

Responsive service design and workforce strengthening: Recommendations to improve aged care for Aboriginal and Torres Strait Islander peoples

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Abstract

Objective: This study aimed to develop innovative and practical strategies and recommendations for aged care policy and practice that support the needs of Aboriginal and Torres Strait Islander peoples.

Methods: A research symposium was held in June 2023 on Kurna Country at the South Australian Health and Medical Research Institute. The symposium brought together 70 attendees including aged care consumers, Federal and State Government representatives, advocacy services, health, aged care and social service providers, and health and aged care researchers. Two roundtable sessions titled ‘Responsive Service Design’ and ‘Workforce Strengthening’ were conducted following a World Café approach. Data were analysed thematically.

Results: This paper proposes recommendations relating to innovation and improvement within aged care policy and practice. Recommendations for responsive service design and workforce strengthening include the following: (1) promote genuine engagement and involvement, (2) establish partnerships between sectors, (3) ensure compliance, (4) innovative communication and feedback pathways, (5) holistic approaches to well-being, (6) prioritise cultural safety and (7) flexible recruitment and retention strategies.

Conclusions: Working together and building partnerships between diverse stakeholders including community members, workforce, service providers and policymakers is required for sustainable and meaningful innovation within the aged care sector. Our recommendations, driven by community needs, provide an opportunity to ensure the innovation and implementation of ongoing aged care reforms meet the needs and expectations of Aboriginal and Torres Strait Islander peoples.

KEYWORDS

ageing, Australian Aboriginal and Torres Strait Islander Peoples, policy

1 | INTRODUCTION

The Royal Commission into Aged Care Quality and Safety in 2021 (Aged Care Royal Commission) recognised that the aged care system has failed to provide for the health, social and cultural needs of Aboriginal and Torres Strait Islander peoples.¹ A key finding of the Aged Care Royal Commission highlighted that for many Aboriginal and Torres Strait Islander peoples, preference was given to services delivered by Aboriginal and Torres Strait Islander peoples and organisations.¹ Seven recommendations specific to Aboriginal and Torres Strait Islander peoples to address these gaps were produced, which broadly outlined a need for 'safe, high quality, trauma-informed, needs based and flexible aged care services regardless of where [people] live'.²

In response to these recommendations, the Commonwealth has initiated significant reforms across the aged care sector.³ These include additional funding for the National Aboriginal and Torres Strait Islander Aged Care Program (NATSIFACP), establishing an interim First Nations Aged Care Commissioner, introducing a First Nations assessment workforce, building the capacity of Aboriginal community-controlled organisations to deliver aged care services, and investing in cultural safety and trauma-aware, healing-informed care training.³ Additionally, the new Aged Care Act, set to be introduced in July 2024, will replace existing aged care legislation, including the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*.⁴ The lack of detail around the new Aged Care Act and how it relates to Aboriginal and Torres Strait Islander peoples has caused substantial concern across the sector.⁵

Additionally, recent Closing the Gap data have projected that the target to close the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous peoples is not on track to be met by 2031.⁶ Currently, there are no Closing the Gap targets specific to aged care. This highlights greater emphasis needs to be given to Aboriginal and Torres Strait Islander peoples at later stages of life, including within aged care.⁵⁻⁷ The Commonwealth has committed additional funding for the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), the peak body for ageing and aged care for Aboriginal and Torres Strait Islander peoples, to embed a focus of the Closing the Gap targets on the health, social, cultural and economic well-being of older Aboriginal and Torres Strait Islander peoples.⁷ This includes a particular focus on Stolen Generation survivors.⁷

These reforms are at varying stages of implementation. However, for these to be of benefit to Aboriginal and Torres Strait Islander peoples, ongoing engagement with

Practice impact

Promoting partnerships between aged care stakeholders, including community members, workforce, service providers and policymakers, is required for sustainable and meaningful innovation within aged care.

