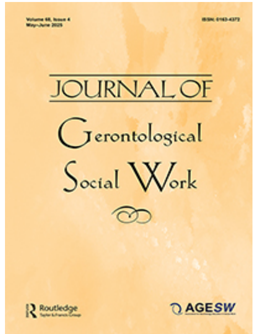

Journal of Gerontological Social Work

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wger20

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To cite this article: Sacha Kendall Jamieson, Wendy Spencer, Virginia Robinson, Ruth McCausland, Melanie Andersen, Rona Macniven, Vanessa Hickey & Peta MacGillivray (2025) A Community-Led Approach to Understanding How Service Providers Can Support 'Ageing well' for Older Aboriginal People in Australia, Journal of Gerontological Social Work, 68:4, 509-536, DOI: 10.1080/01634372.2025.2451730

To link to this article: https://doi.org/10.1080/01634372.2025.2451730

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JOURNAL OF GERONTOLOGICAL SOCIAL WORK
2025, VOL. 68, NO. 4, 509–536
https://doi.org/10.1080/01634372.2025.2451730

A Community-Led Approach to Understanding How Service Providers Can Support 'Ageing well' for Older Aboriginal People in Australia

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ABSTRACT

Supporting older people to age well is a global policy priority, however the development and implementation of strategies to support ageing well for older Aboriginal people must be determined by the communities affected. This is necessary in colonial contexts, where socio-political structures impinge on Aboriginal rights and mainstream policy and practice creates and maintains health and social inequities. This article reports on research conducted in partnership with the Dharriwaa Elders Group, an Aboriginal Community Controlled Organisation. The research focus was how service provision can support Aboriginal people to age well in a remote community in New South Wales, Australia. Interviews were conducted with 11 staff members from health, aged care, and Aboriginal Community Controlled services. The analysis produced four themes: Ageing well is collective and a shared responsibility; Racism and discrimination are pervasive in mainstream services; Intersectional barriers and enablers to ageing in place; Trust and cultural safety are integral to service accessibility. Our discussion explores the cultural and socio-political context of these findings and highlights implications for policy and practice.

ARTICLE HISTORY
Received 2 April 2024
Accepted 7 January 2025

KEYWORDS
Ageing well; health; indigenous; service provision; racism; qualitative

Introduction

Supporting older people to age well is a global policy priority, signified by the United Nations (UN) resolution of the *Decade of Healthy Ageing (2021–2030)* (United Nations, 2020) and corresponding strategy led by the World Health Organization (WHO) (World Health Organization [WHO], 2020). The strategy is multi-faceted and aims to reduce health inequities and improve older people's lives through: changing discriminatory ageist attitudes and practices;

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community development strategies to foster individual capacities; person-centred integrated care; and increasing the accessibility of long-term aged care (WHO, 2020). The WHO has aligned the strategy with the UN sustainable development goals, recognizing that health and wellbeing are connected to social and environmental conditions, with a particular focus on addressing poverty, promoting health and social equality across the life course, increasing access to services in older age, and enhancing community and workforce participation.

It is widely accepted that the social and environmental conditions in which we live shape our health and wellbeing (R. Wilkinson & Marmot, 2003). This concept is ubiquitous with a social determinants approach to health, conceptualizing health as linked to empowerment and social and economic resources allowing a person to reach their capabilities and potential for flourishing across the life span (Marmot et al., 2008). Social determinants such as socioeconomic position, social inclusion, racism, early childhood experiences, housing, education, transport, and employment correspond with health outcomes (R. Wilkinson & Marmot, 2003). In this framing, the major causes of poor health and wellbeing are conditions of poverty, deprivation, discrimination, violence, inadequate healthcare and degradation of ecosystems (Krieger, 2011, pp. 222–3). Thus, a social determinants of health perspective politicizes health inequalities, identifying health disparities as avoidable and produced by unjust social conditions (Marmot, 2017).

The social determinants of health approach forms part of the global social work agenda to promote social justice and human rights (International Association of Schools of Social Work IASSW, International Council of Social Welfare and International Association of Social Workers, 2012; Pockett & Beddoe, 2017). However, in aged care, health, and social services in Australia, the settler-colonial context from which we are writing, and in the Global North, implementation of this approach to support older people to age well is challenged by the intersecting forces of: 1) the ongoing impacts of colonization on Indigenous people[1] (Pearson et al., 2020; Quigley et al., 2022; Timonen, 2016); 2) a dominant biomedical framing of health defined reductively as the absence of disease within the individual (Karban, 2017; Simmonds, 2021); 3) risk discourses exhorting professionals to assess, intervene, and manage "vulnerable" health populations on the basis that they are the experts and possess the knowledge to make judgments about what is in the best interests of the people they work with (Beddoe, 2014); 4) a broader context of neoliberal policy that valorizes individualism and conflates free-

[1]We use Indigenous when referring to global experiences of Indigenous people (for example, impacts of colonialism and colonial logics against Indigenous people) and we use Aboriginal and Gamilaaray when we refer to our study. We use Aboriginal and Torres Strait Islander when we are speaking of law, policy, practice at a national level. As far as we are aware, we do not have any Torres Strait Islander community members in this study, however the majority of the Torres Strait Islander population lives on mainland Australia.

market economics with equity (Bywaters, 2014); and 5) professional paradigms and practices (of social work and other disciplines) based on white, Western knowledges and values (Cunneen & Rowe, 2014; Green & Bennett, 2018; Walter et al., 2011).

