



# Welcoming diversity into the aged care workforce

## **Final report v1**

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12 December 2023

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## 1. Introduction

The aged care and support workforce is highly diverse and the industry is increasingly dependent on recruitment of care workers from overseas to fill workforce shortages. However, there is increasing anecdotal evidence that some older people do not welcome care and support from workers whose cultural background is different from their own.

The Council on the Ageing (COTA) Queensland commissioned this research to better understand the issues in order to inform potential strategies to improve experiences for workers and older Australians, while respecting the client's right to choose who provides them with care and support.

The research aimed to identify:

1. How pervasive the issue of lack of acceptance of workers of diverse cultures is and how it plays out
2. What strategies have been used successfully by families and community services to encourage older Australians' choice and acceptance of diverse workers
3. The key success factors behind effective strategies.

## 2. Methodology

The research involved a rapid literature review to understand what is known about the topic and to help inform questions to be asked in consultations.

A small number of consultations were undertaken with providers, consumers and other key stakeholders to seek views around the research questions. The methods included a provider focus group and online interviews with stakeholders and consumers.

**Table 1: Consultations**

Informant	Method	Number	Details
Providers	Focus group	7 individuals from 5 providers	3 x regional and 2 x metro providers 3 x home care and 2 x residential care
Stakeholders	Interviews	5	2 x Community Services and Health peak bodies 1 x Multicultural peak body 1 x Federal Government Department 1 x good practice service provider
Consumers/ Clients	Interviews	4	All female 1 x metro and 3 x regional, in Queensland All on home care packages

### Limitations

The intention was to speak to more than four clients to gather a wider range of views. It was difficult to engage clients within the timelines of the project, possibly due to sensitivity around the subject matter. There were also reports of consultation fatigue towards the end of the year.

We did not have an opportunity to speak to workers themselves but have drawn on findings from surveys and interviews with workers through the literature review and in some instances taken the feedback from stakeholders and providers as a proxy for the worker experience. We recognise this cannot replace the views of workers but offers a useful guide.

### 3. Cultural diversity in the aged care workforce

The aged care industry is experiencing unprecedented growth. As the population ages, aged care services are affected by staffing pressure and the industry is increasingly reliant on the culturally and linguistically diverse (CALD) workforce to fill shortages.

Health Care and Social Assistance is Queensland's largest employing industry, with 15% of the State's employment<sup>1</sup>, and aged and disability carers are the highest growing occupation nationwide.<sup>2</sup> The National Ageing Research Institute estimates that the aged care workforce must triple in size to almost 1 million by 2050.<sup>3</sup>

In 2020, the number of direct care workers in the residential aged care sector who identify as being from a CALD background was almost 50,000 or 35% of the total residential aged care workforce, with almost three quarters (72%) in personal care roles.<sup>4</sup> In residential facilities where there was a high proportion of residents from CALD backgrounds staff identifying as CALD make up 57% of the workforce. Amongst home care workers (those providing services through the Commonwealth Home Support Program and Home Care Packages), 21% of workers identified as CALD in 2020. For providers with more than 29.8% of their clients being from a CALD background, the proportion of CALD personal care workers was almost double this figure at 58%.<sup>5</sup>

More recent research by the Aged Care Workforce Industry Council indicates that more than half (52%) of workers in 2022 were born outside of Australia and 42% have a first language other than English.<sup>6</sup> The latest data in the Australian Government's White Paper on Jobs and Opportunities indicates that in 2021, over 700,000 residential aged care workers were born overseas, compared to less than 600,000 born in Australia, and 85% of those born overseas arrived in Australia aged 18 years or older.<sup>7</sup>

Many of these workers are from South Asia, particularly India. Between 2011 and 2016 the influx of migrant care workers from South Asia increased by 333% and continues to rise.<sup>8</sup> There are also large numbers of migrant care workers from the Philippines, Iraq and Sudan and increasingly from the Pacific Islands.<sup>9</sup>

### 4. The policy context

A new Aged Care Industry Labour Agreement streamlines the recruitment of workers from overseas to make it easier for the industry to sponsor overseas workers to work in direct care occupations.<sup>10</sup> There is likely to be further increases in the proportion of overseas workers in the industry as this opportunity is taken up by employers. The Australian Government has also committed to expand the number of funded

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<sup>1</sup> National Skills Commission, Australian Jobs 2021 [https://www.nationalskillscommission.gov.au/sites/default/files/2021-12/NSC21-0025\\_Australian%20Jobs%202021\\_ACC-FA2\\_0.pdf](https://www.nationalskillscommission.gov.au/sites/default/files/2021-12/NSC21-0025_Australian%20Jobs%202021_ACC-FA2_0.pdf)

