive cross cultural and cultural awareness training • Cross cultural awareness/communication training considers how culture impacts the way the individual might communicate and self-manage symptoms.	☐	☐	☐		
2. ***Deliver care which is Culturally Safe, Healing informed and trauma aware*** Examples • All workers receive training on trauma awareness in aged care. This includes worker wellbeing • Systems are in place for individuals to have choices regarding the gender of their care workers when required for religious reasons and where feasible to accommodate • Processes and validated evidence-based tools are in place to assess and manage pain for individuals from CALD backgrounds considering language and cultural views and practices in relation to pain.	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

3. Adapt services to meet the individual cultural & spiritual needs for older people living with dementia. Examples • Culturally appropriate dementia care plans, family or carer involvement.	☐	☐	☐		
4. Infection Control and safe and quality use of medicines Examples • Elements of policies and procedures that directly involve the individual or their families in relation to infection control or use of medicines are supported by translated materials and use of an interpreter as appropriate.	☐	☐	☐		
5. Cognitive impairment Examples • Translated information is made available to aid the individual's and their family or primary carer's understanding of dementia and cognitive impairment (e.g. Dementia Australia in your language: https://www.dementia.org.au/languages) • Formal or informal interpreters are used to better understand the individual and plan positive behaviour support.	☐	☐	☐		

Standard 6: Food and Nutrition

Note: Standard 6 applies only to residential care services. Access to nutritious food is a fundamental human right. The experience of sharing food and drink with other older people, friends, family and carers is important for many older people.

Providers must draw on Standard 3 to make sure their food services are informed by robust assessment and planning aligned with the needs, goals and preferences of older people. It's also critical for providers to:

- Monitor older people for malnutrition and dehydration
- Respond appropriately when concerns are identified (as addressed in Standard 5).

The Individual – I enjoy tasty and nutritious food every day

The Provider - I make sure our residents enjoy appetizing and nutritious food every day

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Actions for improvement
1. ***Support older people to use utensils that meet their food practices.*** Examples • Individuals are supported to experience food practices of choice such as chopsticks, hands, sitting on the floor, or cutlery significant to them. • Food consumption preferences documented in the care plan.	☐	☐	☐		
2. ***Cater for cultural dietary requirements and food choices.*** Examples • Conduct food service audits to consistently meet culturally appropriate dietary requirements in consultation with dietitian. • Cultural food preferences are respected and documented. E.g. Halal, Vegetarian, Kosher, Vegan, Mediterranean diet, fasting. • Diets including appropriate spices & condiments. • Supply chains are in place for cultural foods	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

3. ***Provide an enjoyable dining experience*** Examples • Support older people to have opportunities to share food & drinks with other older people, friends, family & carers. • Support older people to share their food knowledge & recipes with workers and/ or participate in cooking activities or demonstration.	☐	☐	☐		

Standard 7: The Residential Community

Note: Standard 7 applies to residential care services or providers registered under Category 6. A residential community often includes members from diverse cultures and backgrounds. It's important that each older person's culture is respected and their diversity valued so they feel included, safe and at home.

Given the scope of responsibility in residential care, providers have increased requirements to:

- Make sure older people have access to other services
- Coordinate planned transitions to or from the service, maximising continuity of care.

The Individual – I contribute to the community I live in

The Provider – We work together to build a connected residential community

Performance Indicators/Activities	Are not doing	Could be doing better	Doing this well	Evidence of doing well Include other examples	Actions for improvement
1. ***Partnerships are established with multicultural or community organizations to inform planning of activities and events that celebrate diverse cultures*** Examples • Cultural events calendar on display • Individuals are supported to attend cultural activities	☐	☐	☐		
2. ***Regular activities and events are co-designed with individual(s) that reflect their cultural, faith, and language backgrounds — including significant days and everyday lifestyle preferences.*** Example • Enable and support older people to celebrate cultural & religious activities & festivals	☐	☐	☐		
3. ***Older people have access to information, diverse entertainment & media options in their preferred languages.*** Example • Documentation in lifestyle plans	☐	☐	☐		
4. **Culturally & linguistically diverse older people, including those who are socially isolated & lonely, are linked with cultural & community groups** Example • The organisation accesses the Aged Care Volunteer Visitors Scheme	☐	☐	☐		

Organisational Delegate:
Date Completed:
Review Date:

Next Steps

We hope you found the Cultural Care Compass Planning Tool useful and encourage you and your team to refer to it regularly.

As your organisation progresses, update the tool to reflect your improvements. Continue working towards making your services and practices welcoming, safe and accessible for everyone. The benefits for your team, your organisation and the older people you work with will be significant.