Neoliberal policy assumes that competition, privatization, and deregulation of services promotes individual choice of services and the social conditions for good health and wellbeing (Bywaters, 2014; Phillips, 2018). However, health and social inequalities have increased under these conditions (Collins et al., 2015; Cox et al., 2022; Grenier et al., 2017). Public services have been restructured and siloed, diminishing access to holistic support (Hall, 2015). Non-government organizations providing health and social services have increasingly been required to compete for funding through tendering processes, making it more difficult to plan for and guarantee the ongoing availability of their programs. At an international level, access to the economic resources to age well has become increasingly withheld and exclusive, with the latest progress report on the *Decade of Healthy Ageing Strategy* identifying that less than a third of the 136 countries surveyed reported having adequate financial resources to deliver on the aims of the strategy. The proportion of countries with policies, legislation, programs and services to support healthy ageing is lower in low- and middle-income countries, although this is where 80% of older people globally will live by 2050 (WHO, 2023). It should also be noted that where financial resources are available, such as in Australia, they are rarely made available to small remote Aboriginal communities because these communities are identified in economic policy as "thin markets" (Gordon et al., 2019). Alternately, neoliberal ideology can be weaponized to justify control and intervention against Indigenous people, perpetuating colonial logics (Howard-Wagner et al., 2018).

It is widely acknowledged that colonization is a determinant of health, maintained by systemic racism and discrimination (Paradies et al., 2015; Reid et al., 2017; Sherwood, 2013). Globally, colonial government policies have resulted in significant gaps in life expectancy and other health measures between Indigenous and non-Indigenous people (Australian Institute of Health and Welfare, 2018; Manatū Hauora Ministry of Health of New Zealand, 2023; Public Health Agency of Canada, 2018). Continued economic exploitation, dispossession of land, and government failure to uphold Indigenous peoples' right to self-determination are ongoing drivers of poverty and ill health (Manatū Hauora, 2023; Nightingale & Richmond, 2022; Wilmot, 2021). The targeted systemic removal of Indigenous children from their families, depriving Indigenous people of their obligation to child rearing practices, has caused intergenerational trauma and loss and grief resulting in significant transgenerational impacts on physical and mental health (Fournier & Crey, 1997; Human Rights and Equal Opportunity Commission, 1997; Hyslop, 2021; Sherwood, 2015; Tait et al., 2013). These policies and practices,

known in Australia as the Stolen Generations, are historical and ongoing (Healing Foundation, 2017). Current child and family services in Australia are replicating this history, demonstrated by the increasing rates and vast over-representation of Aboriginal and Torres Strait Islander children in out-of-home care (Davis, 2019). In Australia, the government has not fully implemented the recommendations of the *Royal Commission into Aboriginal Deaths in Custody 1991*, and Aboriginal and Torres Strait Islander people, including children and young people, are criminalized and incarcerated at much higher rates compared to non-Aboriginal people, resulting in ongoing higher rates of deaths in custody (Anthony et al., 2021; Cubillo, 2021). Comparable patterns of racialized incarceration can be seen in colonial contexts globally (Chartrand, 2019; McIntosh & Workman, 2017). At the same time, colonial systems have deprived Aboriginal and Torres Strait Islander people the space to utilize their cultural methods for healing (Sherwood, 2015).

Aboriginal and Torres Strait Islander communities have resisted the effects of these punitive systems (Cox et al., 2021; Poirier et al., 2022). Strategies and services led by Aboriginal and Torres Strait Islander communities centre culture as foundational to health and wellbeing across the life span and integral to all social determinants of health (Australian Government Department of Health, 2021, p. 6; Dudgeon et al., 2022; Zubrick et al., 2014). Cultural determinants are vital protective factors and include connection to Country, family, kinship and community; beliefs and knowledge; cultural expression and continuity; language; human rights; self-determination; and leadership (Australian Government Department of Health, 2021, p. 6; Gibson et al., 2020). 'Country' refers to the lands and waters which Aboriginal and Torres Strait Islander people have a traditional relationship (Weir et al., 2011, p. 1). Terare and Rawsthorne (2020) explain that it is "more than a physical place- it is a place of belonging and believing . . . Country relates to all aspects of existence – culture, spirituality, language, law, family and identity (Kingsley et al., 2018; Terare & Rawsthorne, 2020, pp. 946–947). A cultural determinants of health approach is therefore a strengths-based approach, rejecting the comparison of Aboriginal and Torres Strait Islander peoples' identities and non-Aboriginal identities (Verbunt et al., 2021).

Achieving the conditions for Aboriginal and Torres Strait Islander peoples to age well requires policies and practices self-determined by these communities (Kennedy et al., 2022; Ranzijn, 2010). This has been made unequivocally clear by Aboriginal and Torres Strait Islander scholars and communities in response to successive government strategies devised to reduce health and social inequalities whilst failing to address the structural problem of colonial power (Coalition of Aboriginal and Torres Strait Islander Peak Organisations 2024; Lowitja Institute, 2022; Sherwood, 2013; Terare & Rawsthorne, 2020). This article reports on research identified, designed, and implemented through a longstanding community-led partnership between Dharriwaa

Elders Group (DEG), an Aboriginal Community Controlled Organisation in the Australian remote location of Walgett, and the University of New South Wales (UNSW), Sydney: 'Yuwaya Ngarra-li'.

Research context

The wellbeing of Elders[2] is a core priority of the DEG, underpinning and intersecting with their other core priorities. The DEG activities are aimed at (a) improving the economic, social, and environmental wellbeing of Aboriginal people in Walgett (b) maintaining the independence and the social and cultural connections of local Aboriginal Elders, and (c) enabling the Aboriginal community and broader community, especially young Aboriginal people, to benefit from the knowledge and experience of the Elders… Importantly, all of this has been generated by and remains under the direction of local Aboriginal Elders (Davidson, 2022, pp. 10–11).

