REVIEW ARTICLE

Strategies that support cultural safety for First Nations people in aged care in Australia: An integrative literature review

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Abstract

Objective: The 2019 Royal Commission into Aged Care Quality and Safety highlighted the need for First Nations peoples to have improved, culturally safe care. This paper is a call to action for First Nations peoples to be involved in developing culturally safe care and services to be embedded within Australian aged care services.

Methods: The first screening examined the Australian literature (peer-reviewed articles published since 2010 in English) detailing key aspects relevant to Cultural Safety for First Nations peoples supported by aged care services in Australia. The second screening assessed whether the findings of these studies aligned with the key aspects of Cultural Safety of First Nations peoples in aged care.

Results: The initial literature search yielded 198 papers, of which 13 met the inclusion criteria for the final review. Topics that required further interrogation included barriers to communication, racism and discrimination, impacts on health outcomes, health-care workforce education needs and the importance of cultural connections to Country and kin. These topics influenced the perception of First Nations peoples feeling culturally safe when supported by aged care services.

Conclusions: The literature identified a need to recruit more First Nations peoples into the aged care workforce, involve more First Nations family and community members in aged care and retain a consistent workforce overall. Together these strategies were seen to address the barriers that continue to affect aged care provision for First Nations peoples.

KEYWORDS
aged, Australian Aboriginal, culture, policy, Torres Strait Islanders Peoples

Note to reader: The term First Nations peoples is used throughout this paper to represent the diverse nations and cultural language groups of all First Nations peoples.

1 | INTRODUCTION

In Australia, the ability to deliver culturally safe care for First Nations peoples in aged care services is an issue that had not received much attention until the report from the Royal Commission into Aged Care Quality and Safety conducted in 2019.[1] First Nations peoples over the age of 50 account for 18% of the First Nations population, yet only 2% of First Nations peoples are 50 years and over within the entire Australian population.[2] According to the latest population data, 51% of First Nations peoples over the age of 75 are living in residential aged care services with the remainder of this group using home care (36%) or home support (26%).[2,3] As a population group, the demand for aged care services is higher than in the non-Indigenous population.[2]

The First Nations population has a much younger structure than the non-Indigenous population, but, as with the general population, the Indigenous population is ageing.[3,4] First Nations peoples are designated as a group with 'special needs' (as defined within government documents used in this review) as this population group require aged care services at a younger age than non-Indigenous Australians. However, the focus of these 'special needs' has been limited within a biomedical framework, as evidenced by the increase in the prevalence of chronic conditions in First Nations peoples at an earlier age.[5] Although the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) was established specifically for First Nations peoples who are 50 years and older and is administered outside the Aged Care Act 1997,[6] First Nations peoples continue to experience barriers to accessing these services.[7,8] It is argued that the NATSIFAC and similar programs have fallen short of the requirement for a deeper understanding of First Nations people's social and cultural determinants of health and the importance of symbolic connection to culture, language and community.[5] Despite the evidence that First Nations peoples need aged care services earlier, they continue to experience barriers to accessing these services.[7,8] This is compounded by individual experiences of transgenerational trauma, a lack of understanding of services and entitlements, a lack of translation services, a cultural background that is uncomfortable with discussing personal details and a general lack of trust in mainstream services.[8]

Aged care is defined as the 'support provided to older peoples in their own home or in an aged care (nursing) home. It can include assistance with everyday living, health care, accommodation and equipment'.[9(p. 1)] Cultural Safety includes recognising, respecting and nurturing the unique cultural identity of First Nations peoples and meeting their needs, expectations and rights.[10] Embedding the notion of Cultural Safety within health-care standards ensures that personal empowerment is enhanced and promoted.[11] For

> **Practice Impact**
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> With the release of the Royal Commission into Aged Care Quality and Safety services highlighting the need for culturally safe care for First Nations peoples, aged care service providers need to consider ways to address this gap in service and care provision.

service providers, this means ensuring that an older person's interests, customs, beliefs and cultural background are valued and nurtured and that the service assists clients to stay connected with their family and community.[10]