Policy impact

This research highlights the critical need to address the way aged care policy for Aboriginal and Torres Strait Islander peoples is designed and delivered, and holds significant implications for current and future aged care reforms.

individuals, families and communities needs to occur, while aligning with the collective learnings of research, practice and stakeholder insights that already exist.⁸⁻²⁰ We conducted two roundtable sessions as part of a research symposium hosted on Kurna Country in June 2023. The aim of the roundtables was to develop innovative and practical strategies and recommendations for aged care policy and practice that support the needs of Aboriginal and Torres Strait Islander peoples. This article presents the recommendations that arose from the two roundtable sessions.

2 | METHODS

2.1 | Study design and setting

Wardliparingga Aboriginal Health Equity (Wardliparingga), located within the South Australian Health and Medical Research Institute, undertakes research that is of priority to Aboriginal and Torres Strait Islander peoples and communities through partnership, collaboration, respect and reciprocity. Guided by the South Australian Aboriginal Health Research Accord (Accord),²¹ Wardliparingga have over the past decade undertaken research relating to ageing and aged care for Aboriginal and Torres Strait Islander peoples.^{10,11,14,15,19,20} Research conducted by Wardliparingga must have a clear knowledge translation plan, whereby the sharing and translation of knowledge must be integrated into all elements of the research process to maximise impact on practice and policy.²¹ Two recent projects conducted by Wardliparingga have sought to understand social and emotional well-being^{19,20} and healthy ageing¹⁵ needs within in-home and residential aged care from the

perspective of community members and service providers. In line with community-based participatory co-design methodologies,²² a key component of both projects was to establish collaborative partnerships between aged care consumers, providers and researchers and to co-design aged care system improvements.

Therefore, Wardliparingga hosted the *Aboriginal and Torres Strait Islander Healthy Ageing and Aged Care Research Symposium* (the Symposium) on Kauria Country (Adelaide, South Australia) in June 2023. Broadly, the aim of the Symposium was to inform aged care policy and practice on how aged care services can best support and promote healthy ageing and social and emotional well-being for Aboriginal and Torres Strait Islander peoples. The Symposium program consisted of presentations of findings from the two projects, a panel discussion, plenary presentations and two roundtable sessions. The roundtables followed a World Café methodology, which has become increasingly used in health research and within knowledge translation activities.²³

2.2 | Recruitment

Following knowledge translation principles as defined by the Accord,²¹ a purposive sampling strategy²⁴ was followed to include relevant stakeholders including Aboriginal and Torres Strait Islander aged care consumers who had participated in earlier phases of the research, State and Federal government representatives, health and aged care service providers, Aboriginal community-controlled health organisations, advocacy services, and health and aged care researchers. These stakeholders were included as they would likely have the necessary insight into the implications of the research findings on policy and practice and could affect necessary response. Targeted invitations were sent via email to relevant individuals and/or organisations, many of whom had well-established relationships with Wardliparingga. Each email outlined the purpose of the Symposium and provided information relating to the roundtable discussions and how the data would be used. Stakeholders were asked to register their attendance via email or through an online registration portal. As per approved ethics protocol, implied consent was obtained through participants registering their attendance to the Symposium. The registration portal provided a description of the roundtable sessions and how the data would be used. Before commencing the roundtables, the research team explained further the purpose of the roundtable sessions and advised that participation was voluntary.

TABLE 1 Aged care stakeholder representatives.

Stakeholder representatives	n = 70
Aged care consumers	4 ^a
Aboriginal community-controlled sector	7
Advocacy services	3
Peak bodies	4
Not-for-profits	6
Private allied health practice	1
Primary/Local health networks	8
State/Federal government	9
Health and/or ageing research	28

^aAll aged care consumers identified as Aboriginal and/or Torres Strait Islander peoples.

2.3 | Participants

The Symposium brought together older Aboriginal and Torres Strait Islander peoples, State and Commonwealth government representatives, health and aged care service providers, Aboriginal community-controlled health organisations, advocacy services, and health and aged care researchers. In total, 70 participants attended in person or online via Zoom (Table 1). All aged care consumer participants identified as Aboriginal and/or Torres Strait Islander; however, we did not collect demographic information from any other participant outside their role and/or employing organisation. All participants voluntarily agreed to participate.