Walgett is located 7 hours northwest of Sydney on a fertile floodplain at the confluence of the Ngamaay (Namoi) and Baawan (Barwon) rivers. It has a population of around 2,200, of which approximately 44% is Aboriginal (Australian Bureau of Statistics ABS, 2016). The Walgett region includes two satellite Aboriginal communities (8 km and 5 km from town) managed by the Local Aboriginal Land Council. There is no public transport, a housing shortage, and high levels of food and water insecurity (Tonkin et al., 2023). Today, one national non-profit, non-government organization provides home care services such as house cleaning, shopping, gardening, and assistance with personal care, while the DEG provides social support and some transport. The local hospital provides high-support residential aged care. All aged care services in Walgett are funded by different programs administered by the Australian Government Department of Health and Aged Care. This is typical of the health and aged care system in Australia, characterized by fragmented services delivered through the public (government), commercial (for-profit) and not-for-profit sectors (Watts et al., 2018).

The Yuwaya Ngarra-li partnership works to "improve the wellbeing, social, built and physical environment and life pathways of Aboriginal people in Walgett" (McCausland et al., 2021). The partnership encompasses projects focused on issues of priority identified by the DEG including Elders' wellbeing, food and water insecurity, housing, and reduction of contact with the criminal legal system, underpinned by research and evaluation. Yuwaya Ngarra-li is a unique community development model, iteratively conceptualized through the partnership, grounded in core principles developed by Elders: community-led;

[2]There are different conceptualizations of 'Elders' used in different contexts in Australia. This article draws on the Dharriwaa Elders Group definition, which refers to local Aboriginal community members aged over 60 as Elders.

culturally connected; strengths-focused; holistic; rights-based (McCausland et al., 2021; Robinson, 2020).

The research was initiated by the DEG partly in response to the recent *Royal Commission on Aged Care Quality and Safety* in Australia, which found systemic issues of abuse and neglect of older people in residential aged care and key issues relating to access and inclusion for Aboriginal and Torres Strait Islander people. Acknowledging the harmful impacts of past and current government policy and practices on older Aboriginal and Torres Strait Islander people's health and social and emotional wellbeing, many of whom are Stolen Generations, the Commission found there is an understandable preference to receive services at home from community and culturally-connected options such as Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations (McCausland et al., 2023; Waterworth et al., 2015; Wettasinghe et al., 2020). Australian public policy has encouraged "ageing in place" (ageing in your own home and community) for at least two decades (Boldy et al., 2011), as it is more economical than institutionalized aged care, has health and social benefits, and is the preferred choice of individuals (Rose et al., 2023). However, there has been a lack of resourcing for Aboriginal and Torres Strait Islander people and organizations in the current system to facilitate ageing at home, especially in remote locations, where there are less services available, long distances between major services (for example, hospitals), and less access to transport (Pagone & Briggs, 2021, pp. 66–67).

In the context of the Royal Commission Report, the DEG identified that research specific to Elders' wellbeing and service provision in Walgett was timely. The DEG was concerned that proposed changes in response to the Royal Commission contradicted the recommendations of the Report and would adversely impact Elders in Walgett. The proposed changes included: replacing the government block funding paid to providers of home support with a user-pay, fee-for-service model; reducing regulation of some service types and providers; and ending a specific program focus on older people with relatively low support needs. The DEG was concerned that these changes would increase funding uncertainty and workforce instability, diminish the choice of services, reduce the regulation of services (leading to lower quality services and increased risk of elder abuse), and entirely remove access to low-level home support (Davidson, 2022). The DEG also identified the importance of documenting Elders' perspectives of ageing well, recognizing that these meanings should be reflected in service design and delivery. The DEG requested UNSW Sydney to undertake this research through the Yuwaya Ngarra-li partnership (Andersen et al., 2019).

The overarching aims of this study were to:

(1) Explore what ageing well means to Aboriginal people in Walgett and their priorities for aged care, including for members of the Stolen Generations
(2) Examine barriers and enablers of ageing well in Walgett, including existing health and social services; informal social support; housing and the built environment; telehealth; and the DEG
(3) Identify models and/or practices in Walgett that support older Aboriginal people to age well

The research involved listening to Elders and staff members within local services in qualitative interviews and focus groups. Elders have a specific and vital leadership role as Custodians of traditional land and culture and providing teaching, guidance, and passing down of cultural knowledge and stories to younger generations (Ranzijn et al., 2009; Walker, 1993). The findings of the research with Elders are reported in a separate article (McCausland et al., 2023), as this part of the research focused on what it means for Elders to age well and required a dedicated space to respectfully report what was learnt. In summary, as context for this article, Elders spoke about the importance of fulfilling their role to the younger generations; the importance of traditional land and water, which has been damaged and destroyed under colonial government policy; institutional racism as a barrier to accessing services; lack of choice of services to support independence in older age; the importance of the DEG; and the need for a culturally safe model of aged care (McCausland et al., 2023).

The research presented in this article addresses the question: what are the perspectives of staff members in Walgett community organizations about the contexts, environments and services required to enable Aboriginal people to age well?

Methods

Methodology

A community-led methodological approach was applied. Elders from the DEG led the study through the Yuwaya Ngarra-li partnership. Community-led research is a collaborative research process whereby the knowledge, expertise and priorities of the community determine and guide the research project. Aboriginal scholars have said clearly that the historical and enduring problem of epistemological imperialism, tokenism and harm caused by non-Aboriginal researchers must be addressed (Bennett, 2020; Sherwood, 2010; Wilson et al., 2022). Community-led research is a critical research framework for disrupting these practices; centering Aboriginal peoples' ways of knowing, being, and

doing. It is consistent with a decolonizing approach, beginning with Aboriginal perspectives and ways of knowing that define the research processes and practices to frame and reflect Aboriginal peoples' views and realities (L. T. Smith, 2012). Community-led research is grounded in recognition of Aboriginal peoples' right to self-determination.