Although the language of 'rights' has been instilled into the aged care legislative framework for a number of years in Australia, there is still little acknowledgement of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) as a fundamental framework for supporting Cultural Safety in aged care services (United Nations, 2007). This lack of acknowledgement is often magnified in regional and remote areas, where the limited availability of aged care services that cater for older First Nations peoples' cultural needs means that they are not able to remain on, or be close to, their Country and community.[2,11] Recommendations from the Royal Commission into Aged Care Quality and Safety Final Report outlined the need for 'safe, high quality, trauma-informed, needs based and flexible aged care services regardless of where they live'.[1(p. 240)] The impetus for these changes is driven by government policy and directives which have, in the past, hampered efforts to address health-care needs for First Nations peoples generally.[12,13] Aged care service providers must now consider ways to address this gap in service and care provision. In this paper, we seek to identify within the existing literature what may be some of the challenges and opportunities for aged care service providers to address concerns regarding Cultural Safety for First Nations peoples and offer possible solutions for the aged care sector to consider. Reviewing the existing literature on this topic will assist to identify strategies that have been successful and thereby provide aged care service providers with an overview of what they can do to address these issues.

2 | METHODS

A four-stage integrative framework developed by Whittemore and Knafl[14] guided the review. These stages, which are similar to those reported for systematic reviews, include identification of the problem, literature search, data evaluation and data analysis.[14] The authors utilised

this method to integrate knowledge from both quantitative and qualitative data that could inform this complex and challenging area of health care.[14] The first objective of this review was to examine the Australian literature (published in English) detailing key aspects relevant to Cultural Safety for First Nations peoples supported by aged care services in Australia. The second objective was to assess whether the findings of these studies align with the key aspects of Cultural Safety as identified in the Royal Commission into Aged Care Quality and Safety Final Report, being that First Nations peoples have access to safe, high-quality, trauma-informed, needs-based and flexible service provision.[1]

2.1 | Key terms and search strategy

By reviewing, critiquing and synthesising existing knowledge, the authors seek to gain new perspectives regarding the Cultural Safety of First Nations peoples supported by aged care services. Studies included in the literature review were drawn from the research aim, target population and health-care problem and then summarised as concepts and Boolean terms identified in Table 1.[14]

The researchers agreed on the inclusion and exclusion criteria (Table 2). The following five databases were searched: CINAHL, MEDLINE, EMCARE, SCOPUS and INFORMIT. The publication flowchart and steps in the literature search are detailed in Figure 1. The four-stage integrative framework developed by Whittemore and Knafl[14] guided the review. These four stages are (1) problem identification, (2) data evaluation, (3) data analysis and (4) presentation.[14] Collaborative yarning (an Indigenous research method(ology) where all reviewers were able to describe their perspective through reflection, storytelling, speaking and deep listening) was used when discrepancies among the team arose.[15] Data were then extracted and thematically analysed.

Initial concepts agreed upon by the authors included First Nations peoples, older peoples, Cultural Safety and aged care. Key concepts and Boolean search terms used in the literature search are summarised in Table 1.

2.2 | Study selection

One of the review authors is a First Nations researcher, and the other three authors are non-Indigenous. All authors have extensive experience and expertise in health and ageing. The first review of titles and abstracts was conducted. Where there was uncertainty by the initial reviewer, a second reviewer screened the title and abstract to determine eligibility. The second review required at least two authors to screen the full-text articles. When the authors disagreed, a third author would review the full-text article. The wider team then reconvened to undertake collaborative yarning (further discussions) about articles where there was disagreement. This method was used so that all authors could present their perspectives on the inclusion or exclusion of the debated article and congruence in the decision-making was achieved. A diagrammatic representation of articles included in the review is shown in Figure 1, below.

