

# South Australian Aboriginal Ageing Well Research Priorities

Developed by Wardliparingga Aboriginal Health Equity, South Australian Health and Medical Research Institute, for Office for Ageing Well, Department of Human Services

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# Executive Summary

Supporting people to age well is a global policy priority. For Aboriginal and Torres Strait Islander peoples, however, the development and implementation of strategies to achieve ageing well must be defined, led and governed by communities themselves. At present, the capacity to act on opportunities and address the social and cultural determinants of health that influence ageing well for Aboriginal and Torres Strait Islander peoples is constrained by the absence of a strategic, coordinated approach to generating, applying and translating knowledge.

Within South Australia, Office for Ageing Well, SA Department of Human Services has identified a comprehensive set of ageing well priorities as detailed in the Strategic Research Agenda for Ageing Well in South Australia. However, these were developed with limited engagement from Aboriginal and Torres Strait Islander peoples. In 2022-23, the Office for Ageing Well engaged the Wardliparingga Aboriginal Health Equity (Wardliparingga) Theme of the South Australian Health and Medical Research Institute (SAHMRI) to develop a set of research priorities specific to Aboriginal and Torres Strait Islander peoples in South Australia. Wardliparingga is focused on understanding and improving equity in health and wellbeing among Aboriginal and Torres Strait Islander communities.

This report identifies research priority areas for ageing well that reflect the needs and aspirations of Aboriginal and Torres Strait Islander communities, for the purpose of guiding researchers, service providers, policymakers, and funding bodies, in generating and translating evidence that is beneficial and makes a difference in the lives of communities. It also highlights critical gaps in knowledge translation - where existing evidence has not been effectively applied in practice or policy - and underscores the importance of ensuring that future research is translated into culturally safe, actionable outcomes that directly improve the wellbeing of Aboriginal and Torres Strait Islander peoples.

The *South Australian Aboriginal Ageing Well Research Priorities* were developed through a participatory process involving over 70 Aboriginal and Torres Strait Islander community members, and research, policy and service provider stakeholders. The process combined multiple methods including the establishment of Project Steering Committee to govern and guide all aspects of the project, an evidence synthesis, community consultations, priority mapping and a stakeholder workshop.

From this process, a total of 10 research priorities (Figure 1) and 59 research questions were identified. In addition, a set of core research considerations for all research questions and key enablers for ageing well emerged from the evidence. To support the safe, equitable, and effective conduct of research, the South Australian Aboriginal Health Research Accord provides principles for how research should be conducted with Aboriginal communities in South Australia.

The *South Australian Aboriginal Ageing Well Research Priorities*, developed by Wardliparingga Aboriginal Health Equity in collaboration with the Office for Ageing Well, set out the first set of state-wide strategic research priorities for Aboriginal and Torres Strait Islander peoples. Grounded in Aboriginal and Torres Strait Islander knowledges and shaped through co-designed, community-led processes, these priorities will directly inform South Australia's next Ageing Well Plan (2026–2036), provide a mechanism to assess progress against the current Ageing Well Plan (2020–2025), and also generate the evidence and insights needed to shape future directions.

**Figure 1. South Australian Aboriginal Ageing Well Research Priorities**



## SOUTH AUSTRALIAN ABORIGINAL AGEING WELL RESEARCH PRIORITIES

<b>Aboriginal and/or Torres Strait Islander Cultures</b> <p>Focuses on how connection to cultural practices, language, knowledge systems, and Country supports the health and wellbeing of Aboriginal people as they age. It seeks to understand the role of community-led initiatives in maintaining cultural continuity and considers the significance of spiritual belief systems.</p>	<b>Agency and Independence</b> <p>Focuses on strengthening the agency and independence of Aboriginal people as they age through improved transport services, economic security, and access to technologies that support health and wellbeing. It seeks to explore the role of community services and identify how to best support future and end-of-life care.</p>	<b>Holistic and Well-Coordinated Services</b> <p>Focuses on strengthening access to services and programs for older Aboriginal people by improving health literacy, addressing service gaps, and supporting culturally safe, flexible and responsive delivery. It also considers how government funding, workforce development, and appropriate evaluation frameworks can enable holistic and well-coordinated services.</p>	<b>Being Heard and Having a Voice</b> <p>Focuses on understanding and strengthening self-advocacy among older Aboriginal people, their families and communities. It explores the experiences of those engaged in advocacy, the role of Aboriginal community-controlled organisations, and the education and training approaches that support emerging and established Aboriginal leaders.</p>	<b>Connection to Community</b> <p>Focuses on strengthening connection to community by exploring long-term strategies and flexible local initiatives that promote lifelong wellbeing for Aboriginal people. It examines the development of intergenerational and multidimensional community spaces and considers existing models that support the needs of Aboriginal people.</p>
<b>Physical, Spiritual and Emotional wellbeing</b> <p>Focuses on promoting the physical, spiritual and emotional wellbeing of Aboriginal people as they age through Aboriginal-led models of care, trauma-informed services and cultural practices. It examines barriers to support, the role of traditional medicines and practices, the contribution of spiritual belief systems, and evidence-based strategies to address substance use and chronic disease.</p>	<b>Housing</b> <p>Focuses on exploring affordable, high-quality and culturally appropriate housing options. It prioritises housing needs in extended family arrangements, compliance barriers and the design of housing systems and policies to address homelessness, poor housing conditions, and lack of culturally safe support.</p>	<b>Dignity, Human Rights and Respect</b> <p>Focuses on promoting dignity, human rights and respect by strengthening culturally safe communication and responses to Elder abuse, discrimination, and racism. It examines the prevalence and impacts of abuse, the experiences of racism, ageism and ableism within services, and the effectiveness of workforce training.</p>	<b>Informal Supports and Cultural Obligations</b> <p>Focuses on the role of informal support and cultural obligations in the wellbeing of Aboriginal families, examining how family care can be embedded within formal care, strengthened to reduce burden, and supported through community resources. It explores the barriers older people face in fulfilling community responsibilities and enablers that supports passing on cultural knowledge.</p>	<b>Life Course</b> <p>Focuses on factors across the life course that shape outcomes for Aboriginal people, including the impacts of early life experiences and the importance of culturally-informed, preventive supports. It explores strategies to shift from crisis intervention to prevention, protect human rights, and promote strengths-based approaches to ageing in research, policy and practice.</p>

# Introduction

Aboriginal and Torres Strait Islander peoples are the sovereign custodians of Australia. Comprising over 250 culturally diverse groups, each with similarities and unique histories, languages and cultures, Aboriginal and Torres Strait Islander peoples have held cultural and spiritual connections with the land for over 65,000 years [1]. Throughout this time, older Aboriginal and Torres Strait Islander peoples have maintained significant roles within their communities. While the term 'Elder' and 'being older' can involve differing concepts among communities, both Elders and older people are respected and integral to the social structure of their community; holding and passing on cultural knowledge, strengthening community cohesion, and promoting healing and wellness [2, 3].