Positionality of the authors

The DEG determined the research aims and questions, set the protocols and oversaw the approach to all stages of the study design, data gathering and analysis, and reporting. The research group is comprised of a Sydney-based team and a Walgett-based team including Aboriginal researchers and non-Aboriginal researchers with relevant expertise invited by the DEG. Based at UNSW Sydney, Peta MacGillivray is a Kalkutungu and South Sea Islander lawyer and researcher and the Yuwaya Ngarra-li Senior Research Fellow. Four non-Aboriginal researchers (Sacha Jamieson, Ruth McCausland, Melanie Andersen, Rona Macniven) were also based at UNSW Sydney. Members of the team based at DEG Walgett were Gamilaraay Elder, Virginia Robinson; Vanessa Hickey, Gamilaraay mother, DEG Elders Support Officer and Yuwaya Ngarra-li Project Officer; and Wendy Spencer, DEG Project Manager and non-Aboriginal researcher on the team. Through Yuwaya Ngarra-li, authors Wendy, Virginia, Ruth, Vanessa, and Peta had relationships built over a long period of working together.

Ethics approval

This study was approved by the Aboriginal Health and Medical Research Council NSW and UNSW Sydney.

Data collection

Participants were purposively recruited in consultation with the DEG. Eleven staff members from four different organizations participated. The organizations were health, aged care, and community services specifically for older people in Walgett. There were 7 Aboriginal participants and 4 non-Aboriginal participants. Of the 11 participants, 8 were staff members in Aboriginal Community Controlled services and 3 were from mainstream services. We used semi-structured interviews as the method of data collection. Some interviews were with individuals and some were in groups. Interviews focused on the role of services in supporting Elders to age well. There was also discussion about gaps in services and systemic barriers to service accessibility. Interviews were audio-recorded and transcribed.

Data analysis

We conducted a reflexive thematic analysis in collaboration with the DEG. This approach recognizes that thematic analysis is anchored in the worldview and theoretical perspectives of the researcher(s), involving decision-making and interpretation throughout the process (Braun & Clarke, 2019). We drew upon Aboriginal frameworks of holistic, individual, and collective health and social and emotional wellbeing to guide the analysis (Australian Government Department of Health, 2021; Commonwealth of Australia, 2017; Dudgeon et al., 2020; Gee et al., 2014), recognizing the broader context of social, political, and cultural determinants of health and institutional policies that shape service provision (Gibson et al., 2020). Coding and analysis were undertaken in three stages, which were planned in consultation with the DEG to ensure the process was acceptable to Elders.

Stage one initially involved a coding team of two researchers, one who was involved in the research interviews (Melanie) and one who was not (Sacha), separately coding a sample of the transcripts. Our codes took the form of descriptive labels, using the language of participants, and were systematically compared and discussed to identify points of similarity and difference between the two researchers' interpretations. The coding team then met with a third researcher who had conducted the interviews (Ruth) to discuss the developing codes. A working document containing a draft definition for each code was shared with the DEG and wider research team for co-analysis (co-developing and co-finalizing the codes). Using the finalized coding frame, Sacha then completed the coding. Nvivo 12 software was used as a data management tool.

Stage two consisted of Sacha and Melanie collaboratively grouping codes into categories and sub-categories. Categories aligned closely with the research aims, for example, 'ageing well', 'care provision', 'service accessibility', 'health care', 'aged care', 'housing', 'residential aged care', 'cultural safety', and 'DEG'. A meeting with the DEG and the wider research team was held at this point to discuss the draft categories and co-develop them further in preparation for the next stage.

In stage three, Sacha, Melanie, and Ruth collaboratively developed the categories into draft themes. This was a process of ascribing meaning to the categories, based on our understanding of the context and purpose of the study as guided by the DEG. For example, the 'ageing well' category encompassed extensive subcategories illustrating a concept of ageing well with many dimensions. We identified culture across these dimensions and developed a theme that foregrounded this centrality. A document outlining preliminary themes and how they had been developed was drafted by Sacha and shared with members of the DEG for co-analysis to produce the final themes.

Limitations of the methodology

Three key limitations arise from our methodology. Recruitment to participate in interviews was initiated via DEG staff. Although they sought to include a range of workers from different services in Walgett to participate in the study, their perspectives are not necessarily representative. Although all codes, categories and themes were co-developed and co-finalized with members of the DEG, including authors on this article, as the initial coding of the interview data was conducted by non-Aboriginal researchers on the team, it is possible that there were codes relating to Aboriginal people's perspectives and experiences that were not captured. Findings of this study are not generalizable to other communities.

Results

Participants shared their perspectives about good service provision, and service availability and accessibility for Elders. In the interviews with Aboriginal participants, these points were inextricably connected to their perspective on what it means for Aboriginal people to age well. Four themes were developed in the data analysis: Ageing well is collective and a shared responsibility; Racism and discrimination are pervasive in mainstream services; Intersectional barriers and enablers to ageing in place; Trust and cultural safety are integral to service accessibility.

Ageing well is collective and a shared responsibility

Aboriginal participants explained that ageing well is inseparable from the wellbeing of family, community, and Country. The wellbeing of older and younger generations is interconnected: *"They [Elders] are everything to me. I just couldn't live without them. They're part of me" (Aboriginal participant).* Ageing well was said to encompass roles across the lifespan as part of a collective responsibility for cultural wellbeing and survival. Participants spoke about learning culture from Elders speaking language and the passing down of knowledge, stories, and history. This was described as intrinsic to their own wellbeing, Elders' wellbeing, and the wellbeing of future generations, as shown by the following quote.

