



Case Study

High-quality clinical care of older Aboriginal and Torres Strait Islander People

A story of good clinical care

This is one of a suite of resources to support aged care providers safely provide evidence-based care to older people as described in the [Aged Care Quality Standards](#).

More information about this case study and the evidence for delivery of quality care for Aboriginal and Torres Strait Islander people can be found in this [rapid review](#)

This is a fictionalised account based on many people's stories and their aspirations for growing old well with the best of aged care and support.

It describes experiences of good clinical care by 'Jack', who is 71 years old and a respected Aboriginal Elder who lives on Wiradjuri Country with his wife Marg, one of their five children and two grandchildren, in their proudly owned weatherboard home.

Person-centred clinical care

Two years ago, Jack's slowly changing behaviours and memory issues alerted his wife and children to something being "not quite right". Following a conversation that Marg had with her GP at the Aboriginal Medical Centre (AMS) they both attended, Jack, with some persuasion, agreed to have an assessment and discussion with his GP at the AMS.

The GP and Aboriginal Health Worker had a series of yarns with Jack, Marg and their family and used some culturally appropriate cognitive and medical assessments. From this, they had concerns about dementia and helped Jack make an appointment with the Geriatrician, who visits the AMS each month from the big smoke, for further follow-up.

The Geriatrician considered Jack's health history including the various medications he was taking for his chronic conditions, arranged some further tests to look for reversible causes of memory changes that she could help treat, as well as an MRI brain scan. She talked to Jack and his family about how they were managing day to day and what supports would be helpful for Jack. She explained that with all the information they had gathered, it appeared that Jack had the early stages of Alzheimer's dementia. Marg was adamant that she didn't want any services at home, and that she and Jack would get through it together, as they had always done. They knew there were lots of people around them to help and that the AMS was also available.



Preventing harm through culturally safe multi-disciplinary care

Jack and his family have now lived with his dementia for two years. Although Jack is less and less able to do some of the things he used to do, he continues to be a revered storyteller and keeper of knowledge for his family and community. Nevertheless, his memory is getting worse, and he has been doing some increasingly unusual things which have now started to impact significantly on his wife and grandparents living in the same home. Although supported by her family, Marg has willingly taken on much of the responsibility caring for Jack, but with her own health worries and also looking after the grandchildren, she is now finding it much harder. Jack has started to become lost when leaving their home and is no longer able to be left on his own at all because he might wander off or forget to turn off the stove when he tries to make a cuppa the way he has always done it.

Jack has been attending a men's yarning group and an exercise group at the AMS each week which provides a bit of respite for Marg and social interaction for Jack, but staff are also having increasing issues looking after him safely in this setting. He is not so steady on his feet and is not able to judge risks well.

Jack and Marg have regularly been seeing their multi-disciplinary AMS team, who have noticed Jack's increased care needs and the impact on Marg and the family. The AMS team are keeping a close eye on things, to help Jack maintain a good quality of life and ensure that the whole family's needs are being met. Although there have been some staff changes at the AMS over the years, there is a consistency in the environment and the cultural familiarity is reassuring for Jack, and the team really seem to understand him and his family well.

Partnering with health services

The AMS offers a wide range of health and social services, including a partnership with a local aged care provider, which has helped to connect some of the Elders to extra help at home. More of the younger people in the community are taking up careers in aged care, which has also helped the older people to understand the services available and feel safe to access them. It also helps keep the community connected and strong. The doctor that Jack recently saw at the AMS suggested that Marg and Jack seek an aged care assessment to access services for them both and initiated that process with them.

Culturally safe in-home aged care

An in-home Aged Care Assessment was undertaken by an Aboriginal assessor and service options were explored through the [National Aboriginal and Torres Strait Islander Aged Care](#)



Program (NATSIACP) which provides services in this community. NATSIACP funds culturally safe aged care in a culturally safe environment in some rural and remote areas. It was explained to Marg and Jack that these services strive to provide flexible care that recognises, respects and supports unique cultural identity and traditions and can assist with residential care on a permanent or short-term basis, emergency or planned respite care or home-based care.

Home based respite commenced in the form of an Aboriginal worker coming into the home for four hours every week, which allowed Marg to have some time out of the home or for the Aboriginal worker to take Jack for a small drive to visit special places, such going to sit in the park by the river.

Jack has always loved going down to the river to throw a line in and yarn with some old mates. He loves to explore the bush but can now only do these things with lots of assistance and attention, which his care worker or family are happy to provide.

Jack is being looked after well but his health declines. He has developed very poor sleeping habits and neither he nor Marg are sleeping well as he wanders around the house most nights, as she tries to keep it from the rest of the family.

Culturally safe residential aged care

On one of these restless nights, Marg falls and sustains a nasty fracture to her ankle. Her family are alerted, and she is taken to hospital by ambulance where she is admitted for surgery the following day. This admission also prompts the family to seek an emergency respite admission for Jack into a local residential care facility. He has already been assessed previously for this because of his high care needs.

This residential care facility is a mainstream facility and does not currently employ any Aboriginal staff although all staff have participated in training in providing culturally safe care for Aboriginal and Torres Strait Islander clients. Two of Jack's children advocate for him at his admission; they are very worried. They speak with staff at length about his needs and requirements and the staff provide guidance and support for the family to be with him as much as possible as he settles into this unfamiliar environment.