<sup>2</sup> Jobs and Skills Australia (2023) Labour Market Update September 2023 <https://www.jobsandskills.gov.au/reports/labour-market-update-september-2023>

<sup>3</sup> Dow, B. 2023 Cultural diversity in aged care: Implications for older people, providers and workforce. Presentation at Aged Care Research and Innovation Australia conference. *Aged Care and Beyond 2023* Adelaide May 2023. <https://ariiaconference.com.au/wp-content/uploads/2023/07/Briony-Dow-Embracing-diversity-for-positive-ageing.pdf>

<sup>4</sup> Department of Health and Aged Care (2020) 2020 Aged Care Workforce Census report

<sup>5</sup> Ibid.

<sup>6</sup> ACWIC (2023) Frontline insights from Aged Care Workers

<sup>7</sup> Australian Government (2023) Working Future. <https://treasury.gov.au/sites/default/files/2023-09/p2023-447996-working-future.pdf>

<sup>8</sup> Adebayo B, Nichols P, Heslop K, Brijnath B. Migrant Care Workers' Perceptions of Their Working Conditions in Australian Residential Aged Care Facilities. *J Transcult Nurs*. 2023 May;34(3):229-237.

<sup>9</sup> Brijnath B. (2023) presentation at Racism and Refusal of Care Webinar. Anglicare Southern Queensland. <https://bit.ly/447QsHh>

<sup>10</sup> Department of Home Affairs (2023) <https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program/recent-changes/new-aged-care-industry-labour-agreement>

aged care training places for Pacific Islanders under the Pacific Australia Labour Mobility (PALM) scheme, with a goal of 500 new trained aged care workers under this scheme in 2023.<sup>11</sup>

Under the Aged Care Quality Standards<sup>12</sup>, providers are required to offer consumers choice about their care and services, including to make decisions about when family, friends and others should be involved in their care. Staffing models should support the consumer's gender and diversity needs, respecting each consumer's identity, culture and diversity.

Aged care providers also have responsibilities to their employees. They are required to provide a safe work environment, including preventing exposure of workers to psychosocial hazards such as workplace harassment. A workplace must also provide access to safe reporting mechanisms.<sup>13</sup> Recent updates to Australia's model Work Health and Safety laws have been made to clarify the existing obligation to manage psychosocial risks. The majority of jurisdictions have either implemented or are in the process of implementing regulations dealing with psychosocial hazards.<sup>14</sup>

The Commonwealth Government has recently released a National Strategy for the Care and Support Economy. The Strategy has a policy goal of 'decent jobs'. This includes ensuring culturally safe and inclusive workplaces in the care industry. It acknowledges that "high proportions of workers in the care and support economy are from culturally diverse backgrounds and have reported experiences of racism, both from other workers and from those they are providing care and support to, and that employers have a legal requirement to prevent employees from being exposed to harmful behaviours". As one response, it is proposed that the Australian Government work with state and territory governments and other relevant stakeholders on a Worker Safety Action Plan.<sup>15</sup>

## 5. How pervasive is lack of acceptance of diverse aged care workers?

It is difficult to assess how pervasive this issue is as it is often not talked about or reported due to the sensitive nature of the topic and the difficulty in defining the experience objectively. While much of the evidence is anecdotal, a small number of research studies have been undertaken in Australia which indicate that for dark skinned people or people with strong accents refusal of care, or racist comments are a common experience.

- A review of 17 peer-reviewed studies published from 2000 to November 2018 focusing on dementia care among migrant aged care workers found these workers frequently encountered discrimination and racism from residents due to their visible differences, particularly workers from African backgrounds.<sup>16</sup>
- Interviews with 20 Perth-based migrant aged care workers from Filipino, Indian and Nigerian backgrounds in 2019 found the majority of participants were experiencing discriminatory treatment from residents, families and colleagues.<sup>17</sup> Discriminatory treatment varied across ethnicity, with migrant care workers from Nigerian backgrounds experiencing discrimination more frequently, but workers from Asian backgrounds also affected.<sup>18</sup>

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<sup>11</sup> Australian Government, Pacific Australia Labour Mobility Scheme. <https://www.palmscheme.gov.au/resources/application-palm-scheme-aged-care-expansion-program>

<sup>12</sup> Australian Government, Aged Care Quality and Safety Commission, Quality Standards <https://www.agedcarequality.gov.au/providers/standards>

<sup>13</sup> WorkSafe Qld, Safety and Prevention <https://www.worksafe.qld.gov.au/safety-and-prevention>

<sup>14</sup> Australian Government (2023) Working Future. <https://treasury.gov.au/sites/default/files/2023-09/p2023-447996-working-future.pdf>

<sup>15</sup> Department of Prime Minister and Cabinet (2023) Draft National Care and Support Economy Strategy.