Australia was colonised with racist practices that created displacement, dispossession, and marginalisation, and results in continuing health disparities experienced by Aboriginal and Torres Strait Islander peoples including higher rates of chronic disease, disability, and lower life expectancy [4, 5]. However, there has been measurable progress over recent decades, with life expectancy for Aboriginal and Torres Strait Islander peoples steadily increasing [6]. This growth reflects the strength, resilience, and leadership of Aboriginal and Torres Strait Islander communities, alongside improvements in access to healthcare, targeted health programs, and broader public health initiatives. However, these gains are not evenly distributed and sustained. Coordinated action is required to ensure that continued improvements in life expectancy translate to improved quality of life and ageing well for all Aboriginal and Torres Strait Islander peoples.

Supporting older people to age well is a global policy priority as evidenced by the United Nations resolution of the *Decade of Healthy Ageing (2021-2030)* [7]. Governments are seeking ways that enable older people to live healthy, connected and meaningful lives. Effective responses however must be inclusive, culturally responsive, and grounded in the lived experiences of older people. For Aboriginal and Torres Strait Islander peoples, and for Indigenous peoples worldwide, ageing is shaped by distinct cultural, social and historical contexts [8, 9]. The social and cultural determinants of health significantly influence how older Aboriginal and Torres Strait Islander peoples can age well in their communities [8]. While nuances exist between community and language groups, ageing well is conceptualised as a holistic, cyclical and collective process, one that encompasses physical, mental, emotional, and spiritual wellbeing and that emphasises community, culture, Country, and their roles as Elders [8, 9].

Despite the richness and diversity of these perspectives, Aboriginal and Torres Strait Islander peoples remain largely excluded from ageing discourse, including within research and policy development [10, 11]. Dominant ageing frameworks do not seek or privilege the voices of Aboriginal and Torres Strait Islander people and therefore rarely account for the cultural determinants of health or Indigenous definitions of ageing well [8]. This results in ageing policy, services and systems that often fail to reflect the priorities of Aboriginal and Torres Strait Islander communities. Achieving the conditions for Aboriginal and Torres Strait Islander peoples to age well requires coordinated, cross-sectoral research, policy and practice that are self-determined by communities themselves [11, 12]. In South Australia, home to approximately 1.8 million people, including 2.4% who identify as Aboriginal and/or Torres Strait Islander [13], there is currently no overarching policy or research framework dedicated to ageing well for Aboriginal and Torres Strait Islander peoples. Any such framework must reflect the social and cultural determinants that shape experiences of ageing, and the cultural and geographic diversity of communities across the state.

Developing a community-informed research agenda is a critical step towards equity in ageing outcomes. Current approaches to research remain poorly equipped to guide policy and practice responses to the complex social and structural factors influencing ageing for Aboriginal and Torres Strait Islander peoples. Without a coordinated, strategic, and community-led approach to evidence generation, opportunities to act

on what matters most to Aboriginal and Torres Strait Islander communities risk being overlooked. Through a participatory co-design process with Aboriginal and Torres Strait Islander peoples, researchers, policymakers and service providers, this research agenda is intended to unify and strengthen cross-sectoral efforts to generate knowledge that is ethical, useful, beneficial for, and accountable to Aboriginal and Torres Strait Islander communities.

## Approach

Wardliparringa 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 [14, 15], Wardliparringa have over the past decade undertaken research relating to the needs of Aboriginal and Torres Strait Islander peoples as they grow older [11, 16-24]. Research conducted by Wardliparringa purposefully embeds knowledge translation, whereby the sharing and translation of evidence is integrated into all elements of the research process to maximise impact on practice and/or policy [14]. In 2022, the need for an Aboriginal-specific research agenda was identified through discussions with the Office for Ageing Well, the Centre for Health in All Policies Research Translation (CHiAPRT), the Commissioner for Aboriginal Engagement, Dr Roger Thomas, and Wardliparringa Co-theme Leader, Prof Odette Pearson, acknowledging that there was limited engagement with Aboriginal and/or Torres Strait Islander stakeholders and a collaborative opportunity to address this. Thus, in July 2022, Office for Ageing Well engaged Wardliparringa to develop a set of research priorities specific to Aboriginal and Torres Strait Islander peoples in South Australia.

## Governance

The project was guided by a Project Steering Committee comprising a majority of Aboriginal and Torres Strait Islander representatives inclusive of two Office for Ageing Well representatives. The role of the Project Steering Committee was to oversee and provide strategic guidance on research processes, including design, consultations, interpretation of results and knowledge dissemination throughout the project. Between 23 January 2024 and 4 August 2025, the Project Steering Committee met eight times. This included three Project Steering Committee Workshops, discussed in more detail below.