2.3 | Literature search

The initial literature search yielded 198 papers through the database searches identified in Table 2. Duplicates were removed ($n = 77$), and then, titles and abstracts of articles ($n = 121$) were reviewed by the team of reviewers. After reviewing the titles and abstracts, a further 82 articles were removed as they did not fit within the search criteria. A total of 39 papers were eligible for a full-text review. During this process, collaborative yarning was used to refine the search criteria further and an additional 26 articles were removed from the review as they were not related to aged care services, leaving 13 papers for inclusion in the final review (Table 3). Figure 1 outlines the publication flowchart of the literature search.[14]

TABLE 1 Search concepts and terms used in initial search.

Concept	Key words
First Nations peoples in Australia	Australia (Austral* OR Victoria* OR New South Wales OR NSW OR Tasmania OR Queensland OR Northern Territory) AND First Nations people ('First Nations of Australia' OR 'Aboriginal Australians' OR 'Torres Strait Islanders' OR 'Indigenous Peoples') OR aborigin* OR indigenous OR 'torres strait island*' OR 'first nation'
Older people	Older (aged OR aging OR ageing OR elderly OR senior OR older OR elder OR geriatric)
Aged care and Cultural Safety	Aged Care (Health Services for the Aged/ OR Aged/ OR Geriatric Nursing/ OR Geriatrics/ OR aging OR ageing OR elderly OR senior OR older OR Elder OR geriatric) AND Cultural Safety (Cultural Competency/ OR Culturally Competent Care/ OR Attitude of Health Personnel/ OR (cultur* (awareness OR safety OR sensitiv* OR competenc)

TABLE 2 Inclusion and exclusion criteria for the review.

Inclusion criteria	Exclusion criteria
• Focus on First Nations peoples in Australia	• Article is not about First Nations peoples in Australia
• Includes reference to older First Nations peoples (aged 45 and above)	• Article is not about older First Nations peoples (aged 45 and above)
• Inclusion of aged care	• Article does not include aged care or health services related to older people
• Focus on Cultural Safety	• Article does not focus on Cultural Safety
• Written in English language	• Conference papers
• Written since 2010	
• Peer-reviewed and non-peer-reviewed articles and government documents	
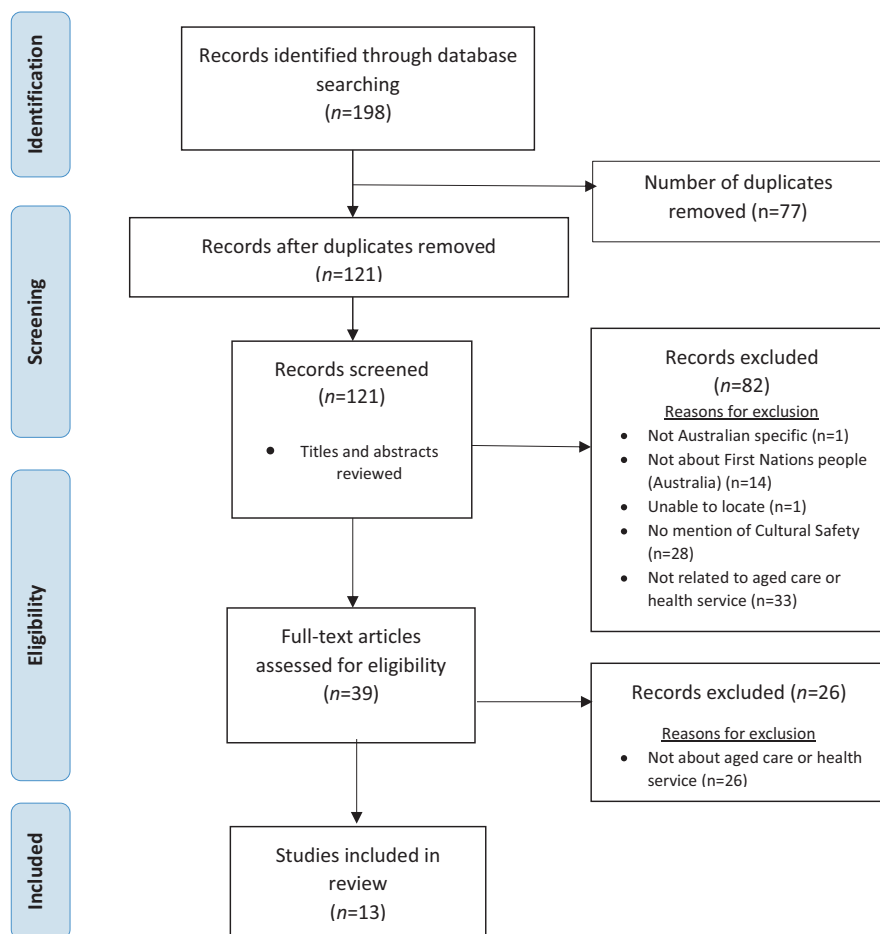
FIGURE 1 PRISMA DIAGRAM—flowchart for article selection[16].