2.4 | Data collection

Two roundtable discussions were conducted to develop recommendations and strategies on 'Responsive Service Design' and 'Workforce Strengthening'. The roundtable topics and the associated questions (Table 2), developed by AP, JZ, YV and OP, were informed by community and workforce findings of the earlier phases of the research.^{15,19,20} The roundtables followed a World Café approach, a participatory method of data collection, which sees the gathering of a large number of 'experts' in a workshop who share their knowledge within discussion tables.²⁵ Authors OP, AP, JZ and YV, with support from other health researchers, facilitated the roundtables. Participants self-selected a table and each group nominated one person to scribe their responses onto large pieces of paper. Five groups, each with approximately 12 participants, participated in the two roundtable sessions. Each group was assigned one topic (Table 2). Those participating via Zoom were encouraged to respond to any topic they had knowledge on through the 'Chat' function

TABLE 2 Roundtable guide.

Topic	Question(s)
Roundtable session 1: Responsive service design	
Informed choice	In what ways can aged care organisations provide informed choice? What are the barriers and/or enablers to ensuring informed choice for Aboriginal people and their families?
Well-being	What do you suggest service providers could do to address the following barriers to support well-being?
Healthy ageing	What elements/activities should be provided within healthy ageing programs for Aboriginal and Torres Strait Islander peoples across diverse aged care settings?
Respect for Elders	How can service providers demonstrate respect when working with Elders? How can organisations demonstrate respect when working with Elders?
Service integration	How can we improve service integration across health, aged care and human service sectors? What are the barriers and/or enablers to cross-sectoral service integration?
Roundtable session 2: Workforce strengthening	
Workforce training	What topics would you suggest are needed to include in a training program for people to work in Aboriginal aged care?
Barriers and enablers to training	What are the barriers and/or enablers for aged care organisations in providing training for workers? What are the barriers and/or enablers for workers to undertake training?
Building the workforce	What are some ways that organisations can ensure the attraction and retention of Aboriginal and Torres Strait Islander staff?
Culturally safe workforce	What are the characteristics of a culturally safe worker? What suggestions do you have for organisations to support their staff to work in culturally safe ways?
Working together	How can we ensure best practice when working together across the diverse roles and settings within aged care?

of Zoom. Online responses were read to the broader group and incorporated into each roundtable at the end of each session. Following within-group discussion, a nominated spokesperson from each table reported back to symposium participants for additional comment from the broader group. Each roundtable session lasted approximately 1 h, with 15 min dedicated to reporting responses and providing additional comments. With participant permission, the written responses were collected after each roundtable session. Prior to analysis, all data were de-identified and key messages reviewed and synthesised by OP, AP, JZ and YV. To ensure the validity of the data, these were sent to all participants as a brief report, and each participant was invited to provide feedback via email. All hardcopy and electronic data were stored in either locked filing cabinets or password-protected network drives.

2.5 | Data analysis

Written responses were imported into NVivo.12 and developed into recommendations using thematic analysis following the six phases proposed by Braun and Clarke.²⁶ Data analysis was undertaken by Aboriginal and/or Torres Strait Islander and non-Indigenous

members of the research team (JZ, AP, OP and YV). There was preference for this method given its ability to summarise key features of large data sets, generate unanticipated insights and its usefulness in informing policy development.²⁶ Data analysis included the following: (1) familiarisation with the data, (2) generating initial coding across the data set, (3) collating codes into potential recommendations, (4) reviewing recommendations, (5) defining and naming recommendations and (6) producing the final report.²⁶ Recommendations were refined by JZ and YV before being verified by OP and AP. The research team engaged in self-reflexivity throughout data analysis to identify initial observations, points of confusion and preliminary themes, and through ongoing group discussions.

2.6 | Ethics

Ethics approval was provided by the Aboriginal Health Research Ethics Committee (04-20-888) and the South Australian Department of Health and Wellbeing Ethics Committee (2020/HRE00471) and conducted in accordance with the Accord.²¹

3 | RESULTS

Key recommendations were developed from the participant roundtable data. Table 3 provides a summary of each recommendation alongside key points.

