



## **Evidence into Action Whitepaper Series:**

*1: Equipping staff to provide culturally safe care and foster inclusive workplaces*

# Equipping staff to provide culturally safe care and foster inclusive workplaces

## Introduction

Australia's aged care sector reflects the country's cultural and linguistic diversity. Almost one in three Australians were born overseas, and more than one-fifth speak a language other than English at home. This diversity is also reflected in the aged care workforce, which includes significant numbers of migrant workers and bilingual or bicultural staff. Yet despite this reality, training programs for aged care workers often fail to adequately address the needs of culturally and linguistically diverse (CALD) staff or the consumers they serve.

## Diversity of the Aged Care Workforce

In 2021, around 51% of residential aged care staff were born overseas, and 39% spoke a language other than English at home. [1] The most common countries of birth among migrant workers are the Philippines, Nepal, India, England, and New Zealand. [2]

Diversity is also evident in the home care workforce. Within the Home Care Packages Program (HCPP) in 2020, 1,263 direct care workers identified as Aboriginal and/or Torres Strait Islander, representing around 2% of the total direct care workforce. [3] In the same program, 13,192 direct care workers identified as being from a culturally and linguistically diverse (CALD) background, accounting for 21% of the workforce. [3] Similarly, in the Commonwealth Home Support Programme (CHSP), 9,231 direct care workers identified as CALD, making up 16% of that workforce. [4]

While not all CALD or overseas-born staff are "migrants" in the policy sense, many non-indigenous workers in aged care have entered Australia through various migration pathways. Reflecting this, in 2023 a total of 2,649 visas were issued under ACILA-type agreements for aged care workers. [5] This highlights the sector's growing reliance on migration to meet workforce needs, particularly in direct care roles.

Training programs for aged care workers often fail to adequately address the needs of culturally and linguistically diverse (CALD) staff, or the consumers they serve. Training often is not delivered in ways that support adult-learners where English is not their first language, it can lack cultural contextualisation and may not be inclusive.

## Diversity of aged care consumers and workers

### CALD consumers

Consumers in aged care are becoming increasingly diverse, [5] with projections suggesting that by 2026 about one-quarter of older adults in residential care will be from CALD backgrounds. [5] On 30 June 2024, most people using mainstream aged care were born in Australia or other English-speaking countries. When considering those born in non-English-speaking countries, 31% were found in home care, 29% in restorative care and 24% in respite residential care. Reflecting this, many spoke a language other than English at home, particularly in home care (18%), respite residential care (12%), and short-term restorative care (11%). [6]

### CALD workers

According to a 2020 workforce census the number of direct care workers identifying as from a CALD background was 49,475, equating to 35% of the total direct care workforce.[3] More broadly, across the care

and support workforce, it is reported that 40% (183,000) of workers were born overseas.[9] Since the last time of the survey in 2011, approximately 54,000 were recent migrants in the period from 2011-2021.[9]

### First Nations consumers

**Table 1:** Proportion of people (First Nations and non-indigenous) using aged care service by type. [9]

Care Type	Proportion of People	Identity
Home Support	24,003	First Nations
Home Support	772,120	Non-Indigenous
Home Care	8,775	First Nations
Home Care	247,741	Non-Indigenous
Permanent Residential Care	2,195	First Nations
Permanent Residential Care	170,089	Non-Indigenous

First Nations individuals used Home Support the most, followed by home care and used permanent residential care the least out of the care types, a similar usage pattern to non-indigenous individuals. Conditions commonly reported in residential care by First Nations clients included dementia, mental health needs, arthritis, diabetes, incontinence, anxiety, respiratory conditions, pain, hypertension, and stroke. [7]

### First Nations workers

In a 2020 Census, the number of direct care workers who identified as First Nations workers was 3,298 in residential care settings. While First Nations workers delivering direct care numbered 1,263 in Home Care Packages Programme (HCPP) settings and 1,025 in the Commonwealth Home Support Program. [3] These totals do not include those working in the approximately 1,300 residential and home care places funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.[9]

More broadly, within the care and support workforce in 2019, there was approximately 8,000 (2.2%) workers who identified as Aboriginal and Torres Strait Islander with over half being employed as personal care and support workers.[9]

For First Nations workers and consumers, training often lacks cultural relevance, cultural safety or systemic support. True cultural safety requires more than one-off trainings to raise awareness - it needs leadership, community partnerships, and reflective practice.

