

Building capacity of the aged care workforce to meet the needs of Aboriginal and Torres Strait Islander peoples

August 2025

COMMUNITY REPORT





Aged care workforce and members of the research team

ACKNOWLEDGEMENTS

We acknowledge that SAHMRI is located on the traditional lands of the Kaurna people and pay our respects to Elders past, present and emerging. We acknowledge the Kaurna peoples ongoing connection to this land and thriving cultural practices and knowledges. Thank you to our study participants and Project Steering Group for supporting this project and for giving their time, sharing their personal stories and views with the research team.

RESEARCH TEAM AND PROJECT STEERING GROUP

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Ethics approval

This study was approved by the **Aboriginal Health Research Ethics Committee** (#04-23-1084).

Funding

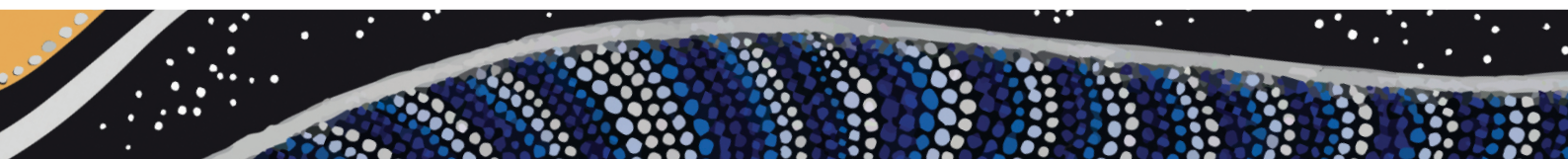
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WHY IS THIS RESEARCH IMPORTANT?

The aged care workforce, with their unique and diverse skill sets, are crucial assets within the aged care system and can play a vital role in contributing to the health and wellbeing of the growing number of Aboriginal and Torres Strait Islander peoples accessing aged care each year.¹

However, a key challenge faced by the aged care sector is the virtual non-existence of training and professional development programs that take into consideration the health, wellbeing and cultural needs of Aboriginal and Torres Strait Islander peoples. Existing training and professional development programs often focus on compliance, safety, clinical practice, or specific health outcomes (e.g., dementia).

Therefore, the aim of this project was to co-design, pilot and evaluate a training program with our partnering organisation, Aboriginal Community Services (ACS).

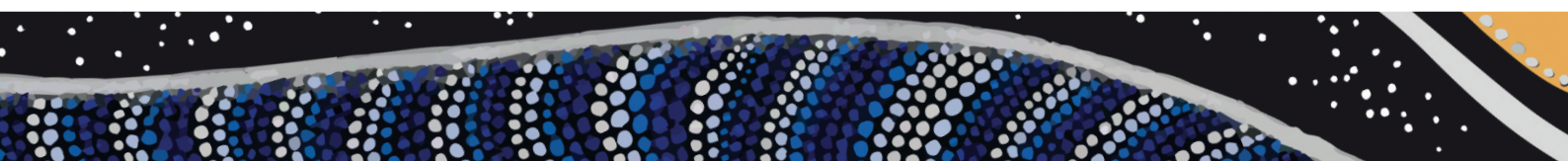
WARDLIPARINGGA ABORIGINAL HEALTH EQUITY OF THE SOUTH AUSTRALIAN HEALTH AND MEDICAL RESEARCH INSTITUTE (WARDLIPARINGGA)

SAHMRI is South Australia's only independent research institute that was established in 2012. Wardliparingga Aboriginal Health Equity is one of four research themes of SAHMRI, is Aboriginal and Torres Strait Islander led and does research that strives to implement the principles of the South Australian Aboriginal Health Research Accord. Wardliparingga is highly collaborative prioritising relationships and partnerships to achieve meaningful health research processes and outputs and beneficial research outcomes for the Aboriginal and Torres Strait Islander community.

ABORIGINAL COMMUNITY SERVICES

Aboriginal Community Services (ACS) is an Aboriginal community-controlled aged care organisation providing a range of aged care services to more than 800 Elders across metropolitan, regional and remote South Australia. ACS is the largest Aboriginal aged care provider in South Australia and the only state-wide Aboriginal aged care provider in Australia and is guided by their obligations and responsibilities to maintain, protect, preserve, promote, and adhere to cultural practices, lore and customs.