> I love listening to their stories, I love going out on Country with them. What they've got to offer to us in this little community, there should be more people on board with this, because we are not going to have them for too long. And we really need to suck in whatever they've got, because if they go without telling their stories to us, I see our culture dying out. Our Elders are very very important in this community. Because in this little community there is lots of history here, our old people that are here with us now have got so many stories, so many places. And I think they'd love to pass their stories on to us, and know that they're not going to die with their stories. (Aboriginal participant)

The role of Elders as knowledge-holders and teachers, and the role of younger generations to respect, listen, and learn from them in return, was identified as vital to ageing well. Aboriginal participants explained this in terms of their own experience: *"They're our safety net. They're our law. What they say goes, in my eyes. I love being around them" (Aboriginal participant)*. Aboriginal participants also explained this in terms of children and young people needing more opportunity to be with Elders: "*I think our schools should let our Elders go in there in the morning, just for a yarn up time. Whether they start by talking about the land, or about respect. Doing that constantly, I think you'll see change" (Aboriginal participant).*

Connection to Country was explained as intrinsic to ageing well, but something that has been disrupted by colonization. Aboriginal participants cited the impact of drought on the river resulting from environmental degradation under colonial government policy as a profound loss and harm to the cultural, spiritual, and social and emotional wellbeing of the community. It was explained that these impacts are affecting the wellbeing of Aboriginal people in Walgett now and will continue to do so for generations to come, as shown by the next quote.

> But we don't even have a river now. It's very sad. And for our Elders too, they say they have never ever seen it like this. That's what's making them so miserable. Seeing the river like that. Oh yes. Spiritual. Even me, love, I, yes, I feel it. And that's what they're thinking. Like, it's not their fault, but look what we're leaving for [future generations]. We've looked after this for hundreds, for thousands of years and look now. We had it, we got the feeling of the river, and now my little son, my grandkids, they aren't going to. (Aboriginal participant)

Although not able to speak to the experience of the impacts of colonization from an Aboriginal perspective, non-Aboriginal participants identified colonization and its ongoing impacts- including dispossession, poverty, and marginalization- as injustices that exclude Aboriginal people from the opportunity to age well. The following quote is illustrative.

> Dispossession, well not being able to live off the land anymore but not being able to function as a wealthy member of the dominant society. So being excluded from living the lives that your ancestors lived but not being supported in being of the lifestyle that's here today. (non-Aboriginal participant)

Concepts of ageing well were also encapsulated in how participants spoke about care for older Aboriginal people, which they said should be based on love, respect, and safety. Aboriginal participants said strongly that for themselves and older Aboriginal people, ageing well means ageing at home surrounded by family. If additional home support is wanted, it is important that Aboriginal people have access to care from Aboriginal workers: "*Well, our Elders, need our own people trained up to look after our old people, so they can feel safe. And loved" (Aboriginal participant)*. Ageing well encompassed

'ageing in place'. Reflecting on their work with Elders in the community, Aboriginal participants described that there is strength derived from living in your own community: *"strength from living in their hometown, where they were born and raised – this helps their wellbeing" (Aboriginal participant).*

Racism and discrimination are pervasive in mainstream aged care and health services

Participants identified mainstream aged care and health services as a barrier to ageing well. They were often described as unsafe spaces that were part of a broader socio-political structure associated with both the loss of respect, love, and care for all older people, and of racism and discrimination toward Aboriginal people. Aboriginal participants shared stories of their own experiences of racism and discrimination when attempting to access care in mainstream services, and their negative experiences of interacting with mainstream services in their professional role. In mainstream health services, participants cited prejudicial treatment in the form of: stereotyping of Aboriginal people; lack of understanding of Aboriginal culture among medical staff; Aboriginal people not receiving adequate or equal treatment compared to non-Aboriginal people; and going to hospital being a risk factor for contact with police. Aboriginal participants described part of their professional role as needing to attend the hospital and advocate for their clients to ensure their safety within the system, as shown by the following quote:

> We stayed at the hospital so that the hospital didn't call the police because we knew the situation. We provided that safety for the staff and patient by staying there. (Aboriginal participant)

It was said that racism and discrimination were less likely to occur in interactions with long-term nurses who had continuity with patients and were more likely to have received cultural training. However, the systemic reliance on agency nurses in remote areas, who were less experienced and informed about cultural safety, was identified as a barrier to adequate healthcare, as illustrated by the following quote about racial stereotyping of Aboriginal people:

> When the elderly get judged like that they can't talk back so they won't get the care they need. Or they start arguing and get swearing and carry on and get locked up. Or they get up and walk out. The nurses don't ask appropriate questions. (Aboriginal participant)

Participants explained that non-Aboriginal workers generally lack awareness of the intergenerational trauma caused by government policy and practices and how institutionalized racism and discrimination continues: "*I don't think people really understand the legacy involved in the Stolen Generation and the dispossession generally of Aboriginal people in New*

South Wales" (non-Aboriginal participant). Participants identified that lack of resourcing to educate and train workers in mainstream services is perpetuating this problem. Participants considered this lack of resourcing to reflect the lack of valuing of Aboriginal ways of knowing, being, and doing, illustrated by the fact that Aboriginal Community Controlled Organisations are asked to provide education and training without remuneration: *"It's not resourcing, it's not valuing- they don't realize what value they're asking for and what value it would give to their service. They've just been told to do it by a superior and they don't know what's involved or what the value of it is" (non-Aboriginal participant).*

This was described as insulting in the context of diminishing and precarious funding for Aboriginal Community Controlled Organisations who are providing services centred on Aboriginal concepts of health and wellbeing.

Intersectional barriers and enablers to ageing in place

Participants identified comprehensive, multidisciplinary services for Elders available through Aboriginal Community Controlled Organisations to support ageing in place. These included health checks, Elders' health programs, cardiac rehabilitation (including physiotherapy), programs for selected chronic disease, outreach clinics to Gingie and Namoi, subsidized dental care, selected subsidized medications, monthly access to an optometrist, hearing services (though very limited), patient transport (though restricted by location limits, number of trips, no travel at night), and the DEG. However, participants explained that ageing in place was challenged by service shortfalls, long distances to specialist services, the high cost of specialist services, barriers to the accessibility of telehealth, and inadequate housing.