<https://www.pmc.gov.au/sites/default/files/resource/download/draft-national-care-and-support-economy-strategy-2023.pdf>

<sup>16</sup> Adebayo, B., Nichols, P., Heslop, K., & Brijnath, B. (2019). A Scoping Review of Dementia Care Experiences in Migrant Aged Care Workforce. *The Gerontologist*

<sup>17</sup> Adebayo B, Nichols P, Heslop K, Brijnath B. Migrant Care Workers' Perceptions of Their Working Conditions in Australian Residential Aged Care Facilities. *J Transcult Nurs*. 2023 May;34(3):229-237.

<sup>18</sup> Ibid.

- In another study of 58 migrant care workers in Perth, almost 60% of workers had experienced negative reactions from the residents due to their visible cultural difference. Communication issues emerged as an over-arching theme.<sup>19</sup>
- 2021 research based on in-depth interviews with 30 African migrant women working in residential aged care found widespread experience of micro-aggressions and insults, including overt and less overt racism. This manifests in ways that deny the ability of these workers to care for and care about clients.<sup>20</sup>

Please see the rapid literature review for more information about these studies.

Our consultations with providers and stakeholders reinforced the findings of these studies. Almost all the provider participants in our research had observed some form of resistance from clients to workers from different cultures, with many clients expressing at intake that they want a 'white Australian' or someone who speaks 'clear English'.

*It comes up in any conversation we have about the CALD workforce... it comes up all the time. It's known. It's difficult to quantify... people don't write it down when older people are inappropriate. Everything is anecdotal. (Stakeholder)*

*Quite often when the request for support comes in, the client will specify I only want white Australian people to do my services, so that does come up quite frequently. It never comes up with our disability clients. (Provider)*

Consultations indicated that the issue is more common in particular contexts, including:

- in regional areas or suburbs where people have not been as exposed to many different cultures
- in low socio-economic areas, where clients may have a low level of education
- in home based care where there is less oversight and reinforcement of expectations, policies and processes
- amongst clients over 85 years who have strong memories of the White Australia Policy and World War II

*We hear that ingrained attitude that 'people have to be like us'... we hear it coming out strongly, especially in the older age profile. (Stakeholder)*

*We're hearing it strongly from the Afghani community or others that have migrated recently. It's more in areas of the country where education levels are not as high. (Stakeholder)*

*There's a massive difference between community and residential. We find (in residential) that while initially there's certainly that lack of acceptance, once they work with these people for a while, they really do come to accept them. (Provider)*

*It more tends to be in older anglo suburbs, where there has not been as much contact with other cultures. (Stakeholder)*

*There are a lot of veterans that still are, I don't know if its unconscious bias or racism, but they think all Asians are Japanese. Some refuse to have them in their homes. (Provider)*

*Within Australia we still have an element of elderly Australians not wanting contact with Japanese people because of the war. (Client)*

Clients who are used to being around people from other cultures expressed much more positive attitudes.

*I worked as a teacher in Aurukun for 6 years – I don't have a problem with people from other cultures. (Client)*

<sup>19</sup> Nichols P, Horner B, Fyfe K. Understanding and improving communication processes in an increasingly multicultural aged care workforce. J Aging Stud. 2015 Jan;32:23-31.

<sup>20</sup> Olasunkanmi-Alimi, T, T 2021. African Migrant Women Working in the Australian Aged Care Sector. PHD thesis College of Humanities, Arts and Social Sciences Flinders University, South Australia [https://flex.flinders.edu.au/file/Of1ca3a6-79e3-473b-a363-714905ffa864/1/Olasunkanmi-AlimiThesis2021\\_Mastercopy.pdf](https://flex.flinders.edu.au/file/Of1ca3a6-79e3-473b-a363-714905ffa864/1/Olasunkanmi-AlimiThesis2021_Mastercopy.pdf)

## 6. How does it play out?

### Experience for clients

#### Communication and comprehension is a major barrier

The most common concern emerging from the consultations is challenges with understanding workers from diverse backgrounds due to their accent or English language skills. The issue is compounded when clients are also experiencing hearing loss, anxiety and/or cognitive decline. This combination of factors can make it difficult for them to communicate with the worker and to understand what the worker says.