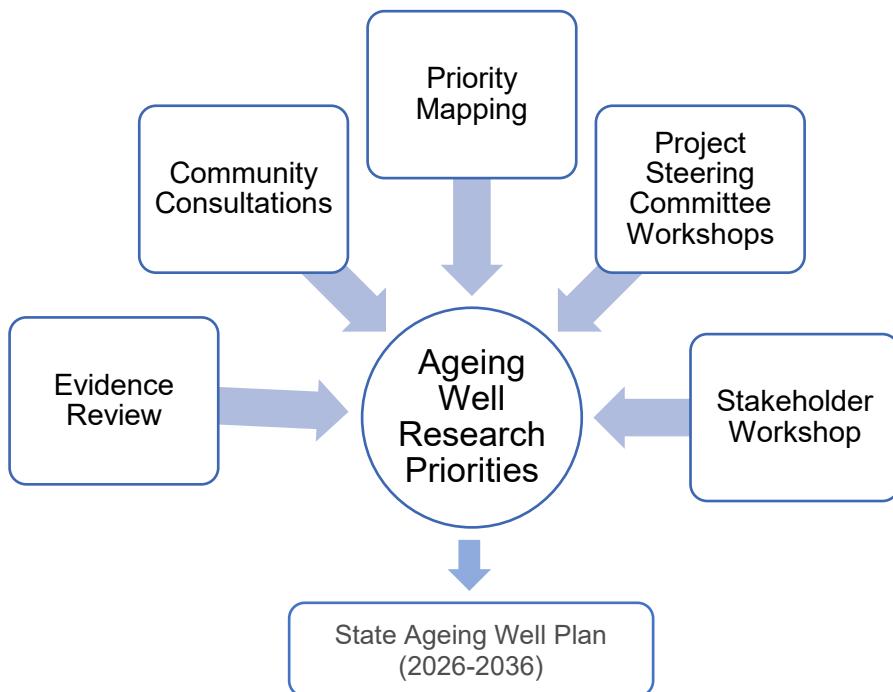
## Ethics

Ethics approval to conduct the community consultations and stakeholder workshop was provided by the Aboriginal Health Research Ethics Committee (#04-24-1107) and the South Australian Department of Health and Wellbeing Ethics Committee (2024/HRE00042).

## Methods

We used community-based participatory-action research methodologies through a co-design process [25, 26] (Figure 2). Qualitative methods of evidence synthesis, community consultations and World Café round tables were used. Results were triangulated and results interpreted by the research team and Project Steering Committee in collaboration.

**Figure 2. Methods used to develop the South Australian Aboriginal Ageing Well Research Priorities**



## Evidence Review

To provide a comprehensive overview of existing evidence, identify knowledge gaps, and inform the research priority areas, an evidence review was undertaken across international literature relating to ageing well for Indigenous populations in Australia, Aotearoa/New Zealand, Canada, and the United States [27]. The evidence review found over 70 studies from which we extracted and synthesised both qualitative and quantitative data that related to understandings, enablers and/or barriers, and strategies to ageing well for Indigenous peoples. In total, 17 priority areas were determined from the evidence synthesis (Table 1) and a set of research questions were developed in draft for each priority area. Preliminary findings were presented to the Office for Ageing Well in August 2023, and following further refinement, the 17 priorities were presented to the Project Steering Committee in April 2025.

**Table 1. International Ageing Well Priority Areas**

Community
Community provides a sense of belonging, identity and safety. Strong community ties support cultural continuity, intergenerational knowledge transfer, and collective care.
Country and Land
Connection to Country and/or land is central to ageing well. Maintaining relationships and caring for land, water and place is vital for cultural identity, healing, and a sense of purpose.
Culture
Cultural knowledge, practices and languages are integral to ageing well. Cultural connections affirm identity, promote resilience, and support holistic wellbeing.
Eldership
Older people hold respected positions within their communities as knowledge holders, leaders, and carers. Supporting Eldership enables the continuation of cultural authority and intergenerational guidance.
Family

Family plays a significant role in providing emotional, cultural and practical support. Ageing well is deeply tied to the strength of kinship structures and the capacity to care for, and to be cared for, by family.

### **Housing**

Culturally safe, accessible and secure housing is essential for physical and emotional wellbeing, enabling older people to remain connected to family, community, and Country and in maintaining their independence.

### **Physical and Mental Health and Wellbeing**

Health is understood as a holistic balance between physical and mental health. Ageing well depends on maintaining this balance.

### **Personal Characteristics**

Individual traits such as optimism, humour, and adaptability contribute to resilience. These qualities are shaped by lived experience and cultural connections, and are protective factors in ageing.

### **Racism and Discrimination**

Ongoing experiences of racism and discrimination undermine health, dignity, and access to services. Addressing structural and interpersonal racism is critical to supporting ageing well.

### **Respect and Dignity**

Being treated with respect and dignity, by family, community, society and systems, is fundamental. This includes recognition of lived experience, cultural identity, and the right to self-determination.

### **Service Delivery**

Culturally safe, person-centred, and coordinated services that are accessible and responsive to the holistic needs of older Indigenous people are key to supporting wellbeing across ageing journeys.

### **Social Connections and Groups**

Opportunities for social participation, peer connection, and cultural engagement reduce isolation and promote health and wellbeing and sense of purpose.

### **Spirituality and Religion**

Spiritual beliefs and practices offer meaning, guidance, and comfort throughout the ageing process.

### **Substance Use**

Addressing the impacts of substance use requires community-led, trauma-informed approaches that support healing, reduce harm, and uphold the dignity of those affected.

### **Technology**

Technology can support connection, access to services, and independence – but only when digital inclusion barriers are addressed.

### **Transport**

Reliable, affordable, and culturally safe transport is essential for maintaining independence, accessing health and aged care services, staying connected to family and community, and participating in cultural and social life.

## **Community Consultations**

To identify ageing well priorities for Aboriginal and Torres Strait Islander peoples, the research team conducted community consultations across metropolitan and regional South Australia between June 2024 and March 2025. Community members were invited to participate with support from each participating stakeholder organisation inclusive of those represented by the Project Steering Committee. Participating stakeholder organisations distributed both written and verbal information, including a participant information statement and consent form, to potential participants. Aboriginal and/or Torres Strait Islander peoples aged 18 years or over and who had the ability to provide informed consent were able to participate. Each consultation followed a co-created, collaborative, and community-based participatory action approach [28]. Each consultation was conducted in-person at participating organisations. Informed consent was obtained from each participant prior to commencing. Each consultation was facilitated by Aboriginal and/or Torres

Strait Islander and non-Indigenous members of the research team and followed an open-ended guide informed by the existing literature [8, 9, 27]. In total, we hosted 7 community consultations with 55 Aboriginal and/or Torres Strait Islander community members. Each consultation was audio-recorded, transcribed verbatim, and de-identified. Transcripts were imported into qualitative data analysis software for analysis. Reflexive thematic analysis was used to identify, analyse and interpret patterns or themes within the qualitative data [29]. This was a flexible, iterative process, where the research team moved back and forth between coding, reviewing and refining themes. From the thematic analysis, we identified 10 themes (Table 2) and 35 subthemes.