Wardliparingga values the relationship and our partnership with ACS.



WHAT DID WE DO?

This project addresses the aged care training needs of ACS and their workforce and was collaboratively designed by ACS and Wardliparingga.

We used a co-design mixed methods (survey, workshops and interviews) approach across three stages of research (Figure 1).

We listened to ACS staff about their training needs. We worked with ACS staff to define training topics, determine appropriate content, determine how to evaluate the training program, and define what would need to be considered to deliver the training program more broadly than ACS.

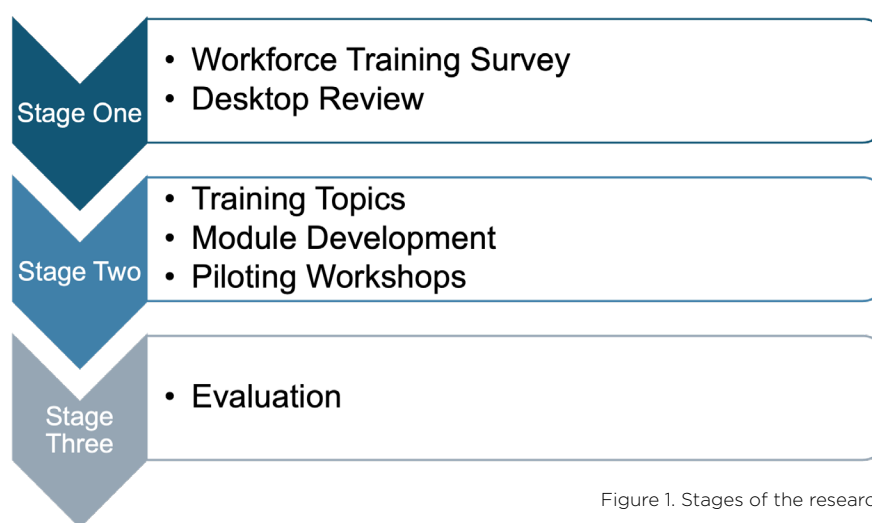


Figure 1. Stages of the research

Each stage was guided by a Project Steering Group (PSG) and a Chief Investigator Committee (CIC) comprising a majority of Aboriginal and/or Torres Strait Islander peoples.

Stage One: Workforce training survey and desktop review

In Stage One, we distributed a training needs assessment survey to Aboriginal community-controlled, not-for-profit and for-profit organisations providing aged care services to Aboriginal and Torres Strait Islander peoples across metropolitan, regional and remote South Australia. Survey questions related to training needs, preferred topics and delivery modes, and barriers and enablers to participating in aged care training. We also undertook a desktop review of Wardliparingga research findings.

Ms Tameeka Ieremia and Mr Jonathon Zagler
presenting at the 57th Australian Association of
Gerontology (AAG) Conference, nipaluna,
Hobart, Tasmania



Stage Two: Training topics, module development and piloting workshop

In Stage Two, we brought together the preliminary findings from the survey, a review of AHE research findings²⁻⁶ with community members, their families, and service providers (Figure 2), and insights on training needs from the PSG and Chief Investigators. From all this information aged care training topics emerged and formed the basis of the training program. The research team drafted content on each topic and created one on-line learning module for each topic. Modules were refined iteratively through three piloting workshops with ACS staff. The piloting workshops involved researchers presenting one topic at a time to ACS staff who provided input and review of the content, the language used, modality, presentation and design features. The purpose of these workshops was to seek guidance, receive feedback and co-design interactive activities. The piloting workshops were held both in-person at ACS Head Office and online with 22 staff.