### The training needs of diverse aged care workers

Migrant aged care workers bring vital strengths to aged care, yet their skills are often underutilised. Casual employment, limited English language support, and inconsistent recognition of overseas qualifications restrict their growth within the sector. Equitable access to structured training not only unlocks career mobility but also fosters belonging. Tailored programs such as ‘The Little Things’ show what’s possible - boosting communication confidence for personal care assistants and thereby deepening relationships with older people. [10]. When providers invest in migrant workers, they build both workforce stability and consumer trust.

Leadership sets the tone for inclusive care. Where management undervalues diversity or neglects cultural safety, workers report lower wellbeing and reduced confidence. Conversely, leaders who integrate cultural safety into workforce planning, governance, and training foster belonging and trust. The Multicultural

Workforce Development (MCWD) framework shows how organisations can harness diversity, strengthen cohesion, and align systems with inclusive care delivery. [11]

Leadership sets the tone for inclusive care. Where management neglects cultural safety, workers report lower wellbeing and confidence. But when leaders integrate cultural safety into workforce planning, governance, and training, staff feel valued and equipped. Models such as the Multicultural Workforce Development (MCWD) framework demonstrate how organisations can harness diversity, foster cohesion, and align systems with inclusive care delivery. [11] Embedding such approaches ensures staff thrive while residents experience care that honours their identity and culture.

Training for the needs of CALD communities should address both cultural competence (skills and knowledge) and cultural safety (approach). Cultural competence focuses on awareness, reflection, and skill-building, while cultural safety ensures people’s cultural identity is recognised, respected, and protected in care. Put simply, competence is the skill, and safety is the approach and outcome experienced by the consumer not the provider, training often lacks cultural relevance, cultural safety. [12 -13]

### **Governance, Standards, and policy alignment that support culturally appropriate care and inclusion and support of CALD aged care workers**

The Aged Care Act 2024 and Rules 2025 (commencing November 2025) require providers to maintain training systems to ensure their workforce is capable and competent in delivering safe and high-quality care. The Strengthened Aged Care Quality Standards place identity, culture, diversity, and rights at the centre of quality care, with Standard 1 requiring respect for each person’s identity and culture, and Standard 2.9 obliging providers to deliver competency-based training and supervision. [14] Although the Act and Rules do not use the terms “inclusive” or “culturally appropriate” training systems, these concepts are often applied in policy and sector guidance as essential to safe and respectful care. Likewise, Standard 2.8 requires providers to identify the skills and competencies needed for each role; [14] while it does not explicitly mention cultural competence, this requirement can be understood to include it where relevant.

This section frames the policy and legal obligations. Practical implementation guidance is provided in the Provider Action Framework below.

Despite policy commitments to diversity and inclusion, several barriers persist in meeting the training needs of CALD communities, according to FECCA (2019):

- Training access barriers for CALD workers: CALD workers may face language and digital literacy challenges, while inconsistent recognition of overseas qualifications limits access to training and career progression.
- Variable cultural competence training quality: Cultural competence training is fragmented, with wide variation in content and delivery and no standard accreditation; poorly designed programs risk reinforcing stereotypes rather than reducing them.
- Lack of leadership engagement to model cultural competence: Senior leaders often undervalue cultural competence training, and without their visible participation organisational commitment and resources are weakened.
- Care not tailored to CALD consumer needs: CALD older people and families frequently encounter services not tailored to their cultural or linguistic needs, with limited interpreter use, poor communication training, and care plans that overlook cultural practices, gaps that inadequate training perpetuates. [12]