**Table 2. Ageing Well Themes Developed from the Community Consultations**

**Improving services that support people to age well**

Ageing well is facilitated by improving how people navigate and connect with systems, in addition to improving people's accessibility to key services

**Being heard and having a voice**

Importance of having a voice in, and from local community and the need for advocacy to support ageing in the community and within the family

**Connection to community**

Connection to community is focused around how the community interacts. This includes how people are actively involved in looking after people in their community, in particular the younger generation.

**Aboriginal and Torres Strait Islander culture**

Cultural practices and experiences support aging well. In particular, the sharing of cultural knowledge, and engaging with and having access to land, community, cultural activities and spirituality. Loss of cultural identity and the impact this has, reduces the ability for people to age as well as they could.

**Physical health and wellbeing support healthy ageing**

Healthcare including social and emotional wellbeing. This includes physical health, emotional wellbeing and experiences within the health system.

**Housing to support ageing well**

Improving access to appropriate and tailored housing, including culturally responsive housing policy.

**Agency and independence for healthy ageing**

Benefits of agency and independence and how to support people to live independently as they age. This is supported by having access to transport, services and people that support their independence.

**Systemic political issues and policies**

Policies and systems speak to the broader political and structural systems that govern us. This includes historical and current systems and policies including the ways systems can be improved.

**Family connection and roles**

The benefits and importance of family and the persons roles and responsibilities within the family were highlighted by participants.

**The social and ecological environment**

The broader environment and social connection of the person and those around them were discussed by participants including issues relating to violence, social supports and connection.

## Priority Mapping

The research team then undertook a priority mapping exercise to compare and synthesise findings from the community consultations with those from the evidence review. To do this, we collated key themes and priority areas identified through each process and entered them into a comparative matrix. This process identified areas of overlap, highlighting shared significance, as well as points of difference which revealed context-specific insights or gaps in the existing evidence-base. By mapping these similarities and

differences, we developed a more nuanced understanding of priority areas, ensuring that future research directions were informed by both community perspectives and established research evidence.

## Project Steering Committee Workshops

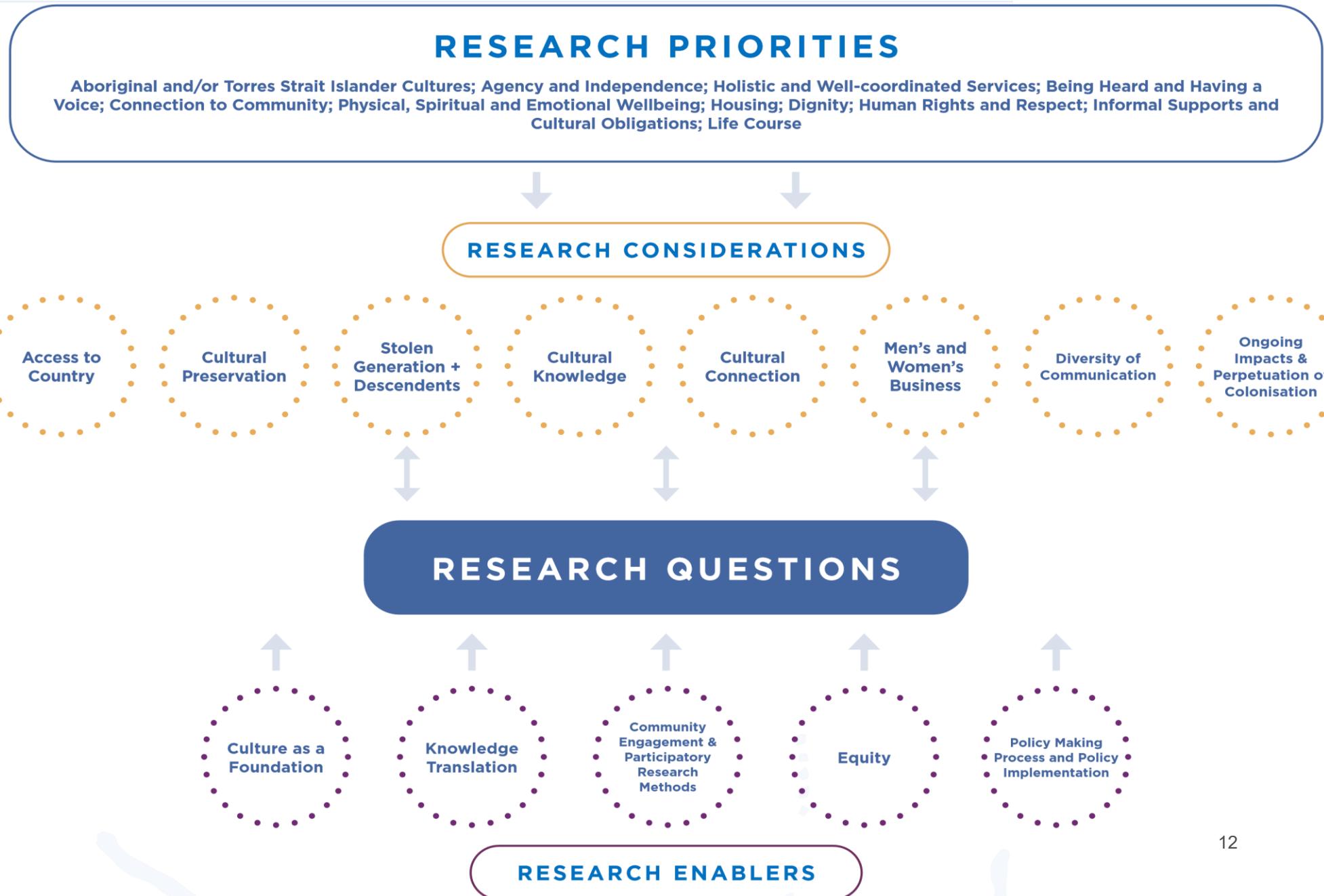
Of the eight Project Steering Committee engagements, three were held as workshops rather than standard meetings. While routine meetings focused on project oversight, progress updates, and high-level decision-making, the workshops were designed to support deeper deliberation, co-production and interpretation of the research findings. These workshops, hosted in January, March and April 2025, required an extended time commitment (approximately 3 hours) and fostered a collaborative environment for critical reflection and joint analysis. Through participatory methods such as facilitated group work, priority-setting exercises, and consensus-building, activities included reviewing and refining preliminary research priorities, mapping findings from the community consultations, informing and validating thematic interpretations. The workshops also provided opportunity for nuanced discussion of cultural, ethical and strategic considerations in the translation of findings.