*If English is their second language, there's a lot I can't understand. (Client)*

*Accents and language skills are particularly a problem in aged care if someone's hearing and cognition has deteriorated. (Client)*

*Even though lots of people mumble and speak too softly, if English is their second language it's even worse. (Client)*

*Mostly it's definitely because of the language and their frustration that comes from not being able to understand that worker, and not having the patience to sort of try and understand them. (Provider)*

*Clients that have got really high anxiety will more often than not be the ones that will specify that they need somebody that speaks clear English. And I guess dementia is an issue as well. (Provider)*

*We're assuming that people are understanding the things that we're saying and they may be getting one out of five words if you're really lucky. So, so that's a part of it. (Provider)*

Poor English literacy is also an issue, particularly when it comes to safety instructions, such as reading labels on household items or understanding care plans. One client also expressed a concern that the time taken to explain things to people with low levels of English eats into the time allocated for support in her package.

*My provider does an assessment and there's a book at my house of what the care providers need to do in my home, but some workers don't understand what's written in the book. (Client)*

*I've had to ask them, "Do you understand what I'm saying?" I'll say it again but meanwhile the clock is ticking away, and dollars are coming out of my package. (Client)*

*Sometimes they do nod the head and you think we've got this, we've got this, but they actually don't understand what they're signing or what they're reading. (Provider)*

*There's research showing that care plans are too complicated for people with English as a second language. They don't understand them. (Provider)*

Providers noted that sometimes there is an unfair assumption by clients that a person with an accent has poor English or lower intelligence.

*One of the issues I've really come across is the assumption that a lack of very fluent English is actually a lack of intelligence or a lack of literacy or a lack of basic understanding rather than someone managing a second language... there's an assumption that the person is stupid or dumb or doesn't understand anything, rather than simply needing different strategies in managing language. (Provider)*

### Cultural differences can cause tensions

Aside from language issues, clients described some tensions that arose due to cultural differences. Sometimes the situation the client described was not specifically related to culture but because the worker was from a different background, they assumed the tension was due to cultural differences.

*An Iranian care worker took me shopping and she'd tell me what I could and couldn't buy. She'd say, "You shouldn't eat pork." I told her I have a right to believe what I believe and she can believe what she believes... This happened a second time with another Iranian worker. One of them got to be rather nasty about it. I eventually would buy pork just to jack her off. (Client)*

*When I was with another provider I had a Chinese lady who was really bossy. She was so powerful. She would grab my arm and tell me to sit down. I know those behaviours. I watch behaviour like that. But you report it, and nothing gets done about it. (Client)*

*I had a dietitian come. She was Indian. She didn't even ask me about sugar, carbs etc. in my diet. Like she just stuck to a script. When she spoke to me, I couldn't understand. (Client)*

There were also positive comments from clients about cultural differences, but many of these comments were linked to a worker expressing views or acting in a way that was in line with the client's values and cultural expectations.

*She could have been any colour. She understood English. She knew exactly how to do her job. She listened. She didn't have a strong accent. You wouldn't even know she was from Nigeria. (Client)*

Providers pointed out that clients often felt discomfort when workers of the same background spoke in their language together. This is actively discouraged, however it still occurs and reinforces the sense of difference between clients and workers.

*Staff from the same cultural background speaking in their own language to each other at work in front of residents is actually our biggest problem... we're struggling to manage it. (Provider)*

### Lack of understanding about why workforce is diverse

One client expressed concern that workers from diverse backgrounds are 'taking jobs' from Australians and/or they are lower skilled than Australian workers. Stakeholders and providers also noted this lack of understanding of the workforce context. When the context was explained to the client, they became much more accepting.

*There's a huge percentage increase in more culturally diverse people being employed. I don't know why. (Client)*

*Part of the issue is people recognising that over 60% of workers are coming from CALD backgrounds, especially out in regions due to immigration policies. (Stakeholder)*

*That conversation with the client about what the workforce looks like is not sophisticated enough at this stage. (Stakeholder)*

*It's an assumption that I think we really, really have to keep questioning and to keep providing evidence for the for the untruth of it. (Provider)*

### Not aware of offence caused

Stakeholders and providers reported that many clients are not aware when they are causing offence. Sometimes this is because of changed norms around language, with phrasing that used to be acceptable now considered offensive. Sometimes misunderstandings are due to the client experiencing dementia or cognitive decline and therefore having reduced social filters.