When a service isn't available locally, Elders face intersectional exclusion due to living in a remote location and their socio-economic position. Travel and professional service fees for specialist appointments are very expensive without private health insurance, which is also very expensive. Participants asserted that these barriers are compounded for Aboriginal people because of lower life expectancy (meaning specialist services are required earlier), and socio-economic inequalities experienced by Aboriginal people, as illustrated in the following quote:

> Care is required earlier for Aboriginal people because of lesser life expectancy. Then the same health care is required but they don't have the money to pay for extras whereas more non-Aboriginal people have super and health insurance. (non-Aboriginal participant)

There was consensus among participants that the high cost of living in general was a barrier to ageing well, referring to the high cost of rent, food, and power.

They explained that whilst there is a rebate for power costs, it isn't enough to cover the amount of air-conditioning and heating required to manage the extreme temperatures in some housing. In this context, participants reported that some Elders are sitting at home with their lights off:

> Power is a big worry – a lot sit in dark. Power is too expensive for everyone, not just the elderly. They get a rebate, but it should be more. Our climate might need to use more air con and heating. (Aboriginal participant)

There was an overall concern that Elders did not have access to housing or home environments supportive of ageing in place. Participants identified a need for adequate, affordable housing to be built. A new program for no-cost housing repairs was described as an asset, however it was noted that Aboriginal Health Workers would need to enable the accessibility of this program. Participants explained that there is a fear of allowing non-Aboriginal workers into the home, as this is associated with children being taken by statutory child protection services; a legitimate fear in the context of the legacy of the Stolen Generations. Exacerbating these barriers, participants cited a major lack of Occupational Therapy services for Elders, due to lack of funding and prioritization of children's referrals within the existing service (one Occupational Therapist who visits one week per month). Consequently, there is a long waiting time for home modifications.

Participants advocated for more financial assistance for Elders and more health services in Walgett. Telehealth appointments were recognized as one strategy for increasing service accessibility, but not a panacea. Some Elders do not have a phone, and internet access in some remote locations is inadequate for online appointments. Participants described efforts to improve communication technology as positive, but more likely to increase access for younger people. They explained that Elders prefer face-to-face appointments, and for some Elders they are essential. Specifically, some Elders need carers and/or an Aboriginal Health Worker present to assist with the interpretation of information. Conversely, Aboriginal Health Workers interpret patient information to doctors, so they understand the patient's situation. The presence of Aboriginal Health Workers in medical appointments was identified as a vital enabler of service accessibility, as illustrated by the following quote:

> Aboriginal Health Workers interpret to the doctor or specialist information so they understand the patient's situation better. Doctors speak in big language so we translate to patients. We help them understand what is being told. Aboriginal Health Workers help a patient be more comfortable in the visit, and help explain why it's important that they see the doctor or health personnel. (Aboriginal participant)

The support provided by families and the community, including local Aboriginal Community Controlled Organisations, was considered the key enabler of ageing in place and of ageing well. This extended to having choice

at the end of life. Palliative care was identified as a service shortfall, as there is no palliative care service in Walgett. There is a palliative care nurse based at the hospital and an oncologist who visits once per month. It was explained that the Aboriginal Medical Service (AMS) (an Aboriginal Community Controlled Organisation) works closely with the hospital to give people the option to die at home if that is their preference: *"If someone wants to die at home we will do our darndest to assist. We will teach, support carers" (non-Aboriginal participant)*. The involvement of AMS staff in attending home visits was described as integral to the accessibility of palliative care for Elders, as they have the trusted relationships in the community.

Other areas of service shortfall were lack of alcohol and other drug services for older people and mental health services. Mental health services were considered a major area of need, compounded by ageism within existing services, as shown by the following quote:

> Mental health for the elderly is a huge need. There is no specific service ... Attitude is 'old people are depressed – they are just old'. We have to change that mentality – a lot don't talk about it or promote it – not enough known about it. (Non-Aboriginal participant)

Trust and cultural safety are integral to service accessibility

The presence of trusted workers was described as fundamental to service accessibility for Elders and the cultural safety within services for Aboriginal people. Aboriginal participants spoke about the importance of this for them, so they feel supported in being able to respond to the needs of their community:

> We're so concerned for our people, and I feel bad if I can't do something to help straight away, it plays on my mind, I don't feel good inside. But like I said, she's really good, she's helped us out LOTS. I'm glad she's part of us. I trust her (a non-Aboriginal staff member). (Aboriginal participant)

The predominance of occasional services and contract workers who are not trained in culturally safe practice and don't attempt to build trust was raised as a significant service accessibility issue. A negative experience with a worker may lead some Aboriginal people not to attempt accessing the service again:

> I see this with a lot of services, usually not the local ones, but the ones that are contracted to come and deliver a service occasionally or they're sitting up at the hospital or something and they're wondering why they don't have a lot of Aboriginal clients and you think, well, there was probably something that you or your predecessor did that made someone turn around and never come back again, and because you're not proactive you've never done anything to find out what that was or help them take a role in your service. (non-Aboriginal participant)

Participants explained that access to trusted workers was also vital because navigating the aged care system has become obstructively complex and increasingly digitalized, requiring older people to have access to technology and strong digital literacy skills. Aboriginal Community Controlled Organisations are supporting Elders and their families with navigating this system, but this was not described as an equitable or sustainable solution, as these workers aren't accessible in all areas or resourced to provide service brokerage. Recruitment of trusted local Aboriginal people into knowledge-broker roles was suggested as a starting point to facilitate improved service accessibility: *"a person on the ground that you have a key trusted relationship with to help you navigate the services that you need" (non-Aboriginal participant).*

Building an Aboriginal aged care workforce within the community was described as essential to improving service accessibility and the wellbeing of Elders, younger generations, and community: *"Imagine, how our people would feel? Getting this job and being in there with our old Aunties and Uncles, cleaning their houses. How would they feel? I think they'd feel powerful" (Aboriginal participant)*. Providing Elders with trusted workers and younger Aboriginal people with valued roles aligned with the collective concept of ageing well explained by Aboriginal participants outlined in the first theme, based on love and respect.