## Stakeholder Workshop

We hosted a stakeholder workshop in July 2025 to elicit feedback on the draft research questions, including understanding of their relevance, clarity and to identify additional research questions. This workshop brought together 16 policy, research and organisational stakeholders across South Australia. In addition, two Project Steering Committee members attended (Incompro, Kura Yerlo). We used the World Café method to facilitate structured, inclusive and participatory discussions [30]. World Cafés are a participatory method of data collection which sees the gathering of knowledge holders in a workshop who share their knowledge within discussion tables [11, 31]. We selected the World Café method for its suitability in engaging diverse stakeholders in research priority setting, with the aim being to encourage a wide range of perspectives, rather than necessarily reaching consensus [30, 32]. Participants were seated across four discussion tables, each hosted by a facilitator, with participants rotating between tables across multiple discussion rounds. One facilitator moved between tables to promote discussion and support engagement. Each table was assigned a set of research priorities for discussion – three tables had two priorities each, while one table had three. The research priorities were printed and placed at the centre of each table to guide and focus conversation. Facilitators used an open-ended discussion guide to facilitate discussion and recorded responses onto butchers' paper, which was verified by participants for accuracy. Each discussion round lasted between 20-30 minutes, before moving onto the next table, enabling each participant to engage with each priority area. Following within-group discussion, a nominated spokesperson from each table reported back to the wider group for additional comment. The rotations concluded with a whole-group discussion to share insights. This structure fostered inclusive participation, enabled the exchange of diverse perspectives, and supported co-produced dialogue. Following the workshop, all written responses were combined into one dataset for qualitative analysis. Consistent with approaches used in other research priority-setting studies employing the World Café method [30], an inductive thematic analysis was undertaken to identify key ideas, recurring concerns, and areas of consensus across tables. Emerging codes were clustered and synthesised according to the pre-identified research priorities discussed at each table. Where participants proposed refinements or new emphases, these were carefully considered by the research team and incorporated to adjust the wording or scope of the relevant priority and/or question. Following the integration of workshop data, we hosted a final Project Steering Committee meeting in early August to transparently review suggested stakeholder workshop changes and finalise the research priorities and questions.

## Ageing Well Research Agenda

Figure 2. Interpretative Diagram



# Research Priorities for Aboriginal People in South Australia

## Research Priorities and Questions

The research priorities and questions reflect a comprehensive, strengths-based research agenda for supporting Aboriginal and Torres Strait Islander peoples to live and age well. They recognise ageing as a holistic process shaped by cultural, spiritual, emotional, social, and physical dimensions across the life course. Central to these priorities is the role of culture, as a source of identity, resilience, and wellbeing, and the need to protect and strengthen connections to Country, community, language, and knowledge systems. They emphasise the importance of agency, independence, and self-determination, supported by culturally safe, well-coordinated, and accessible services, housing, and community spaces. The priorities also address the need to uphold dignity, human rights, and respect, tackle systemic racism and discrimination, and strengthen informal care networks and intergenerational cultural knowledge exchange. Underpinning this research agenda is a commitment to Aboriginal-led, community-driven approaches that ensure policies and services are responsive, inclusive, and guided by the voices, aspirations, and lived experiences of older Aboriginal and Torres Strait Islander people, their families, and communities. A narrative synopsis of the research priorities is provided below (as well as in Figure 1) alongside the final set of suggested research questions (Table 3). An interpretive diagram (Figure 2) is provided above and can be used to guide the answering of research questions by illustrating the relationship between the priorities, the core research considerations, the research questions themselves, and the research enablers that support their implementation.

**Table 3. Ageing Well Research Priorities and Questions**

<b>Priority: Aboriginal and/or Torres Strait Islander Cultures</b>	
Aboriginal and/or Torres Strait Islander culture plays a crucial role in supporting individuals to age well by fostering a deep connection to cultural practices, knowledge, language and community. Connection to culture is vital for health and wellbeing, as is addressing the ongoing impacts on Stolen Generations Survivors and their descendants. Finding family and cultural connections through dedicated services and the benefits of being on Country are essential for emotional and spiritual health. Maintenance of lore, spiritual beliefs and Ancestral connection and the desire for Elders to pass on cultural knowledge to younger generations ensures that culture and cultural identity remains strong. This is especially significant in addressing loss of cultural identity.	
<b>Research Questions</b>	
<ol style="list-style-type: none"> <li>1. What approaches effectively support Aboriginal communities to connect or reconnect with cultural practices, language and knowledge systems?</li> <li>2. What are the health and wellbeing outcomes for Aboriginal people through access to and connection with Country?</li> <li>3. What is the role and impact of community-led initiatives in maintaining cultural continuity in the face of ongoing impacts of colonisation?</li> </ol>	

<b>Priority: Agency and Independence</b>	
Maintaining agency and independence across the lifespan is essential for ageing well. Economic security ensures individuals, families and communities have the resources to access essential services. Effective investment in funding of support services, informed by genuine consultation and community needs, are required to promote agency and independence. For people with a disability and as people age, home-based support services play a vital role in supporting independent living at home, yet current aged care packages often fail to comprehensively meet needs. Tailored and	

culturally appropriate care and services, including support for family carers, provides greater control in ageing well. Planning for the future is key to maintaining independence. This includes early conversations about end-of-life care, advance care directives, and burial arrangements to ensure personal wishes are respected while avoiding unnecessary additional family anguish, legal or bureaucratic barriers.

#### **Research Questions**

1. How can public transport services be improved to better support the mobility and social participation of Aboriginal people?
2. What is the role of community services in supporting the mobility and social participation of Aboriginal people?
3. What is considered best practice for supporting Aboriginal people in planning for the future, including end-of-life?
4. How can economic security be strengthened to enhance the agency and independence of Aboriginal people as they age?
5. What is the role of technology in promoting ageing well?
6. How have changes in technology impacted older peoples' connections with community, family and culture?
7. What strategies are required to ensure equitable access to technologies that support health and wellbeing?