*They revert back to when they were younger and there was a lot more acceptance of racism. They can't help the comments they're making so providers don't want to put a migrant with a person with dementia. (Stakeholder)*

*Some phrasing of older people just may be how they spoke. They're stuck on the old language. There needs to be understanding where each of the players coming from. (Stakeholder)*

*In one case the (client) made a comment about a cleaner wearing a hijab. Our support worker heard it and felt uncomfortable. I called the client and explained. She was horrified that what she said came across as racism. (Stakeholder)*

### Consequences for clients

One client noted that when there is not a good connection with their worker people sometimes stop services completely or change providers resulting in gaps in service provision. This leads to lost opportunities for clients and increased costs in the changeover process. As noted above, there is also a perception that communication breakdowns eats into hours allocated in people's packages.

*If things don't go well, sometimes people can snap and say they don't want the services anymore and end up having nothing or change providers and then have the same problem. (Client)*



## Experience for workers and providers

### Racism is due to skin colour and accent

According to providers and stakeholders, workers with dark skin and/or strong accents were more often the target for racism or lack of acceptance. This is also noted in the literature as the perception of workers.

*One of the issues that I've come across most strongly from all of the cultural backgrounds and people that I've worked with, the ones that are not accepted, are people that are very dark. (Provider)*

*For our workers it's about their accent. (Provider)*

*Mostly its people who have dark skin or strong accents. Aged care providers acknowledge that accents can be a problem. (Stakeholder)*

### Reluctance to speak up

A key issue raised by providers and stakeholders is that, for a range of reasons, workers from culturally diverse backgrounds are reluctant to report instances of feeling discriminated against. Reasons suggested include cultural norms, fear of losing their jobs, uncertainty about process or expectations, disempowerment and historical oppression.

*There's a fear of losing jobs for migrants. They feel it is better to sit down and be quiet. (Stakeholder)*

*Well, I am an immigrant as well and I think, most of us, we feel very intimidated to speak up when we are in a situation of discrimination or racism. Especially when you're new to the country, you don't know if you can say something. Depending on the culture you know. (Provider)*

*Workers have cultural issues where they won't speak up. For example Indian workers, Nepalese workers are always saying everything is ok. (Stakeholder)*

*The Western countries have been dominant in those countries for a significant time and they still feel a bit hesitant to express themselves in terms of how they feel and what's going on because of that ancient historical trauma from that perspective. So they have that bit of hesitation to express themselves as well. They will just say yes. (Provider)*

### Transactional approach / attitude not conducive to good relationships

A few interviewees made the point that the transactional approach which is embedded in Australia's aged care system is not conducive to good relationships. It promotes a situation where KPIs relate to speed and efficiency of tasks, often to the detriment of building quality, trusting relationships. Some also felt that the strong focus on consumer choice limits opportunities for good workers who may not fit the consumer's preferred demographic profile.

*They (providers) say they don't want people from CALD because they need to match the needs of client with carer... it's driven by the consumer. It's the same as why we don't hire many men. (Stakeholder)*

*I think we see refusal of care a bit less, but there's certainly an entitlement to treat them terribly. The client will reserve the right to talk to them however they wish and be very, very rude at times. (Provider)*

*We have a very Western style of disability and aged care which sometimes clashes with other cultural backgrounds. (Stakeholder)*

*The relationship is the most important thing. We need to move away from transactional, task-based services. If the relationship is first, trust and confidence grows. (Stakeholder)*

*There was a couple that would give very directive orders. We had conversations with them. If the person knows they're a 'consumer', they order people around. We don't put up with anyone ordering our helpers around – it's about mutual respect. (Provider)*

### Support required from providers and colleagues

Providers noted that it is not just the clients and their families that discriminate, but colleagues can also play a part. This issue has also been noted in the literature. Some clients and stakeholders felt that

providers needed to take a stronger role in supporting and promoting their staff members from diverse backgrounds.

*We do have some staff that are very resistant to the overseas workforce unfortunately. You seem to have sometimes two different groups. So you have the group of the locals, the Mackay locals, and then the group of the overseas people and there is some sort of conflict which is very subtle. I feel like it happens more than we are aware of. (Provider)*

*If in a workforce, if you know there's systemic racism amongst colleagues – are you going comfortable reporting. (Stakeholder)*

*The problem lies with the provider, never pushing the point, rather just being consumer centred. (Stakeholder)*

*No one will come into my home who I will not actively make welcome. But I blame providers because I don't see evidence that they are preparing people for the work they will do. People need to understand what their job is and what it is all about. That's all that matters. It's not about culture. (Client)*

### Particular issue for men

A number of interviewees commented that refusal of male aged care workers is a more significant problem than lack of acceptance of people from culturally or linguistically diverse backgrounds. However if a person is male and from diverse backgrounds, rejection is even more common.