3.1 | Promote genuine engagement and involvement

A policy framework prioritising ‘genuine engagement’ is essential to ensure that aged care programs and services meet the needs of Aboriginal and Torres Strait Islander peoples. This engagement should occur on three levels. First, aged care policies must promote the inclusion of immediate and extended family and community in the care process, respecting the older person’s choice. Current funding structures overlook the crucial roles of family and community as support networks. Second, there must be ongoing, comprehensive engagement between Aboriginal

community-controlled organisations and mainstream organisations. The extensive community knowledge held by Aboriginal community-controlled organisations is crucial for effective service delivery. Third, Aboriginal and Torres Strait Islander leadership and governance are critical for designing and delivering appropriate services. Establishing a board elected by local community groups will enhance engagement with aged care organisations, facilitate negotiations on behalf of the community and strengthen decision-making capacities. These engagement strategies will serve as vital links between older people, their families, communities and aged care organisations, fostering meaningful dialogue and collaboration.

3.2 | Establish partnerships between sectors

Current funding structures between the health, aged care and social services sectors are inconsistent, despite most

TABLE 3 Recommendations and key points.

Recommendations	
Promote genuine engagement and involvement	<ul style="list-style-type: none"> • Develop policy frameworks that prioritise genuine engagement with Aboriginal and Torres Strait Islander peoples • Ensure policies include immediate and extended family and community throughout the care process • Foster ongoing engagement between Aboriginal community-controlled and mainstream organisations • Establish Aboriginal and Torres Strait Islander leadership and governance for service design and delivery
Establish partnerships between sectors	<ul style="list-style-type: none"> • Address inconsistencies in funding structures between health, aged care and social service sectors • Formulate partnerships between clients, health, aged care and social service providers
Ensure compliance	<ul style="list-style-type: none"> • Provide additional support to aged care providers to understand and comply with the ACQS • Reform the reporting process against the ACQS to enhance compliance • Adapt the ACQS to better reflect Aboriginal and Torres Strait Islander contexts • Mandate contingency plans for senior management to manage disruptions effectively
Innovative client communication and feedback pathways	<ul style="list-style-type: none"> • Develop user-friendly access pathways to My Aged Care • Ensure ongoing and respectful communication with clients and families, including regular visits • Establish meaningful feedback pathways to promote open dialogue between clients, providers and policymakers
Holistic approaches to well-being	<ul style="list-style-type: none"> • Design aged care programs in alignment with Aboriginal and Torres Strait Islander understandings of health and well-being • Ensure care is provided on or as close to Country as possible to maintain cultural connections, or facilitate return to Country visits
Prioritise cultural safety	<ul style="list-style-type: none"> • Adequately resource the workforce to provide culturally safe care, including personalised and flexible care • Provide professional development opportunities that include local community members • Embed principles of cultural safety across the broader system, defined and governed by clients and local cultural authorities
Flexible workforce recruitment and retention strategies	<ul style="list-style-type: none"> • Develop tailored training programs for both Aboriginal and Torres Strait Islander and non-Indigenous workers and provide regular opportunities to engage • Integrate Aboriginal and Torres Strait Islander-specific content in existing VET and higher education programs • Promote pathways for on-the-job training • Foster culturally safe workplaces that value clinical and cultural knowledge equally

Abbreviation: ACQS, aged care quality standards.

people accessing services through each. These fragmented funding models make it difficult to co-ordinate care from different funding sources. To provide comprehensive care, it is essential to build stronger partnerships between the health, aged care and social services sectors. Addressing this will require the formulation of partnerships between clients, health, aged care and social service providers. Collaborative approaches between sectors would allow for the dissemination of client information (with client consent) and ensure continuity of care across sectors. Furthermore, many Aboriginal and Torres Strait Islander peoples accessing health and social services, including disability services, are eligible for aged care. However, as a result of the 'siloes' nature of these sectors, many are not being supported or directed to aged care services. Establishing stronger partnerships between sectors can ensure that wherever Aboriginal and Torres Strait Islander peoples are accessing services, they are directed towards the right type of service.