#### **Priority: Holistic and Well-coordinated Services**

Holistic and timely access to meet a range of diverse service needs are required to support Aboriginal people to age well. System navigation is crucial for ensuring that services across housing, health and aged care are accessible and well-coordinated. However, there are significant gaps in service availability. These gaps include a lack of local services and insufficient knowledge about existing services. Improving health literacy, and awareness of local services is essential to help individuals and communities access the support they need to age well. Services that provide physical spaces for older people to engage in cultural practices help maintain cultural continuity. Understanding cultural protocols within service design and delivery are essential factors in this holistic approach to ageing well.

#### **Research Questions**

1. How can Aboriginal people's access to services and programs within local communities be strengthened?
2. How can health literacy and awareness of available services be improved?
3. What effective strategies exist, or could be implemented, to address gaps in service availability or access?
4. How can organisations demonstrate culturally safe, flexible, and responsive service delivery?
5. How can government funding be structured to adequately support the role of ACCOs in providing services to older Aboriginal people?
6. What strategies are most effective in supporting the recruitment, retention and development of the Aboriginal workforce?
7. What are appropriate evaluation frameworks for assessing the effectiveness and cultural appropriateness of service delivery?
8. What strategies can strengthen the role of Aboriginal Elders and community leaders in co-designing and guiding service delivery?

#### **Priority: Being Heard and Having a Voice**

Advocacy plays a vital role in supporting individuals as they age. Having a local community voice is crucial for driving system changes and advocating for local priorities. People recognise the value of advocates who can represent their interests in various domains including health and social services. Community members take on advocacy roles for their families and community both personally and in the workforce. Local community services and education and training opportunities are essential in supporting self-advocacy, empowering individuals to speak up for their needs and rights.

#### **Research Questions**

1. What are the experiences, needs and impacts for those supporting their family and community through advocacy?
2. What strategies effectively strengthen and sustain self-advocacy among older Aboriginal people?
3. How can Aboriginal community-controlled services support and empower individuals in self-advocacy?
4. What education and training approaches in program design and delivery best support emerging and established Aboriginal leaders?
5. How is self-advocacy expressed and enacted by older Aboriginal people, their families and their communities?

#### **Priority: Connection to Community**

Long-term initiatives and community services are essential for belonging, social connection, and addressing isolation. Inclusive community spaces are crucial for fostering connections and supporting ageing well. Aboriginal people need dedicated spaces beyond health services, such as local community/place-based drop-in centres and group activities for all ages and genders. Access to health-promoting activities, including sports and arts, need to be available outside typical 9-5 hours.

#### **Research Questions**

1. What approaches support the development of intergenerational and multidimensional community spaces/facilities that promote lifelong wellbeing and connection for Aboriginal people?
2. What long-term strategies can be implemented to ensure access to community activities and services?
3. How do flexible long-term local community initiatives contribute to health and wellbeing across metropolitan, regional and remote locations?
4. What existing models of community spaces demonstrate success in meeting the needs of Aboriginal people?
5. What role do arts, sport and cultural events play in strengthening community connections for older Aboriginal people?

#### **Priority: Physical, Spiritual and Emotional Wellbeing**

Ageing well is understood through an integrated and holistic framework in which physical, emotional and spiritual wellbeing are inherently interconnected. Emotional wellbeing is a key aspect of ageing well with mental health and substance abuse concerns needing attention. Staying active, receiving high quality healthcare and maintaining social connections are vital for mental health. It is important to manage the ongoing and historic experiences of trauma, grief and loss with the need for support in this area. Education on emotional wellbeing and trauma-informed care are essential components for service delivery. Services delivered at home are highly valued, especially for preventative measures such as healthy eating and exercise and following medical advice. Medical and physical health concerns are diverse. The rising prevalence of age-related conditions like dementia underscores a need for education for carers and service providers. Access to services and supports to manage these conditions for individuals, families and their community are vital to ageing well.

#### **Research Questions**

1. How can trauma-informed and healing-informed policies and systems be implemented and evaluated to support the wellbeing of Aboriginal people?
2. What Indigenous-led models of care and/or healthy ageing programs effectively promote physical and emotional wellbeing outcomes?
3. What barriers exist for older Aboriginal people seeking physical and emotional support?
4. What role do traditional foods, medicines, and practices have in Aboriginal people maintaining physical health and independence as they age?
5. What evidence-based practices are required to reduce the impacts of substance use and chronic disease as Aboriginal people age?
6. How do spiritual belief systems contribute to the health and wellbeing of Aboriginal people as they age?

### **Priority: Housing**

Housing is a fundamental priority for ageing well, with a strong need for accessible, affordable, and culturally appropriate housing. Culturally safe and responsive housing services are critical to ensuring positive experiences and outcomes. Dedicated housing for Elders, such as Elders Villages or aged care facilities designed for and by Aboriginal peoples, is essential for maintaining connections, wellbeing and dignity in later life. Safe and flexible housing options promote wellbeing, health, and family stability, allowing for intergenerational living and adaption to individual needs over time. Quality housing is crucial, yet challenges in the public and not-for profit housing sector negatively impact the ability to age well.

#### **Research Questions**

1. How can affordable, high-quality, culturally appropriate and responsive housing options be expanded to better support Aboriginal people as they age?
2. How can structural barriers within Elders Villages and aged care facilities be overcome to provide culturally safe care, practices and programs?
3. What housing systems and policies can be designed to address barriers and social impacts such as homelessness, poor housing conditions, and lack of culturally safe housing support for Aboriginal people?
4. What housing design models support the needs of Aboriginal and Torres Strait Islander families living in extended family arrangements?

### **Priority: Dignity, Human Rights and Respect**

Upholding dignity, human rights, and respect is vital as people age, yet these are too often diminished by systemic discrimination. Ageing well requires culturally safe, respectful, and inclusive services free from racism and ageism. Addressing racism in health, housing, and education requires acknowledging past and present injustices and eliminating discriminatory policies. A strong Aboriginal workforce across all levels, clear and considerate communication, and flexible service provision improve accessibility and dignity in care. Negative experiences in the health system, such as racism and poor communication, highlight the need for ongoing cultural safety training within organisations. Safe, culturally inclusive spaces and purposeful action to prevent racism, elder abuse, and ageism ensure dignity and protection for older people to age well.