Building on these concerns, the ACSQHC survey highlights that cultural safety training is only effective when reinforced by organisational systems, leadership, and policies. Too often, programs are limited to one-off,

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knowledge-based sessions without the policy frameworks, reflective practice, or systemic supports required to embed change. As a result, services struggle to translate training into practice, leaving staff without the resources, management backing, or direction needed to deliver genuinely culturally safe care. Without such support, cultural safety risks becoming a tokenistic training event rather than a sustained organisational commitment. [13]

### **Provider Action Framework: building culturally safe and inclusive care into training systems**

The Provider Action Framework sets out practical steps for embedding cultural safety and inclusion into training and workforce systems. Drawing on the Cultural Care Compass (CCC) developed by the Centre for Cultural Diversity in Ageing (2025), [15] providers can strengthen not only training but also everyday practice. The CCC offers performance indicators directly linked to the Strengthened Standards, giving providers measurable ways to reflect on how they adopt and embed cultural safety.

#### **Key actions for culturally safe aged care include:**

- **Build Workforce Training Systems that Recognise Diversity** – Ensure all staff, including casual and agency workers, receive regular training on culturally appropriate and trauma-aware care. Capture each older person’s culture, beliefs, life experiences, and communication preferences in care planning, and review this regularly. [5, 15]
- **Strengthen Leadership Commitment** – Leaders must model cultural safety by embedding it into governance and accountability. Performance measures include having policies to address incidents of racism, ensuring language services are available, and collecting client diversity data on an ongoing basis. [15]
- **Improve Access and Equity for Migrant Workers** – Provide English language and digital literacy support, recognition of prior learning, and flexible training delivery. Value bilingual staff by supporting them with clear role descriptions, fair workload allocation, and opportunities to use their skills in communication and liaison roles. [15]
- **Partner with Communities** – Actively involve culturally diverse older people in Consumer Advisory Groups and co-design initiatives. Develop structured partnerships with ethno-specific and multicultural organisations to support connection, belonging, and culturally safe service delivery. [15]
- **Evaluate and Embed Change** – Avoid one-off awareness sessions. Instead, use CCC planning tools to self-assess against performance indicators, track improvements, and embed change. Evaluation should include both staff reflection and consumer experiences of cultural safety. [15]

By aligning training with CCC indicators, providers demonstrate not only compliance with the Aged Care Act 2024 and Strengthened Standards but also leadership in delivering safe, respectful, and inclusive care. This positions cultural safety as a cornerstone of workforce planning, consumer trust, and sector excellence.

#### **Rural and remote aged care challenges**

Rural and remote communities face unique barriers to training. Distance, small class sizes, limited Registered Training Organisations (RTOs) presence, and weaker digital infrastructure and reliability restrict training and support opportunities. Evidence from a national survey reinforces these challenges: rural and remote health and aged care workers reported significant gaps in dementia care training, particularly for CALD and First Nations clients, citing lack of opportunities and organisational support. [8]

Regional differences shape accessibility of aged care services for CALD communities: ‘thin markets’ in rural areas, marked by fewer providers, workforce shortages (particularly allied health), and limited internet connectivity, restrict equitable access compared with those in metropolitan areas. [9]

For CALD and migrant workers, these barriers compound challenges such as language support needs, digital literacy gaps, and inconsistent recognition of overseas qualifications.