3.3 | Ensure compliance

To ensure the safety and well-being of aged care consumers and to achieve high-quality service outcomes, compliance with the Aged Care Quality Standards (ACQS) is crucial. However, there is a pressing need to provide additional support to aged care organisations in understanding how their organisation policies and the practical operations of service delivery ensure compliance with the ACQS. The reporting process against the ACQS must undergo significant reform to enhance compliance and improve transparency. Moreover, the standards and associated guidelines must be adapted to better reflect the service delivery context for Aboriginal and Torres Strait Islander peoples. A comprehensive review and redesign of the current ACQS is essential to incorporate Aboriginal and Torres Strait Islander ways of knowing, being and doing, and to implement culturally appropriate approaches to aged care service delivery. Moreover, senior management should be mandated to have contingency plans, integrated within the ACQS, to effectively manage disruptions caused by changes in organisational structures or workforce issues.

3.4 | Innovative client communication and feedback pathways

Increased opportunities for ongoing engagement with clients, both before and after receiving services, are required. Developing user-friendly access pathways to My Aged Care is critical to support Aboriginal and Torres Strait Islander peoples to initiate service access and to understand their entitlements and rights. This can be

achieved by organising information sessions within local communities, particularly in regional areas, where older people can receive personalised assistance in navigating My Aged Care and the broader aged care system. Once receiving services, aged care organisations must ensure that communication with clients and their families (if appropriate) is ongoing, clear, respectful and jargon-free across all formats, including written and digital material. Annual reviews of care plans are inadequate; instead, providers should conduct regular visits with clients, listen to their needs and preferences, and respond promptly and transparently. Establishing meaningful feedback pathways is essential to encourage open and safe dialogue between clients, organisations and policymakers. This involves creating communication mechanisms for clients to express their experiences, expectations, and concerns about the services they receive, while ensuring that organisations can respond effectively to the client in addition to having clear channels to communicate these insights to policymakers. In doing so, client feedback can effectively inform and drive service and system improvements.

3.5 | Holistic approaches to well-being

The aged care system must shift its focus from predominantly addressing the physical needs of older people to prioritising their social, emotional and cultural needs. Social and emotional well-being, alongside cultural needs, are essential components of high-quality care for Aboriginal and Torres Strait Islander peoples, and therefore, aged care programs must be designed in alignment with these understandings. Furthermore, funding arrangements must reflect the importance of social and cultural connections for Aboriginal and Torres Strait Islander peoples, including providing care on or as close to Country as possible. Providers should receive adequate funding to ensure that Aboriginal and Torres Strait Islander peoples can maintain and strengthen their connection with community and culture after accessing aged care. This could be achieved by, for example, integrating community and cultural activities into care plans and activities.

3.6 | Prioritise cultural safety

The aged care workforce must be well-equipped and well-resourced to provide culturally safe care for Aboriginal and Torres Strait Islander peoples. This requires having the capacity to provide individualised and flexible care, such as providing the workforce adequate time to sit and yarn with clients. Meaningful interactions with clients

are essential to build trust, demonstrate respect and to understand needs, goals and aspirations. Additionally, workers should be provided with ample opportunity to engage with local communities as part of their professional development. While the workforce is key in promoting cultural safety within aged care, principles of cultural safety need to be embedded throughout the broader aged care system. To ensure culturally safe practices, cultural safety must be defined by clients themselves and overseen by local cultural authorities. This will ensure the workforce can provide services that align with the local cultural values and needs of Aboriginal and Torres Strait Islander peoples.

3.7 | Flexible workforce recruitment and retention strategies

Flexible approaches to promote workforce recruitment and retention, particularly though training and professional development, are required. Tailored training programs should be developed for both Aboriginal and Torres Strait Islander and non-Indigenous workers. This includes integrating Aboriginal and Torres Strait Islander-specific content into existing Vocational Education and Training (VET) and higher education programs. Additionally, creating and/or promoting pathways for 'on-the-job' training through graduate programs and apprenticeships is crucial. Addressing the high turnover of the aged care workforce, including the Aboriginal and Torres Strait Islander workforce, requires significant effort in fostering culturally safe workplaces that value cultural and clinical knowledge equally. Organisations must provide adequate resources and time for regular training and professional development opportunities, ensuring that opportunities reflect local communities and avoid a one-size-fits-all approach. With that, however, is the need for professional development training programs that include content on holistic understandings of social and emotional well-being, healthy ageing, cultural safety and communication skills. Accommodating different learning styles through a variety of delivery modes within these professional development programs will be significant, including interactive activities, case studies and innovative thinking approaches.