#### **Research Questions**

1. How can culturally safe and respectful communication be promoted and improved within services?
2. How can efforts to prevent and respond to Elder abuse, discrimination and racism be strengthened?
3. What is the prevalence, experience and impact of Elder abuse within Aboriginal and Torres Strait Islander communities?
4. How do older people experience and respond to racism, discrimination, ageism, and ableism within the services they receive?
5. How can the efficacy of workforce cultural awareness training be evaluated?
6. What accountability mechanisms are most effective in ensuring organisations support and act on reports of racism, discrimination, and ageism?

### **Priority: Informal Supports and Cultural Obligations**

Supporting the health and wellbeing of the entire family is essential for ageing well. Communities support ageing well including, financial and practical aid, intergenerational learning, parenting and other care giving support. Although caring for others is rewarding, carers need support to alleviate their burden. Elders teach younger generations, fostering cultural continuity, while individuals find purpose in their cultural and community roles.

#### **Research Questions**

1. How does informal support play a role in the wellbeing of Aboriginal families?
2. How can informal family support be embedded and recognised within formal care arrangements?
3. How can family care roles and responsibilities be strengthened to alleviate the burden on carers?
4. What community-based resources are required for families and communities providing informal support?

5. What barriers do Elders face in balancing community roles and responsibilities?
6. What are the enablers to supporting Elders to pass on cultural knowledge and practices to younger generations?
7. What approaches work best in communities to sustain informal care networks where access to formal services is limited?

#### **Priority: Life Course**

As health and wellbeing outcomes in later life are shaped by experiences across the entire lifespan, beginning from in-utero and early childhood, a life course approach to ageing well is required. This approach recognises that health and well-being are influenced by a combination of biological, behavioural, social, environmental and cultural factors and that these influences persist throughout all life stages. For Aboriginal people, this includes the cumulative impacts of intergenerational trauma and systemic disadvantage. Understanding cultural determinants of health and wellbeing across the life course such as the protective role of culture, Country and community connection, can help reorient system responses towards primary prevention.

#### **Research Questions**

1. What protective factors across the life course contribute to positive ageing outcomes for Aboriginal people?
2. How do negative early life experiences, including exposure to racism, trauma, and disconnection from culture, influence health and wellbeing over the life course?
3. How can challenges across the life course be addressed through culturally informed, preventative supports?
4. What strategies do we need to enable for prevention of future problems, rather than crisis intervention and support?
5. How can researchers, governments and policy makers implement a strengths-based, preventative health approach to ageing for Aboriginal people?
6. How can critical life transitions be supported to positively influence ageing outcomes for Aboriginal people?
7. What strategies protect the human rights of Aboriginal people as they age?
8. What strategies can raise awareness and strengthen safeguards for Aboriginal people as they age?

## Core Research Considerations

Eight core research considerations emerged from the community consultations and provide guidance for inclusive, culturally safe and responsive research with Aboriginal and Torres Strait Islander peoples (Figure 2): Access to Country; Cultural Preservation; Stolen Generations and Descendants; Cultural Knowledge; Cultural Connection; Men's and Women's Business; Diversity of Communication, and Ongoing Impacts and Perpetuation of Colonisation. The core considerations are for intentional consideration in the development and implementation of all research undertaken across the priority areas. Researchers are expected to meaningfully engage with some or all of these considerations where applicable when conducting research, including within design, implementation and knowledge translation. For example, applying the *Stolen Generations and Descendants* consideration to the research priority, *Holistic and Well-coordinated Services*, may involve exploring how organisations can rebuild trust with Survivors and their families through trauma-informed, culturally safe and flexible service delivery models that acknowledge the intergenerational impacts of forced removal and institutional harm.

# Future Implementation

## Research Conduct: Doing research the right way with Aboriginal and Torres Strait Islander peoples

The South Australian Aboriginal Health Research Accord is a set of nine principles of research conduct, 'doing research the right way' informed by Aboriginal people and organisations in South Australia that align with and compliment ethical health research involving Aboriginal people [14, 15]. The Accord emphasises community involvement, partnership, respect, and the importance of Aboriginal control and ownership of research. The Accord aims to ensure research is relevant, beneficial, and culturally appropriate for Aboriginal communities. The Accord principles can inform the right way of doing research with Aboriginal and Torres Strait Islander peoples in South Australia.

## Research Enablers

A strategic and inclusive approach is essential to ensure future research and knowledge translation efforts deliver meaningful outcomes for Aboriginal and Torres Strait Islander peoples. A lack of appropriate community engagement, insufficient inclusion of Aboriginal and Torres Strait Islander voices, and inadequate knowledge translation processes continue to undermine the relevance and impact of policy and research. The enablers outlined below represent the foundational conditions necessary to support research and policy that is culturally safe, community-led, and grounded in the lived experiences of Aboriginal and Torres Strait Islander peoples. Adapted from *Developing the Research Priorities for Ageing Well in South Australia: A Strategic Research Agenda* [33], in collaboration with the Project Steering Committee, these enablers have been reframed within an Aboriginal and Torres Strait Islander context to reflect the cultural, historical and relational experiences of communities, centring self-determination, cultural safety, and the right to be involved in shaping the systems that affect one's life (Table 4). These enablers offer a corrective path forward and should guide all future efforts to generate, translate and apply evidence for ageing well.