2.4 | Data analysis and theming

The final 13 articles were again reviewed by at least two authors within the team. In this part of the review, all authors were asked to extrapolate key themes or concepts worth noting as significant to the experience of First Nations peoples when supported by health or aged care services in relation to Cultural Safety (Table 4). The team then grouped major themes and concepts and agreed that the literature highlighted the following areas: barriers to health care and communication, racism and discrimination, impacts on health outcomes for First Nations peoples, health-care workforce education needs and the importance of cultural connections to Country and kin. These aspects influenced the perception of First Nations peoples feeling culturally safe when engaging in health or aged care services.

TABLE 3 Databases and search results.

Database	Number of papers
CINAHL	53
MEDLINE	58
EMCARE	13
SCOPUS	36
INFORMIT	31
OTHER—included in list from citation searching	7
Total number of papers	**198**
Duplicates	77
Total papers eligible for title/abstract screening	121
Number of papers excluded post title/abstract search	82
Total number of papers eligible for full-text review	39
Total number of papers excluded as not related to residential aged care	26
Total number of papers for review	**13**

3 | RESULTS

3.1 | Barriers to health care and communication

Within the articles reviewed, First Nations peoples had identified that some barriers to accessing aged care services were associated with financial costs and the difficulty in negotiating the complexity of the Australian health-care system.[17–19] The complexity of the health-care system led to some programs being unappealing for First Nations peoples, indicating that there were no programs that were suitable for them.[19] For some First Nations peoples, a lack of transport or locally available services impacted cost and delayed treatment, resulting in them not utilising health-care services at all.[19] For others, delays in accessing care were often significant (2–3 months) with no interim strategies provided.[20] Although online services could assist in overcoming some barriers associated with access to health care, the literature described how some First Nations peoples indicated that they did not know how to use online services effectively. Similarly, telephone services frequently required peoples to wait for extended periods and when contact details were provided, callbacks did not occur.[19]

Language barriers were also highlighted as being prohibitive in accessing services, as for some First Nations peoples English is not their primary language. Interpreters were not always easy to locate or did not have an extensive health background, leading to misdiagnosis and impacting the health care being received.[17,18,21] Poor communication with health-care workers included general confusion with terms that were difficult to understand (medical jargon) or the lack of clarity on how peoples were to manage their condition.[20] It was also identified that shame and stigma could influence this population group in accessing health care. Examples included the shame of admitting that they were facing a crisis or that they needed help.[19] For others, there was disengagement and a sense of hopelessness when they felt that they had already tried something and that attempts to engage with aged care services had been previously unsuccessful.[19,22] Overall, barriers to health care and communication had a negative impact on the health-care being provided and in some cases were linked to racism and discrimination.