4 | CONCLUSIONS

Effective innovation and implementation within aged care must navigate a complex array of factors, including the beliefs, attitudes and capabilities of stakeholders; contextual elements such as resourcing and organisational

culture; the alignment between innovation and local contexts; relational dynamics with stakeholders; and the specific strategies of implementation.²⁷ Efforts often falter due to insufficient involvement of people receiving services and other key stakeholders, including aged care providers, within the innovation process.²⁷ By bringing together a diverse range of stakeholders, we have developed recommendations centred upon a core set of attributes that underscore the importance of including the voices and experiences of Aboriginal and Torres Strait Islander peoples, communities and organisations within aged care policy and program design. These attributes include collaboration, cultural needs, communication, co-ordination and choice-making.

Key attributes of these recommendations are being addressed through our ongoing research at Wardliparingga, which aims to explore system connection across aged care, health and/or social services. Our *Aboriginal-informed System Connector Model for Ageing Well* (Medical Research Future Fund: #2024389) will implement co-designed service integration pathways across diverse community and service provider settings to enhance workforce and organisation capacity in supporting Aboriginal and Torres Strait Islander peoples to age well.²⁸ Within this, we will outline a strategic research agenda and raise awareness on ageing well,²⁸ aligned to key priorities, goals and objectives from the perspectives of South Australian Aboriginal and Torres Strait Islander communities and organisations. Additionally, these recommendations support the ongoing reforms within the Australian aged care system, including the development of a strengthened set of ACQS and the roll-out of the Elder Care Support Program.

A key strength of these recommendations include the broad range of stakeholder perspectives. This contributes to a comprehensive, culturally relevant and applicable set of recommendations that can be applied across different areas of Australia. This was supported by the collaborative and non-hierarchical nature of the World Café approach. While a limitation of these recommendations is the small number of aged care consumers that participated, the topics and associated questions were developed from community perspectives identified within previous research.^{15,19,20} Throughout both research and policy groups, a resounding call echoes: Current and future aged care reforms must centre the needs, experiences and priorities of Aboriginal and Torres Strait Islander peoples, communities and organisations.^{9,29} Despite concerns over the translation of research into actionable policy and practice, the recommendations provided here offer a pathway to ensure that aged care reforms are innovative and responsive to the unique needs of Aboriginal and Torres Strait Islander peoples. While nuances between different Aboriginal and Torres Strait Islander communities exist,

these recommendations are relevant across Australia as evidenced by their alignment with previous research, practice and stakeholder insights.^{8–20} By implementing recommendations that embrace a whole-of-community perspective, stronger connections between aged care consumers, providers and policymakers can be created.

AUTHOR CONTRIBUTIONS

Odette Pearson: conceptualisation; formal analysis; funding acquisition; investigation; methodology; supervision; visualization; writing–review and editing. **Adriana Parrella:** conceptualisation; formal analysis; funding acquisition; investigation; methodology; supervision; visualization; writing–review and editing. **Jonathon Zagler:** formal analysis; investigation; methodology; project administration; visualization; writing–original draft preparation; writing–review and editing. **Kim Morey:** investigation; writing–review and editing. **Yasamin Veziari:** formal analysis; investigation; methodology; project administration; visualization; writing–review and editing. **Alex Brown:** conceptualisation; funding acquisition; methodology; supervision; writing–review and editing.

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CONFLICT OF INTEREST STATEMENT

No conflicts of interest declared.

DATA AVAILABILITY STATEMENT

The data that supports this study cannot be publicly shared due to ethical and privacy issues.

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