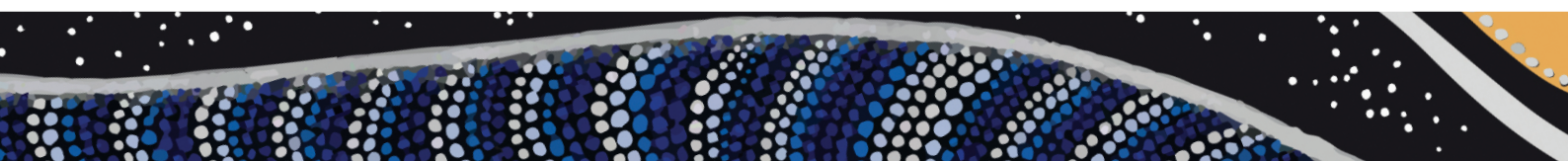
Stage Three: Evaluation of the aged care training program

In Stage Three, the training modules were imported into ACS' Learning Management System. All ACS staff were encouraged to do the training program through the Learning Management System. Following staff completion of the training program, we held evaluation interviews with several ACS staff to understand the effectiveness of the training program from multiple perspectives. This included the appropriateness and clarity of the content, learning outcomes, and considerations for scalability and adaptability. The evaluation findings will be used to improve the aged care training modules.

WHAT DID WE LEARN?

Stage One: Workforce training survey and desktop review

The survey revealed preferred training topics, areas of need, and delivery modes, and the enablers and barriers to participating in aged care training. Cultural safety, trauma-informed care, and social and emotional wellbeing were rated as extremely important training topics, and many survey respondents expressed a need for additional training in these areas. Time constraints and availability of aged care training were considered the main barriers to participating in training, the preferred training location was a mixture of external sites and workplaces, and case studies were the most favoured activity. The results of the desktop review are captured in Figure 2.



Stage Two: Training topics, module development and piloting workshop

Analysis of the survey, desktop review and insights from the PSG and Chief Investigators, identified the following aged care training topics:

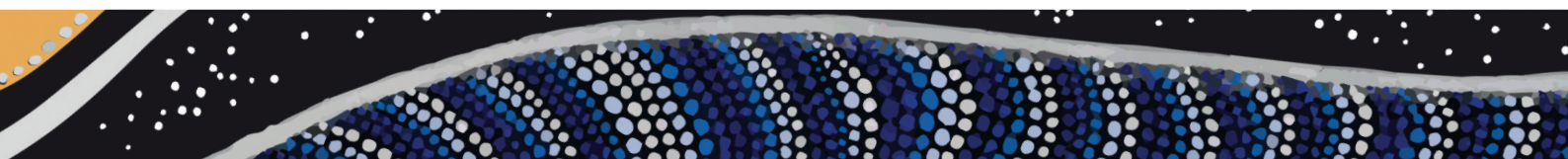
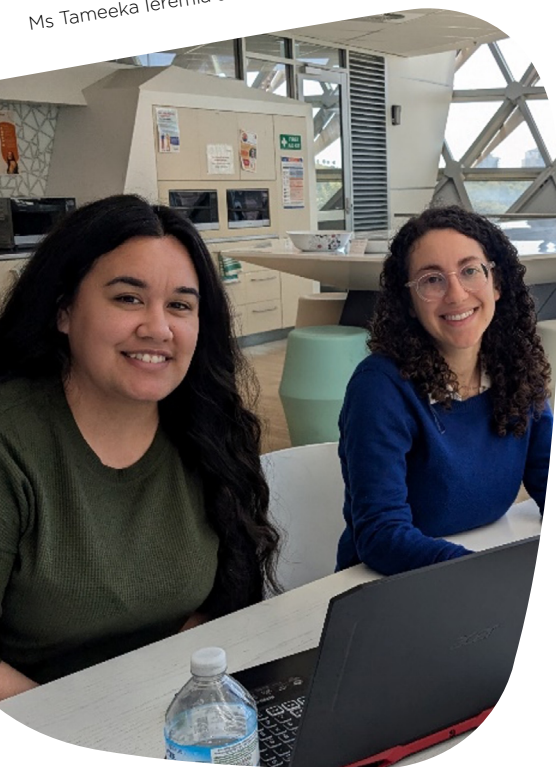
- Social and Emotional Wellbeing,
- Ageing Well,
- Trauma-informed Care,
- Grief and Loss,
- Cultural Safety, and
- Stolen Generation Survivorship.

The three piloting workshops highlighted high course acceptability, key learnings, suggestions for interactive activities, overall presentation and design features. Participants offered reflections and insights from their day-to-day practice which informed the modules.