*The situation with rejecting men is far worse – for a CALD man it's almost impossible. An African man with beard won't get near a client... I've suggested we take the men out of the ads... I can't get them jobs. That will need to be addressed. (Stakeholder)*

*I have come across lots of instances where, you know female residents don't like male staff and vice versa. So it is there's a sexist element as well as a racist one in a lot of cases. (Provider)*

*It's not just people from different cultural backgrounds. We also have the issue of the male, female. There's a lot of our clients who just won't accept a male personal care assistant. So another area that I find disappointing. (Provider)*

### Attitudes are hard to shift

Many providers and stakeholders take the attitude that the issue is temporary. The generation of seniors coming through have been much more exposed to different cultures and are less likely to hold racist attitudes. Some people felt that the existing group of older people are unlikely to change their attitudes, no matter what is put in place. Others said they had occasionally observed attitude changes with exposure to workers from different cultures.

*It then becomes a self-perpetuating problem because it's easier and it's often better for that worker as well to just simply remove them and put them with a client that doesn't behave that way. But then of course it doesn't actually address it with that client. So it's a really tricky dynamic to manage. Have you ever seen clients change their perception? I think it's very difficult. (Provider)*

*It will shift. A large number of baby boomers are coming through soon. (Stakeholder)*

*When the boomers move in it won't be as big an issue... it will change. It's a sign of the times. It will be temporary. (Stakeholder)*

*It will die out. It's hard to change ingrained attitudes. (Stakeholder)*

*I hesitate to say, but it's actually a time issue. It really is. I think we're going to have a different conversation in 10 year's time. (Provider)*

*I've seen some clients change their mind once they've been persuaded to give it a go, and then that's been brilliant and they've gone well. So I have seen that happen, but it's not common. (Provider)*

### Recruitment and matching issues

Stakeholders and clients felt that the right people were not always being recruited into the roles. Migrants often have limited options in the labour market and may enter the industry even if it does not suit them, sometimes because their qualifications aren't recognised in Australia. Providers also pointed out that sometimes workers are not well matched with clients and this causes issues that may manifest as cultural discrimination.

*It is a low paid workforce... providers are sometimes recruiting people into the workforce that don't want to be there which can influence quality of care, communication etc. (Stakeholder)*

*When people apply for positions, they should be told they need to be fluent in English. They should be able to listen and follow through on the instructions. But because they're desperate for workers, they'll accept anyone. (Client)*

*We've got to stop employing people through Workforce Australia who just want to get people off their books – they might not be the right people to work in those roles. (Stakeholder)*

*We wouldn't match a member who is hard of hearing with a helper with a strong accent or low English. (Provider)*

## Consequences for workers and providers

It is noted in the literature that experiences of racism leads to stress, depression and job dissatisfaction for workers. Providers experience higher staff turnover with associated costs, sometimes without fully understanding why workers are leaving.

*The worker may just be absolutely fed up to the back teeth being spoken to like that, and may not feel empowered enough to actually speak up against the behaviour and often they don't... there probably would be a cohort who simply leave instead. (Provider)*

## 7. What strategies have been used successfully?

The following strategies have been used successfully by one or more of the providers consulted for this research.

### Provider communications and marketing

- Ensure that communications and marketing includes people from diverse backgrounds
- Profile workers from different cultures in newsletters and social media

*We try to promote their amazing work on our Facebook and social media. (Provider)*

### Open conversations with clients about the workforce and potential challenges at intake

- Explain the workforce context and how workers from overseas are stepping in to fill a workforce need
- Talk about any challenges people may experience due to cultural differences or communication and how to respectfully respond
- Give clients time to ask questions and test assumptions
- Focus on the worker's strengths and ability to help the client achieve their goals

*There's a role for providers to communicate that you might be getting someone different but it is just as good. You need to have the user understand that this is all about them. (Stakeholder)*

*Embed the understanding that anyone going into the aged care sector is usually a caring person that wants to help... it comes back to respect. (Provider)*

### Reciprocal agreements

- Set expectations from the start about respectful relationships through an agreement signed by the client and the worker
- Refer back to the agreement when issues arise
- Be prepared to cancel the service if a client does not abide with the agreement

*We have a community code. It's a reciprocal thing. Helpers and members both agree to the code. It is about treating everyone with respect, patience and kindness... at intake, case managers run through the code. (Provider)*

*We say, do you remember we talked about this, this is our expectation, this is our obligation. If you do not wish to meet that obligation then there may come a point that we will not be able to continue to provide services. And I think we have to walk that walk. (Provider)*