Discussion

These findings show that 'ageing well' is cultural and needs to be understood in socio-political context. The concept of ageing well shared by Aboriginal participants was a collective and holistic concept of care and respect for Elders and Country that is integral to the wellbeing of the whole community. Within this concept, the wellbeing of younger and older generations across the life-span is interconnected. Ageing well means that Elders lead in their role as knowledge holders and cultural custodians and younger generations are able to listen and learn from them. Country is central to this concept, as stories, languages, and kinship systems of Aboriginal people are connected to Country (Ganesharajah, 2009). Country is inextricable from identity (Moreton-Robinson, 2003). This concept of ageing well aligns with existing frameworks for Aboriginal and Torres Strait Islander health and social and emotional wellbeing (Australian Government Department of Health, 2021; Dudgeon et al., 2020; Gee et al., 2014) and the concept of ageing well explained by Elders in the first stage of this study (McCausland et al., 2023). Although designed for older Aboriginal people in urban and regional areas, our findings also align with the Good Spirit Good Life assessment tool (K. Smith et al., 2020). The Good Spirit Good Life tool is underpinned by an Aboriginal concept of ageing well encompassing Country, community, culture, health,

respect, Elder role, supports and services, safety and security, spirituality, future planning and basic needs (K. Smith et al., 2020).

Frameworks used in health and aged care services based on Western concepts of identity as distinct from community, land, and water, are thus limited in their relevance for policy and practice to support ageing well for Aboriginal people (Greene & Sullivan, 2004; Miller et al., 2017; Nelson et al., 2010; Neufeld & Richmond, 2020). The harm to the natural environment under colonial government power was identified by participants as undermining ageing well for Aboriginal people. Colonization has damaged and destroyed land and water systems as well as disrupting care of Country, Aboriginal peoples' traditional practices for land and water management (Weir et al., 2011). It is noteworthy that the UN/WHO "Decade of Healthy Ageing" strategy is underpinned by the UN Sustainable Development Goals, which include climate action and protection of land and sea life. However, remarkably, these particular goals are not included in the Healthy Ageing strategy. This research indicates that this exclusion is problematic and likely to limit the achievement of all other goals. International research shows that connection to land and water is intrinsic to Indigenous peoples' health and wellbeing (Dudgeon et al., 2014; Lines & Jardine, 2019; Richmond, 2015). Failure to recognize this in a global strategy suggests a policy focus on enhancing individual functioning within existing unjust systems, as opposed to changing the systems that are the root cause of the problem: systems of power that maintain white privilege. Our findings highlighted the ongoing impacts of colonization (for example racism, socio-economic deprivation, and the legacy of systemic removal of Aboriginal children) as significant structural barriers to ageing well today. This aligns with the literature on colonization and racism as structural determinants of health and social, emotional, and material wellbeing (Reading, 2018; Sherwood, 2013; Watego et al., 2021).

International research has identified that Indigenous people and other racialized groups experience racism and discrimination within health and aged care systems resulting in lower quality care and lower quality of life compared to white people (Shippee et al., 2022; Sloane et al., 2021). This literature points to the importance of intersectional and anti-racist approaches in shaping reforms to counter this health inequity (Robinson-Lane et al., 2022). As Racine (2003) articulates, "marginalized locations represent privileged sites from which health problems, intersecting with power, race, gender, and social classes, can be addressed" (Racine, 2003, p. 91). In terms of our study, situated in a neoliberal colonial policy context and in a remote location, rurality and ageism must also be considered.

The increasing marketization of health and aged care services disproportionately impacts small, remote communities where there is less access to service choice and increased use of occasional workers. In particular, the mainstream

aged care workforce consists primarily of nursing and personal care assistants, who are not bound by professional nursing regulations and responsibilities to provide culturally safe care (Deravin et al., 2021), and yet hold significant power in their interactions with patients and service users. 'Cultural safety' was developed as an anti-racist framework for health professionals to be accountable for how their cultural worldview and professional power shapes their perspective and practice and can be harmful to others (Ramsden, 2002; Sherwood & Mohamed, 2020). However, the reliance on contract nursing services in rural and remote locations means that older Aboriginal people in these contexts are less likely to receive culturally safe care than perhaps they would in a regional or metropolitan centre.

The impacts of this are far-reaching, as our study found that when there is a systemic lack of cultural safety, contact with health services can be a risk factor for criminalization. Not only is there an unacceptable, discriminatory withholding of healthcare, but incompetence in culturally safe practice can result in worker decisions to instigate police intervention. In this context, participants in our study reported that staff members from Aboriginal Community Controlled Organisations need to attend mainstream services to advocate for their clients. Racism in the everyday practices of workers can serve to maintain a larger punitive colonial system that perpetuates intergenerational harm against Aboriginal people, reproducing health and social inequity (Elias & Paradies, 2021; Watego et al., 2021). It can also result in understandable distrust and avoidance of services, including home support services that could facilitate ageing in place.