The Aboriginal Health Worker at the hospital is also alerted to Marg's admission. He liaises with the social work team and speaks to the residential Aged Care staff, who take the opportunity to seek further guidance about providing culturally safe care for Jack whilst Marg is recovering.



Trauma aware care

The residential care facility has a history of having Aboriginal residents over time and have given much thought and reflection to creating a culturally safe environment. They suggest to the family that they would like to organise a getting to know you interview with as many of the family members and with Jack as soon possible and would like to invite the Aboriginal liaison nurse from the AMS to attend. They had a good yarn about Jack's history and needs whilst in care; they talked about the impact on Jack of the Stolen Generations and the fear that he lived with as a boy about being taken from the riverbank as some of his cousins were. The residential care facility reflected on their training and philosophy of trauma informed care and encouraged a cross exchange of information about resources in this space, including those available from the Healing Foundation. To continue to build on their good practice in this area, the Nurse Manager made a commitment to develop relationships with Aboriginal specific aged care facilities and to research and learn from their models of care (e.g. *Jimbelunga* and *Booroongen Djugun* 1.)

Culturally safe end-of life care

Sadly, Jack's condition deteriorated further following his admission. He was understandably confused about the unfamiliar environment and not having his beloved Marg beside him. Additionally, he was demonstrating end-stage dementia signs and symptoms. Staff worked closely with Jack's family to bring him as much comfort and reassurance as possible. They stopped at the bush and rescued some of his favourite gums off the valley floor to place by his bedside, which brought a smile to Jack's face.

Meanwhile, Marg experienced some health complications and ended up staying in hospital for over four weeks. On discharge from hospital her immediate concern was to get Jack home. It was explained to her and the family that Jack's condition was now considered palliative and that he was in the end stages of his illness and life. The family were determined to get Jack back home to die, as they knew this is what he would want. Jack's AMS healthcare and aged care teams worked together to make this happen as quickly as possible. It was confirmed that these wishes fitted the advance care planning undertaken prior to his diagnosis.

Home based palliative care was sought through the NATSIACP. Appropriate equipment was resourced and delivered to the home and palliative care staff gently ensured that Marg and family felt comfortable and confident to use the equipment. A shared care plan was agreed upon and provided between family and the palliative care team. On their way home, the patient transport team suggested they go by the riverbank where they supported Jack to sit for a while.



Jack's family approached the local Aboriginal land council who organised a smoking ceremony to prepare his welcome home. Jack was cared for in his home for six weeks surrounded by the people he loved and supported by an inspiring and committed palliative care team.

Jack's spirit has now returned to the Dreaming as he continues to watch over his family, community, and Country.



Figure 1 From Weltasinghe, et al., (2020) - Model for holistic, healthy aging.



Resources

Resources to support high-quality clinical care for older Aboriginal and Torres Strait Islander people and related outcomes in the Aged Care Quality Standards

Case Study Section	Resource	Outcomes - Aged Care Quality Standards
Person centred care (Assessment and planning)	Model for Aboriginal and Torres Strait Islander Care - Jimbelunga	Outcome 1.1 Outcome 2.1
	Good Spirit, Good Life Tool	Outcome 3.1 Outcome 3.2
	Advance care yarning - Advance care yarning - Resources - Promote and practice - Australian Indigenous HealthInfoNet (ecu.edu.au)	Outcome 5.4
	Dementia and Aboriginal and Torres Strait Islander people Dementia Australia	
	A little yarn goes a long way ACQSC	
Preventing harm through culturally safe care	Introduction to Aged Care – Videos and facilitator guides Australian Government Department of Health and Aged Care	Outcome 3.4 Outcome 5.5
Partnering with health services	NSQHS Standards User guide for Aboriginal and Torres Strait Islander health Australian Commission on Safety and Quality in Health Care	Outcome 3.1 Outcome 3.3 Outcome 5.1 Outcome 5.4
	Actions to Support Older Aboriginal and Torres Strait Islander People: a Guide for Aged Care Providers Australian Government Department of Health and Aged Care	Outcome 5.7
Culturally safe in-home aged care	Actions to Support Older Aboriginal and Torres Strait Islander People: a Guide for Aged Care Providers Australian	Outcome 1.1 Outcome 1.2 Outcome 3.2



Case Study Section	Resource	Outcomes - Aged Care Quality Standards
	Government Department of Health and Aged Care	
Culturally safe residential aged care	Providing Culturally Safe Aged Care in Residential Care	Outcome 1.1 Outcome 3.2
Trauma aware care	Trauma and Aged Care - Phoenix Australia Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package Australian Government Department of Health and Aged Care	Outcome 1.1 Outcome 3.2
Culturally safe end of life care	Advance care planning is for everyone Advance care yarning - Advance care yarning - Resources - Promote and practice - Australian Indigenous HealthInfoNet (ecu.edu.au) Caring for your mob at the end of their life Palliative Care Archives - AH&MRC (ahmrc.org.au) Primary Care - Palliative Care in Diverse Populations	Outcome 3.1 Outcome 5.7

References

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Paardekooper, C., Mackenzie, Munro, E. Expanding connection: models for palliative care in Aboriginal communities. Paper presented at the Last hellos: new models in global end of life care 2024

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For more information on safe and high-quality clinical care for older people

Please visit: safetyandquality.gov.au

You can also contact the project team at: agedcaresstandards@safetyandquality.gov.au

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