### Slow introductions

- If there is a concern that a client might be hesitant about having a worker from another culture, introduce the person slowly so the client can get to see their skills and check their assumptions
- For example, use a buddy approach

*Start introducing new workers slowly... so consumers get to understand that it doesn't matter if they have an accent and look different, they can have a conversation about other things. (Stakeholder)*

*Sometimes what can work is a buddy, like a buddy shift. So sometimes if that person is resistant, our new employees do a two-day buddy shift. If you send that person with the regular worker and they do a really good job while they're there with their buddy, sometimes the client can change their mind because they've sort of had no choice but to have that person there and then they've realised how good they are. It's kind of like a secret way of introducing, secretly sneaking them in there. (Provider)*

## Celebrating diversity

- In residential care, find opportunities to expose clients to cultures of the workers through cultural days
- Provide opportunities for learning about different cultures or languages through activities

*When we know something about someone's culture, there's more approval and acceptance. (Stakeholder)*

*At my grandmother's residence (in the US) there are a lot of Mexican workers employed. They offered Spanish classes to the residents. This gave them something to talk about with their workers. (Stakeholder)*

## Tap into cultural understandings of aged care and support

- Harness the positive perceptions of aged care and respect for elders that many cultures have

*I've seen a bit about Japanese culture and the elderly. The elderly are highly respected by the children and the community. (Client)*

*Many ethnic workers have valuable skills that we've either forgotten or never had. When I lived in Hong Kong the father of a friend had Alzheimer's and he became very aggressive as he became more unwell but the Indonesian workers could calm him down like no-one else could. (Client)*

## Prioritise the relationship

- Focus organisational culture, training and communications on the importance of building a strong relationship between the client and the worker
- Move away from a transactional approach and language and set expectations for establishing familial, collaborative relationships
- Train workers on building strong relationships with their clients

*We just keep tempering expectations with clients ... their role is like a buddy, to collaborate – not do for, but with. (Provider)*

*We do role plays and videos on how to draw out the relationship because that's where it works. As soon as you get someone talking on a personal level, it breaks down barriers and it's less intimidating. We don't have KPIs. We move at the speed of trust. That's where we have an amazing impact. (Provider)*

*It comes down to language. We don't say client or consumer – we call them members. They feel part of the organisation. We've moved away from transactional language. (Provider)*

*It worked because I had a great connection with her. You just click sometimes. She could have been any colour. (Client)*

## Provider support, including debriefing and training

- Foster open communication channels with workers and ensure they know that the employer is on their side
- Have support available to protect the worker, including opportunities for debriefing and counselling
- Train workers in how to respond to micro aggressions or racist comments
- Follow-up with the client or their family on any instances of racism

*What are the supports you put around it to protect the worker, even if it is allowing the worker to recognise that they can remove themselves. (Stakeholder)*

*I think from an organisational point of view, I think that the main thing we can continue to do is to support the staff, to have really, really clear guidelines about when things occur, what they need to do, how we're going to support them. (Provider)*

*Helpers are trained. They know if they feel uncomfortable in a session, they have support. They are encouraged to record it if an older person uses racist undertones so we can have a conversation with the helper and help them to have a conversation with the client. (Provider)*

*We have had one situation that a family member was making racist comments towards a worker. It wasn't a care worker, it was a cafe worker that was serving coffee and she was a very strong lady. She put a complaint, a written complaint and we sent him (the family member) a warning saying, look, if you keep treating our staff like that, you won't be able to visit the facility anymore. And there was a meeting with the clinical coordinator and the staff member felt supported. And we said to her, look, you don't need to serve this person anymore if you don't feel comfortable. And that's how we dealt with the situation. (Provider)*

## Improve English literacy and comprehension

- Connect workers with opportunities to improve their English language skills
- Review templates and processes to ensure they can be understood by people with lower levels of literacy

*We've spent a lot of time reviewing our documentation. For example, our manual handling chart. It's pictorial. So we actually have graphics rather than words, which makes a lot more sense. So there's a lot that we can do. (Provider)*

## Recruitment practices

- Review recruitment practices to ensure people with the right skills and traits for the job are employed
- Broaden the applicant pool by considering workers without Certificate III for non-personal care roles

*We've got to stop employing people through Workforce Australia who just want to get people off their books – they might not be the right people to work in those roles. (Stakeholder)*

*The problem is a lot of providers don't want anyone without a Cert III. (Stakeholder)*

## Partner with experts

- Tap into programs and organisations designed to support migrants to assist with onboarding and if and when issues arise
- Use these resources to assist with language training and building cultural capability of staff members and clients