3.2 | Racism and discrimination

Temple defined racism as: 'the unfair and avoidable disparities in power, resources, capacities or opportunities centred on ethnic, racial, religious or cultural differences'.[22(p. 179)] Experience of racism in later life may be a significant risk factor for poor mental and physical outcomes when more health and social services are needed.[22] Racism, most commonly, may present as racial comments or jokes, unfair treatment or being arrested or being told they are less intelligent.[23] Older First Nations peoples were more likely to report racism in health-care settings. The most common sources of racism reported are unfair treatment (31%), avoidance (15%) and human capital experience (14%); however, reports reduce after age 65 with reduced exposure to services.[22]

Racism also impacts health professionals' motivation to understand health and well-being from a First Nations' perspective, preventing healing from long-term oppression and discrimination.[24]

Larke et al.[25] extend the exploration of these impacts to encompass social justice issues, where racism is not only interpersonal but also institutional within the health system. In this context, one third of First Nations peoples have experienced being 'culturally discriminated against' within health services, resulting in a high level of distress.[25]

In remote Indigenous contexts, racism can present as mistrust of health-care workers who are not First Nations peoples.[21] In remote communities, cultural traditions that may have been lost to urban counterparts are often still observed, leading to greater gaps in cultural understanding.[18] Racism is intrinsically linked to the impacts of colonialism, and the lack of understanding by non-Indigenous peoples of Indigenous knowledge systems and that spirituality is fundamental to healing the spirit and reconnecting to Country and culture across the lifespan.[26]

TABLE 4 Characteristics of articles included in the literature review.

First author, publication year	Title of article	Aim and method of study	Findings	Relevance to Cultural Safety in aged care
Aspin, C. (2012)	Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: A qualitative study.	To identify barriers and facilitators to care and support for Aboriginal and Torres Strait Islander people with chronic illness and positive and negative influences that affect well-being. Method: Qualitative interviews.	Positive influences identified as being part of a First Nations community, access to primary health care and family networks. Negative influences were limited access to culturally safe services, racism, and economic hardship.	Increase knowledge and understanding of health service providers by drawing on wealth of knowledge of First Nations patients. Develop strategies to integrate knowledge into care and support programs for First Nations people with chronic illness.
Davy, C. (2016)	What keeps you strong? A systematic review identifying how primary health-care and aged care services can support the well-being of older Indigenous peoples.	To identify primary health-care or aged care strategies to support the well-being of older Indigenous Australians. Method: Systematic review.	Two interventions in communities in central Australia provide aged care services close to the community. Maintain cultural and spiritual connections. Strong cultural identity promotes resilience. Independence/positive contribution to the community.	Ensure Cultural Safety in primary health and aged care services that are free from prejudice and judgements. Enable involvement from ageing community members. Healing from discrimination and oppression. Access entitlements offer understanding.
Larke, B. (2020)	Patterns and preferences for accessing health and aged care services in older Aboriginal and Torres Strait Islander Australians.	To determine preferences for health and aged care services by First Nations people in Australia Method: Mixed methods, cross-sectional study.	Preference for First Nations Community Controlled Health Services for aged care was higher in rural areas compared to urban areas.	Culturally safe services that encompass social justice issues, tackle racism, and are based on Aboriginal Community Controlled Health Services (ACCHS) better meet the needs of First Nations communities.
Lindeman, M. (2014)	Towards better preparation and support for health and social care practitioners conducting specialised assessments in remote Indigenous contexts.	Consider current and improved approaches for staff to conduct assessments in remote and First Nations settings. Method: Combines two qualitative studies.	That staff conducting assessments need the support of cross-cultural knowledge/skilled cultural supervisors and should be included in supervision models.	These findings can be translated and implemented in aged care models of Cultural Safety.
LoGiudice, D. (2012)	Lungurra Ngoora—a pilot model of care for aged and disabled in a remote Aboriginal community—can it work?	To develop a model of care for First Nations older Australians, those with disabilities and those who may have mental health problems for living in remote Australia. Method: Qualitative research through interviews.	There was improved attendance with health-care providers. Community led and informed model of care to address the cultural needs of First Nations Australians to stay in their communities without having to leave Country.	Trust in service providers. Community led and informed model of care to address the cultural needs of First Nations Australians to stay in their communities without having to leave Country.
Love, P. (2017)	Nurturing spiritual well-being among older people in Australia: Drawing on Indigenous and non-Indigenous way of knowing.	To explore what an understanding of spiritual well-being means from a First Nations perspective and a non-Indigenous perspective and its impact on First Nations peoples as described within the literature Method: Literature review.	Spirituality impacts the well-being of all First Nations peoples as it is connected to identity. Spirituality is often confused by non-Indigenous peoples as relating to religion. More research is needed in this area to examine the meaning and impact of spirituality on the health and well-being of older First Nations Australians.	For older First Nations Australians, recognition of spirituality is core to well-being.