**Rural and Remote Action Framework: Building Training that Works Locally**

Rural and remote communities face unique challenges in training and sustaining an aged care workforce. Service managers describe an ageing, predominantly female workforce, often valued for life skills but nearing retirement. Recruitment of younger workers is hampered by low wages, casualised contracts, limited placements, and perceptions of care as low-status work. [16]

At the same time, local conditions - distance, small class sizes, weaker digital infrastructure, and limited-service scope - make it difficult for those already working in aged care to access structured training opportunities. [17] Workers in these settings consistently report barriers to training participation: time pressures, travel costs, limited internet access, and competing priorities within small teams. [17]

**Key Actions for Regional aged care Providers to improve cultural competencies:**

- Enable Flexible Delivery for aged care cultural training – Develop blended training models combining online modules with face-to-face workshops adapted for local bandwidth and travel realities. Partner with training organisations to bring immersive sessions into regional hubs. [17]
- Support aged care Worker Access to cultural training – Cover training costs, release staff during work hours, and pool training resources through regional networks. These practical measures address the financial and time barriers that deter participation. [17]
- Invest in Workforce career Pathways for regional aged care – Redefine community aged care work as a skilled, rewarding career. Create structured pathways, recognise bilingual and bicultural skills, and develop mentoring programs that bridge older and younger workers. [16]
- Embed Cultural Safety in Rural Training for aged care – Ensure induction and CPD reflect local community needs, including trauma-aware and culturally safe care tailored to Aboriginal and Torres Strait Islander communities and CALD populations. [17]

By adopting these strategies, providers can not only meet the training obligations set out in the Aged Care Act 2024 and Strengthened Standards but also strengthen workforce resilience in rural and remote settings. In doing so, they equip staff to deliver high-quality, culturally safe care despite geographic and resource barriers.

**Conclusion**

Cultural safety is not an optional extra, it is the foundation of high-quality aged care in a diverse Australia.

The evidence is clear: when providers invest in inclusive training, support migrant and CALD workers, and diverse aged care consumers, and adapt to the unique realities of rural and remote communities, the whole sector benefits. Workers feel valued and equipped, older people experience care that respects their identity, and organisations strengthen trust and compliance. By drawing on tools such as the Cultural Care Compass and aligning with the Aged Care Act 2024 and Strengthened Standards, providers can move from policy to practice. This is not just about meeting obligations, it is about inspiring a workforce, empowering communities, and ensuring every older person receives the safe, respectful, and inclusive care they deserve.

## Summary

- **Cultural safety is key:** *Cultural safety is not an optional extra, it is the foundation of high-quality aged care in a diverse Australia.*
- **Investment reaps benefits across the sector:** *When providers invest in inclusive training, support migrant and CALD workers, and adapt to the unique realities of rural and remote communities, the whole sector benefits. Workers feel valued and equipped, older people experience care that respects their identity, and organisations strengthen trust and compliance.*
- **Existing training is inadequate:** *Training programs for aged care workers often fail to adequately address the needs of culturally and linguistically diverse (CALD) staff or the consumers they serve.*
- **Whole system support is needed to embed cultural safety:** *Cultural safety training is only effective when reinforced by organisational systems, leadership, and policies.*

## References

1. Australia Institute of Health and Welfare. Aged care workforce [Internet]. GEN – Aged care data. Australian Institute of Health and Welfare; c2024 [cited 2025 Aug 27]. Available from: GEN – Aged care workforce.
2. Department of Health, Disability and Aged Care. *Aged Care Worker Survey 2024 report* [Internet]. Canberra: Australian Government Department of Health, Disability and Aged Care; 13 Dec 2024 [cited 2025 Aug 27]. Available from: <https://www.health.gov.au/sites/default/files/2024-12/aged-care-worker-survey-2024-report.pdf>.
3. Australian Government Department of Health. *2020 Aged Care Workforce Census Report* [Internet]. Canberra: Australian Government Department of Health; 2021 Oct [cited 2025 Aug 27]. Available from: <https://www.health.gov.au/sites/default/files/documents/2021/10/2020-aged-care-workforce-census.pdf>
4. Centre for Cultural Diversity in Ageing. *Towards the Well-being of the Culturally Diverse Aged Care Workforce – A Holistic Approach* [Internet]. Discussion paper; 2025 [cited 2025 Aug 27]. Available from: <https://www.culturaldiversity.com.au/files/CALD-aged-care-workforce-discussion-paper.pdf>.
5. Aged Care Research & Industry Innovation Australia (ARIIA). *Context: Context matters to retention* [Internet]. Workforce Retention Themes. Aged Care Research & Industry Innovation Australia; 2025 Aug 12 [cited 2025 Aug 27]. Available from: ARIIA – Context matters to retention.
6. Australian Institute of Health and Welfare. *People using aged care* [Internet]. GEN – People using aged care. Canberra: Australian Institute of Health and Welfare; updated 30 Apr 2025 [cited 2025 Aug 27]. Available from: GEN – People using aged care.
7. Australian Institute of Health and Welfare. *Aboriginal and Torres Strait Islander people using aged care* [Internet]. GEN – Aged care data dashboards. Commonwealth of Australia; updated 30 August 2024 [cited 2025 Aug 27]. Available from: GEN – Aboriginal and Torres Strait Islander people using aged care.