Our study found that ageing in place was challenged by the limited availability of adequate housing and services in remote locations, underpinned and compounded by economic and social inequities produced by the broader colonial context. As stated by the National Aboriginal Community Controlled Health Organisation, "Poverty among Aboriginal and Torres Strait Islander people today is a direct and deliberate consequence of colonisation and subsequent policies of dispossession, protectionism and assimilation. It is founded in inequity and control" (National Aboriginal Community Controlled Health Organisation, 2023, p 5). It was reported in our study that the cost of housing, food, and utilities are barriers to Elders' being able to meet their own basic needs, which in turn means less (or no) finances for specialist health services, private health insurance, or travel to services that aren't available locally. In addition to providing their own services and programs, workers in Aboriginal Community Controlled Organisations are stepping in to mitigate the impacts of these inequities and taking on the role of facilitating access to available and affordable mainstream services. This is necessary because many non-Aboriginal workers are uninformed of the intergenerational trauma and socio-economic deprivation caused by government policies, particularly assimilationist child removal policies. The literature shows that

there is a lack of understanding of the intergenerational trauma caused by forced removal of Aboriginal children under racist colonial policy, and that this is perpetuating pernicious systems that continue to target Aboriginal families (Keddell et al., 2021; Sherwood, 2015).

Our findings about trust and cultural safety being key to service accessibility indicate that non-Aboriginal workers, including casual contract workers, need to be educated about cultural safety in the context of this colonial legacy and given time to learn community protocols and build relationships of trust with community members. We found that in spaces where there is understanding and valuing of Aboriginal peoples' knowledge, values, and practices, there can be experiences of trust and support that increase access to services and improve wellbeing. For example, the crucial work of Aboriginal Health Workers in facilitating Elders' telehealth appointments (Caffery et al., 2018).

In terms of aged care policy and service provision specifically, Aboriginal participants in this study described a concept of 'good' aged care that aligned with their concept of ageing well, which was that older Aboriginal people should be cared for by family and community, guided by the values of love, respect, and safety. Within this concept was an understanding that this benefits everyone, as we are interdependent on each other for our wellbeing. To create space for the integration of values of love, safety, respect and interdependence into aged care, participants pointed to immediate changes in the form of: increasing aged care training opportunities and remuneration to incentivize Aboriginal people into paid roles; increasing access to well-trained and accountable community workers to support navigation of an increasingly digitalized human service sector; improving access to technology and opportunities to build digital literacy skills; and redirecting funding toward housing and addressing service shortfalls that will support older Aboriginal people to age well at home on Country.

Social workers can support this agenda for change. For example, social work theories of justice centering the wellbeing of the environment (Howard et al., 2022) could be used to interrogate the structures, values, and practices that (re) produce social and ecological injustice through over-consumerism, colonial oppression, and exploitation of people and planet (Rambaree et al., 2019). This approach could potentially shape policies to support ageing well for Aboriginal people under the leadership of Aboriginal communities. Anti-oppressive approaches could be used to address systemic racism, ageism, and other forms of discrimination in policy and practice across health, mental health, social, and aged care services (Kostecki, 2016). Social workers could also use this approach to advocate for the redistribution of resources to address service shortfalls and inadequate housing in remote areas. Social workers can also actively assist people in navigating existing services and build community understandings of how to use the aged care system. This has been shown to enhance self-determination, choice, and wellbeing (A. Wilkinson et al., 2022).

In colonial-neoliberal societies, 'caring' for older people has not been valued or properly remunerated producing precarity and harm for older people and the whole community (Grenier et al., 2021). Ageism intersects with gender inequity, as unpaid caring work is primarily undertaken by women, and the (underfunded) aged care sector is built on the employment of women in insecure and poorly remunerated jobs (Fine, 2021; Kowalchuk, 2018). This has produced a negative cultural perception of aged care work (Simmonds, 2021). It has also diminished the dignity of aged care work for those receiving care and those providing it, as increasingly less time is afforded to building relationships and meeting client needs in ways that improve their quality of life (Baines & Daly, 2021). Social workers are already engaged in feminist practice addressing gender inequities and could identify where this intersects with ageism to identify sites for promoting the value of aged care (Phillips, 2022). Social workers can also resist these forces by prioritizing relational work in their practice with older people (Hastings & Rogowski, 2014). This could involve privileging of methods such as story-telling, recognizing the diversity in people's lives and avoiding ageist essentialism (Kostecki, 2016). Community-led strategies for supporting people to age in place, such as the 'compassionate communities' approach to community-based palliative care (Horsfall et al., 2012), could be supported by social workers using their skills in community development.

Globally, non-Indigenous people in colonized contexts have a key role to play in addressing white privilege and enabling Indigenous people to age well. This is a collective responsibility. Presently in Australia, the *National Agreement on Closing the Gap* (the Agreement) establishes community priorities for policy reform and government responsibility to eliminate the gaps (inequalities) between Aboriginal and Torres Strait Islander people and non-Aboriginal people (Australian Government 2020). The Agreement recognizes the right to self-determination of Aboriginal and Torres Strait Islander communities under the United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007) and the United Nations Declaration of Human Rights (United Nations, 1948). The Agreement sets out the requirement of full partnership and shared decision-making between government and Aboriginal and Torres Strait Islander communities in policy affecting the lives of Aboriginal and Torres Strait Islander people. The Agreement also establishes priorities to build the Aboriginal Community Controlled sector and improve mainstream services by addressing systemic racism and building cultural safety. The findings of this study suggest that reforms on this structural level would have direct benefits for ageing well strategies, as broader system change led by Aboriginal people based on concepts of wellbeing that are meaningful to Aboriginal

communities would benefit all Aboriginal people across the life course, now and into the future.

Acknowledgments

The authors acknowledge and thank Walgett Elders for initiating this study and our interviewees for sharing their invaluable time and knowledge. We also thank Professor Rebecca Ivers for her critical comments on an earlier version of this manuscript.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the UNSW Ageing Futures Institute.

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