TABLE 4 (Continued)

First author, publication year	Title of article	Aim and method of study	Findings	Relevance to Cultural Safety in aged care
Sivertsen, N. (2019)	Exploring Aboriginal aged care residents' cultural and spiritual needs in South Australia.	Explore how cultural needs are maintained for First Nations residents from an individual's own and their carers perspectives Method: First Nations-centred research method, interpretive descriptive approach, interviews, three residential aged care centres, seven First Nations residents and 19 carers.	There was a lack of resources and funding; care practice (e.g. task orientation, lack of knowledge of aged care standards); marginalisation of First Nations culture within aged care facilities.	Lack of cultural awareness, residents feeling disconnected from their culture, few opportunities to voice concerns and lack of trust.
Sivertsen, N. (2020)	'Two-eyed seeing': the integration of spiritual care in Aboriginal residential aged care in South Australia.	To investigate how First Nations residents' spiritual well-being related to living in residential aged care. Method: Qualitative exploration of conversational interviews seven First Nations residents and 19 carers.	There was a lack of understanding of spiritual well-being; challenges around aged care plan; practices and inadequate resources and funding.	Spirituality and culture are intertwined. The importance of the First Nations medical system was identified which treats illness differently to the Western model. Health professionals need a greater understanding of First Nation's spiritual and cultural beliefs which influence health and well being
Temple, J.(2019)	Prevalence and context of racism experienced by older Aboriginal and Torres Strait Islanders.	To examine the prevalence and context of racism self-reported by older First Nations people Method: Quantitative multivariable logistic regression	Older First Nations people reported experiences of unfair treatment and avoidance of health-care systems. Specific demographic groups, such as those with higher levels of education, were more likely to report unfair treatment.	Unfair treatment continues and impacts on access to health-care in older First Nations people
Temple, J. (2020)	Experiences of racism among older Aboriginal and Torres Strait Islander people: Prevalence, sources, and association with mental health.	An analysis of the association between racial discrimination and psychological distress among older First Nations people. Method: Quantitative.	Experiences of racism and avoidance are encountered by older First Nations people. There is an association between experiences of racism and avoidance with psychological distress.	Racism has negative health impacts on older First Nations people.
Waugh, E. (2011)	Ageing well from an urban Indigenous Australian perspective.	To explore perspectives of older First Nations people about their health and well-being. Method: A qualitative study.	Participants described important considerations for ageing well that included personal identity, family, community and perceptions of health and ageing.	Health services must account for the needs and cultural values of different communities.
Wettasinghe, P. (2020)	Older Aboriginal Australians' health concerns and preferences for healthy ageing programs.	To explore participants' health concerns and preferences for healthy ageing programs. Method: Qualitative participatory action research.	Areas of concern for older First Nations Australians included social and emotional well-being, chronic health conditions, and accessing health services.	A healthy ageing program was identified that included culturally safe care for older First Nations people.

Older First Nations peoples recount stories from throughout their lifetimes where they have experienced discriminatory treatment from agencies and staff that included health-care workers.[20] Discriminatory treatment includes judgement and blaming the patient for their health problem.[20] This cultural alienation from mainstream health services is converse to feeling culturally safe and is directly associated with racism and discrimination which have significant impacts on health outcomes for First Nations people.[25] This is particularly important in remote locations where there are additional barriers associated with geographic isolation and poor technological and telecommunications infrastructure.[21]

3.3 | Impacts on health outcomes for First Nations peoples

Waugh and Mackenzie[27] identified that First Nations peoples have broad definitions of health outcomes and that these relate to their identity, family and community as well as their physical perceptions of ageing. Older First Nations peoples associate ageing with increased physical limitations that challenge their identity as independent and productive members of their community.[27] This demonstrates the link between their sense of identity, which comes from productivity, and how that impacts their definition of health outcomes.