Stage Three: Evaluation of the aged care training program

We then conducted six evaluation interviews which highlighted key areas where learning occurred, including grief and loss and Stolen Generation survivors, suggestions for improvement and considerations of applicability and scalability across diverse aged care settings. Strengths of the training program included the inclusion of Aboriginal and Torres Strait Islander perspectives and voices throughout the modules, a balance between well-written high-quality information and interactive activities, and the variety of topics. Five respondents highlighted that they would recommend the training program to other staff, and that it should be rolled out to all organisations providing aged care to Aboriginal and Torres Strait Islander peoples. However, all participants reported experiencing significant technical difficulties, citing that the organisation's Learning Management System struggled to support the training program. There was also discussion around re-framing the strategies, additional multiple-choice questions to 'test' knowledge, and more videos of Elders. Further consideration should be given to accommodating different learning styles.

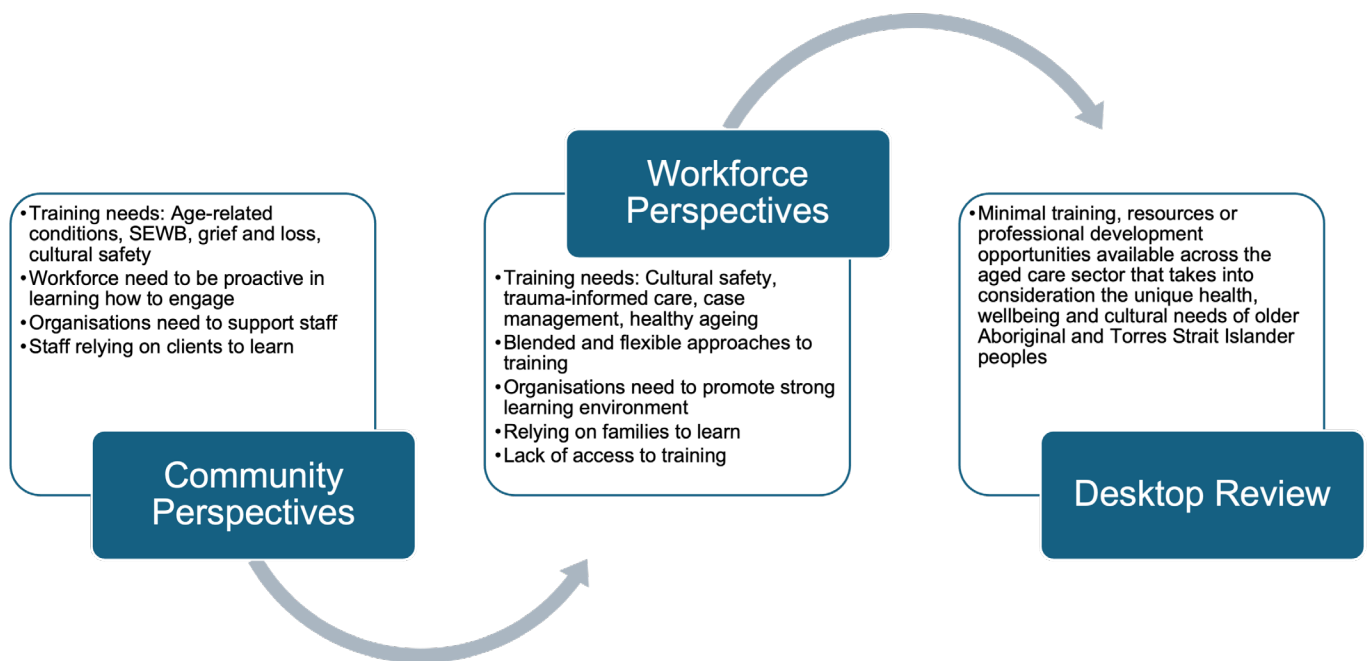
Ms Tameeka Ieremia and Dr Christianna Digenis



WHAT WERE THE OUTCOMES?

In total, $n=101$ people participated across the three stages. Through this staged approach, we have developed a training program titled *Walking Together in Aged Care* that provides the aged care workforce with a comprehensive understanding of the health, wellbeing and cultural needs of Aboriginal and Torres Strait Islander peoples accessing aged care. The training program is hosted on ACS' Learning Management System, where it can be accessed by all ACS employees. Following further development, we aim for the training program to be made available to the broader aged care workforce.

Figure 2. Wardliparingga Aboriginal Health Equity Research Findings²⁻⁶



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