**Table 4. Research Enablers**

<b>Knowledge translation</b>
<ul style="list-style-type: none"> <li>• Ensure two-way knowledge exchange between researchers and Aboriginal communities, embedding cultural knowledge alongside research evidence</li> </ul>
<ul style="list-style-type: none"> <li>• Translate research through community-preferred formats (e.g., story books, newsletters, video, audio) and ensure findings are returned to community in accessible, respectful ways</li> </ul>
<ul style="list-style-type: none"> <li>• Recognise older Aboriginal people as knowledge holders</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure research informs policy and funding decisions that are co-developed with community</li> </ul>
<b>Community engagement in research and participatory research methods</b>
<ul style="list-style-type: none"> <li>• Commit to community-led research, not just engagement, in line with the principle of "<i>Nothing about us without us</i>"</li> </ul>
<ul style="list-style-type: none"> <li>• Utilise culturally safe, strengths-based research methods, including age friendly participation and co-design methods</li> </ul>
<ul style="list-style-type: none"> <li>• Involve community in all stages of the research from concept through to dissemination, respecting cultural authority and local governance structures</li> </ul>
<ul style="list-style-type: none"> <li>• Build relationships over time, recognising the need for trust, reciprocity, and sustainability beyond project lifespans</li> </ul>

## Equity

- Embed an intersectional approach into research design and implementation
- Ensure safe, respectful and appropriate inclusion of diverse Aboriginal identities, including LGBTQI+ older people and those impacted by incarceration or institutional care
- Explore how to ensure that evidence-informed interventions reach the communities that they intend to reach/serve
- Ensure research delivers tangible benefit to community, including employment pathways, capacity building, and funding for local services.

## Policy making process and policy implementation

- Embed Aboriginal voices in all stages of policy design, implementation and evaluation
- Develop policy *with* community using participatory methods to embed lived experience in decision-making
- Situate policy within the historical and ongoing impacts of colonisation
- Embed policymakers in community settings (e.g., through co-locations) to generate policy with a local- and community-lens
- Embed evaluation of policy implementation, to measure their intended and unintended impact on equity and outcomes

## Culture as the foundation

- In all research and policy, position culture as a protective factor for health, wellbeing and ageing well
- Ensure Aboriginal-led design, governance, and implementation of research and policy, grounded in cultural authority and knowledge, and following the principles of Indigenous Data Sovereignty
- Embed cultural determinants in research and policy frameworks, measurement tools, and evaluation strategies to ensure culture is visible, valued and resourced
- Promote whole-of-government investment in cultural maintenance and revitalisation – not just in health, but across education, housing, justice and ageing portfolios
- Embed principles of cultural safety in all research and policy processes to ensure respect, trust, and freedom from racism, with accountability to communities

# Sustaining and Evolving Ageing Well Research

The *South Australian Aboriginal Ageing Well Research Priorities* provide an opportunity to build on existing local knowledge and act on identified knowledge gaps as relevant for practice, research and policy. The research priorities are intended for all researchers and knowledge co-producers, and users of evidence in the pursuit of best practice for ageing well. The research priorities should be used and advanced in future, to inform stronger policy and services, and to inform how we act upon exposures and environments that affect ageing well for Aboriginal and Torres Strait Islander peoples in South Australia. Importantly, they also respond to the reality that while substantial knowledge already exists in some areas, it has not always been effectively translated into policy or practice. The priorities therefore emphasise the need for stronger mechanisms of knowledge translation to ensure evidence informs services, policies, and environments in ways that make a tangible difference in the lives of Aboriginal and Torres Strait Islander peoples in South Australia.

In alignment with South Australia's Plan for Ageing Well 2020–2025, this research agenda takes seriously the Plan's call to be outcomes-driven, systems-focused, and grounded in meaningful partnerships. The research priorities seek to support evidence-informed action by identifying research areas of community, policy, and practice significance, particularly those that have been historically underexplored. Through co-design and partnership with Aboriginal communities, researchers, policymakers, and service providers, the research priorities set out to unify and strengthen efforts across sectors to generate knowledge that is

ethical, useful, and accountable to Aboriginal and Torres Strait Islander peoples and leads to improvement in equity in access and outcomes. These research priorities represent a commitment to reframing how research is conceptualised, prioritised, and enacted and translated in South Australia. It is an invitation to shift from deficit-based, siloed approaches to ones that centre cultural strength, structural accountability, and community-led action. In doing so, it aims to catalyse research that not only generates new knowledge and translation into practice but also supports transformation towards equity, justice, and the right for all Aboriginal and Torres Strait Islander people to age well.

The research priorities and questions presented here have been shaped through a collaborative process that integrates existing evidence, practice-based insights, and importantly the lived experience of Aboriginal peoples. This approach was intentionally exploratory and iterative, rather than designed to systematically map all existing research (e.g., through systematic review evidence). As a result, it is possible that certain topics identified may already have a substantial evidence base – whether within South Australia, across Australia or internationally – that should be examined and considered before initiating new research activities. Equally, it must be acknowledged that substantial, high-impact work is already being led with Aboriginal communities and by community-controlled health organisations. While these efforts may not always be widely disseminated or captured in academic literature, they represent critical sources of knowledge, innovation and leadership. Actively identifying, engaging with, and building upon these contributions is essential to avoid duplication, strengthen alignment with existing resources and knowledge systems, and ensure that future research efforts reinforce and amplify community-led initiatives and priorities.

Furthermore, the research priorities and associated questions presented in this report represent the current knowledge, needs and aspirations identified through extensive engagement with Aboriginal and Torres Strait Islander communities and stakeholders. However, these research priorities should not be considered static or exhaustive. As the social, cultural, political and environmental context in which Aboriginal and Torres Strait Islander peoples lives continues to evolve, so too will the challenges and opportunities that shape ageing and wellbeing. To maintain relevance and responsiveness, ongoing dialogue with Aboriginal and Torres Strait Islander communities, service providers, policymakers and researchers is essential. Such engagement ensures that local contexts, emerging issues, aspirations, and shifts in evidence or policy environments are reflected in implementation and future iterations of the priorities.

Our strategic research priorities, grounded in Aboriginal and Torres Strait Islander knowledges and shaped through co-designed, community-led processes, will make a critical contribution to the development of South Australia's next Ageing Well Plan (2026-2036). By aligning with the Plan's core themes - wellbeing, stronger connections, life transitions, and home and community - these priorities will ensure that policy directions and service innovations reflect the distinct cultural, social, and historical contexts that shape ageing for Aboriginal and Torres Strait Islander people. Integrating these perspectives will strengthen the Plan's capacity to address structural inequities, support culturally safe environments, and build on existing community strengths. The research priorities relate to the first *South Australian Aboriginal Ageing Well Roadmap*, led by Wardliparingga, in collaboration with communities and partner organisations. The Roadmap will provide an evidence base for strategies that improve cross-sector collaboration, establish and formalise cross-system care and support pathways, and guide service implementation.

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