The impact of risky behaviours, such as smoking and alcohol consumption, was identified by First Nations peoples to have a detrimental effect on their health as they aged and led to higher incidences of chronic conditions and thereby greater complexity in their health-care requirements.[27] Aspin et al.[20] noted that First Nations peoples identified a lack of access to services, and poor-quality care, which impacted their health outcomes over time. Some negative experiences with health service providers led to them avoiding those services and thereby not receiving any care.[20]

Attending an Aboriginal Medical Service in preference to mainstream health services was more effective for monitoring health status, providing primary health care and assisting First Nations peoples to obtain timely referrals to specialists and improved health outcomes;[20] however, the general health workforce was also seen to be more useful if further education was provided.

3.4 | Health-care workforce education needs

Both a lack of staff knowledge about First Nations health and a shortage of Indigenous health-care workers exacerbate the impacts on poor health outcomes and highlight the need for increasing First Nations staff and carers.[17,18,21] Aspin et al.[20] emphasised the need for strategies that focus on a strong and visible First Nations health workforce that can strengthen and build long-term relationships with primary health providers. Other research supports this approach, where care needs are provided by a First Nations health workforce and a non-Indigenous health workforce whose members have completed Cultural Safety training.[25,26]

LoGiudice et al.[28] indicate that further work is required in delivering education and training for health-care workers so they can provide care in a culturally safe way. Cultural needs are specifically linked to the well-being of First Nations peoples and care that is provided without considering the cultural requirements of a person can affect health outcomes.[17] Temple et al.[23] also identify that education regarding Cultural Safety for health-care workers will also help address discrimination and racism and improve the understanding of how important cultural connections are to First Nations peoples.

3.5 | Importance of cultural connections to country and kin

Connections to Country, community and culture are a vitally important part of First Nations peoples' spiritual and physical well-being.[17,19,26] Elders play a significant role within their communities as they are the keepers of wisdom and act as advisers, educators and cultural guardians.[27] Not all older First Nations peoples are Elders (a sovereign position held within a community); however, it must be recognised that regardless of community position, older First Nations peoples still have a strong sense of connection to Country and community. For First Nations peoples, the need to be connected to community and family becomes increasingly important as they age.[25]

4 | DISCUSSION

4.1 | Culturally safe care

The Royal Commission into Aged Care Quality and Safety[8] highlighted that First Nations older peoples did not feel safe or respected and felt isolated. Where an individual's social and emotional well-being is not being cared for, the impacts on physical and mental health and well-being can be significant, leading to feelings of grief and loss and physical health issues. When individuals do not feel safe to express their concerns about their health, this may lead to a delayed

diagnosis of an underlying serious illness contributing to a shorter lifespan.[19,20] Spirituality and maintaining a healthy 'spirit' can influence physical and mental health. The lack of understanding of the difference between Western cultures and First Nations peoples[19,26] could be resolved with the education of health-care workers in Cultural Safety.[29] The challenge for aged care providers will be in supporting the delivery of training and education programs that include not only Cultural Safety issues but also the importance of spiritual well-being.[17]

Feeling safe and having freedom of choice are important for all peoples. As identified in the Royal Commission report into Aged Care Quality and Safety,[1] First Nations peoples indicated that they did not feel safe when engaging with aged care services.[1] Providing culturally safe care that supports independence and recognises the needs of First Nations peoples is pivotal to maintaining a sense of self and individual identity.[24] Participation in cultural events, access to family and community, and staff who are culturally responsive to the needs of First Nations peoples will support safety and well-being when engaging with aged care services. This is particularly important for Elders and older First Nations peoples who would normally group together to support others within the community. In this way, the sharing of wisdom and guidance around lore is promoted.[19]