*They (the Sisters of Mercy) help us find the staff and a lot of time where there is a language barrier they will assist to a certain degree, which we have found very helpful. (Provider)*

*In some places there are cultural ambassadors. That person's job is basically to work with the resident or consumer or the participant and work with the staff to create that bridge, I think that it should be a funded role within services. (Provider)*

## 8. Recommendations

It is recommended that governments and industry consider the following:

- 1. Develop and promote a set of guidelines for providers reflecting best practice in providing a safe and inclusive work environment for people from culturally and linguistically diverse backgrounds in aged care, covering:**
  - Communications and marketing
  - Recruitment, induction and orientation
  - Cultural capability of all staff

- Reciprocal agreements between providers and clients
  - Intake conversations with clients
  - Developing client knowledge of the context to workforce diversity
  - Responding to instances of racism by clients, family members or other visitors
  - Support and training for CALD staff
  - Partnering with experts
2. **Develop skill sets or microcredentials for managers and supervisors on managing a diverse aged care workforce**
  3. **Promote partnerships between providers and multicultural support services to build bridges between workers from different backgrounds, their colleagues, clients and services in the aged care sector**
  4. **Establish mechanisms to encourage workers with English as a second language to participate in ongoing development of English language skills and cultural knowledge**
  5. **Involve consumers in conversations about the topic to better understand and define their experiences and seek their participation in designing solutions, taking care to characterise the issue in non-judgemental language.**

## 9. Examples of good practice

### Lively Community Code

Lively employs young people to provide aged care services and support. Their approach prioritises the relationship between the young person (helper) and the client (member) and promotes an environment of belonging. At intake, the helper and the member are required to agree to a Community Code which begins with the statement “We will treat all members of the Lively community with kindness, respect, friendliness and patience, regardless of their age, gender, sexual orientation, cultural or ethnic background, race, religion, ability or class. We are a diverse group that takes care of one another for our mutual benefit.”

<https://www.lively.org.au/about-us>

### Mercy Community

Mercy Community in Toowoomba offers a range of multicultural programs for refugees and migrant families in Toowoomba. They have been involved in working with aged care providers in the region to support their culturally and linguistically diverse staff members.

<https://mercycommunity.org.au/families-and-young-people/our-programs/multicultural-support/cultural-diversity-hub-toowoomba/>

### Anglicare Inclusive Engagement Toolkit

This toolkit was developed by Anglicare to help workers provide inclusive care. It covers inclusive communication, including different communication styles in different cultures, leveraging the thinking of diverse groups in leadership and working with interpreters.

<https://anglicaresq.org.au/about-us/inclusive-engagement-toolkit/>

### Meaningful Ageing Australia: The Little Things Training Materials

This set of training resources provides evidence based intercultural training for care givers from CALD backgrounds. It is based on real interactions between care givers and older people. Researchers shadowed

care givers during shifts to observe the context of their work and select key areas where communication skills were important.

**<https://meaningfulageing.org.au/the-little-things/>**

#### [Racism it stops with me](#)

The Australian Human Rights Commission has developed a campaign to increase awareness of racism and equip more Australians with tools to address it. It includes a workplace cultural diversity tool which is designed to support managers and human resource personnel to promote diversity and challenge racism in the workplace. The tool includes a number of case studies of organisations applying good practice in addressing racism.

**<https://itstopswithme.humanrights.gov.au/workplace-cultural-diversity-tool>**

#### [Moving Pictures Project: Raising Dementia awareness in cultural communities](#)

The project, coproduced with people from CALD backgrounds, includes a series of short films and comics to improve dementia prevention and awareness amongst multicultural communities. It is available online at no cost and in nine languages.

**<https://www.movingpictures.org.au/>**

#### [The CALD Assist App](#)

This is a tool to help healthcare workers communicate with clients from culturally and linguistically diverse backgrounds. Whilst developed for health care settings, the developers believe it could be adapted to an aged care setting. It includes basic phrases with images, video and pre-recorded audio, requiring simple responses which have been interpreted into 11 languages.

**<https://www.culturaldiversity.com.au/good-practice-stories/713-cald-app>**

#### [Managing the Risk of Psychosocial hazards at work](#)

WorkSafe Qld has developed a practical guide for employers on preventing harm from psychosocial risks amongst their staff. It contains links and resources on a range of issues including using cultural capability to create mentally healthy workplaces.

**[https://www.worksafe.qld.gov.au/\\_\\_data/assets/pdf\\_file/0012/111702/psychosocial-hazards-code-of-practice-stakeholder-communications-kit.pdf](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0012/111702/psychosocial-hazards-code-of-practice-stakeholder-communications-kit.pdf)**