8. Woods JA, Valentine J, Gusterson K, Fitzgerald KW, Fyfe KP, Fletcher MC, et al. *Training for dementia care and support in rural and remote Australia: appraisals from a nationwide workforce survey*. BMC Geriatrics. 2025;25:415. doi:10.1186/s12877-025-06078-2.
9. National Skills Commission. *Care Workforce Labour Market Study: Final Report* [Internet]. Canberra: Australian Government Department of Education, Skills and Employment; 2021 Jun [cited 2025 Aug 27]. Available from: National Skills Commission – Care Workforce Labour Market Study: Final Report.
10. Mackey PJ, Hampton I, Wells Y, Haines S, Solly K. Evaluation of the impact of The Little Things training on personal care assistants' confidence to communicate with residents in aged care. *Australas J Ageing*. 2023;42(2):213-220. doi:10.1111/ajag.13135.
11. Xiao LD, Willis E, Harrington A, Gillham D, De Bellis A, Morey W, Jeffers L. Multicultural workforce development model and resources in aged care. Adelaide: Flinders University; 2017.
12. Federation of Ethnic Communities' Councils of Australia (FECCA). *Cultural Competence in Australia: A Guide* [Internet]. Canberra: FECCA; 2019 [cited 2025 Aug 27]. Available from: Cultural Competence in Australia: A Guide.
13. Hunter K, Coombes J, Ryder C, Lynch P, Mackean T, Kairuz Santos C, Anderst A. *National Survey on Cultural Safety Training: Analysis of results* [Internet]. Sydney: Australian Commission on Safety and Quality in Health Care; April 2022 [cited 2025 Aug 27]. Available from: National Survey on Cultural Safety Training: Analysis of results.
14. Department of Health and Aged Care (DoHAC). *Strengthened Aged Care Quality Standards* [Internet]. Canberra: Australian Government Department of Health and Aged Care; 2025 Feb [cited 2025 Aug 27]. Available from: <https://www.health.gov.au/resources/publications/strengthened-aged-care-quality-standards>
15. Centre for Cultural Diversity in Ageing. *Providing a culturally inclusive lens to the Strengthened Aged Care Quality Standards* [Internet]. Melbourne: Aged Care Quality and Safety Commission; 2025 Apr [cited 2025 Aug 27]. Available from: <https://www.culturaldiversity.com.au/files/webinars/providing-a-culturally-inclusive-lens-to-the-acqs-slides.pdf>
16. Savy P, Warburton J, Hodgkin S. Challenges to the provision of community aged care services across rural Australia: perceptions of service managers. *Australas J Ageing*. 2017;36(1):E14–E19. doi:10.1111/ajag.12364.
17. Thompson SC, Woods JA, Gusterson K, Fitzgerald KW, Fyfe KP, Fletcher MC, et al. Engaging health and aged care workers in rural and remote Australia around factors impacting their access to and participation in dementia training [Internet]. Perth: University of Western Australia; 2025 [cited 2025 Aug 27]. Available from: <https://research-repository.uwa.edu.au/en/publications/engaging-health-and-aged-care-workers-in-rural-and-remote-austral>

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