When considered as a determinant of health, racism impacts access to health resources. First Nations peoples are not only impacted by generalised social determinants such as education, employment, income and transport, but also negatively impacted by cultural determinants such as colonisation, racism, the loss of language and the loss of connection to land.[19] The lasting effects of colonisation, racism and discrimination contribute to a decrease in the use of mainstream primary health-care and aged care services by First Nations peoples.[24] Overcoming these barriers would improve both physical and psychological health as peoples could stay with and be supported by their families in their local communities.[24]

At first glance, the relatively low reporting of discrimination in health-care settings seems surprising; however, a different conclusion is drawn when contexts or situations of discrimination are interpreted through the lens of avoidance behaviours. Levels of discrimination do not differ by gender and differ only marginally by remoteness or marital status. Unfair treatment, avoidance and human capital exclusion remain relatively high until age 64 and decline considerably after that. Older people may be bearing the costs of potential cumulative impacts of discrimination over their lifespan.[22] These findings underscore the importance of culturally safe health and social services and programs across health-care settings and the imperative to address discrimination in all its forms.[23]

4.2 | Strategies to improve care

To make a difference to the health and well-being of First Nations peoples, it is vitally important that First Nations peoples be involved in strategies to improve care in the aged care sector.[20] Aspin et al.[20] identified that much can be learned from First Nations peoples on improving services that will positively influence the health and well-being of First Nations peoples with chronic illness. Wettasinghe et al.[19] emphasised the need for First Nations peoples to be collaboratively involved in developing programs that support healthy ageing. Having Elders, family, peers and social networks involved in the care of older First Nations peoples supported and facilitated by aged care services is another aspect to be considered in delivering culturally safe care.[20]

Aspin et al.[20] identified that the recruitment of First Nations peoples into the health workforce would support First Nations peoples who engage with health services to feel that their health needs would be taken seriously and addressed in a culturally safe manner, all while feeling accepted. While recruitment is a time-consuming process, an interim solution was identified for non-Indigenous staff to be trained in cultural awareness.[12,20,26,30] Consistency in care providers was also identified as a strategy to improve care for First Nations peoples, particularly with chronic illness through the development of long-term relationships.[20]

Temple et al.[23] identified that there had been an increase in the uptake of home care packages for First Nations peoples. This would indicate a need to offer and encourage the use of these home care packages to prevent the early loss, and higher levels, of independence. In addition to high-level home care packages, Larke et al.[25] called for an expansion of First Nations-specific aged care services due to an increased rate of services currently being accessed.

4.3 | Limitations to study

Strengths of this integrative literature review include the comprehensive analysis of the available literature that examines issues that First Nations peoples encounter when engaging with aged care services. The studies included were freely available on database platforms and represented a variety of Australian States. Limitations of this review include not only the limited number of studies found about Cultural Safety but also how it relates to a deeper cultural understanding of what it means to age well for First Nations

peoples. This is consistent with the Royal Commission findings about the lack of Cultural Safety being provided to First Nations peoples within aged care services in Australia.

5 | CONCLUSIONS

Despite the 2019 Royal Commission into Aged Care Quality and Safety calling for an improvement in the provision of culturally safe care for First Nations peoples,[1] the literature reviewed in this study indicated that barriers to health care and communication continue as do racism, discrimination, prejudice and cultural impacts on health outcomes. The literature identified a need to recruit more First Nations peoples into the aged care workforce, involve more First Nations family and community members in aged care and retain a consistent workforce overall. Together these strategies were seen to address the barriers that continue to impact aged care provision to First Nations peoples. It was evident throughout the literature review that the direct involvement of First Nations peoples was paramount to ensuring any strategies identified and implemented were successful. Without getting this right from the beginning, the success of any strategies to improve the health and well-being of First Nations peoples would be jeopardised.

CONFLICT OF INTEREST STATEMENT
No conflicts of interest declared.

DATA AVAILABILITY STATEMENT
Data sharing is not applicable to this article as no datasets were generated or analysed during the current study. Full search strategy and extraction templates are available upon request.

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