



The acceptability of the Good Spirit, Good Life framework for remote-living Aboriginal and Torres Strait Islander peoples

Lianne Gilchrist^{a,b,*}, Leon Flicker^c, Dawn Bessarab^{a,b}, Roslyn Malay^c, Laurie Yambo^c, Betty Sagigi^{d,e}, Chenoa Wapau^e, Sarah Russell^{e,f}, Rachel Quigley^{e,f}, Caleb Rivers^{a,b}, Zoë Hyde^{b,c}, Esther Chaney^b, Edward Strivens^{e,f}, Christianne White^{a,b}, Kate Smith^{a,b}

^a Good Spirit Good Life Centre of Research Excellence, Centre for Aboriginal Medical and Dental Health, Medical School, University of Western Australia, Perth, Australia

^b Centre for Aboriginal Medical and Dental Health, Medical School, University of Western Australia, Perth, Australia

^c Western Australian Centre for Health and Ageing, Medical School, University of Western Australia, Perth, Australia

^d Queensland Health, Torres and Cape Hospital and Health Service, Thursday Island, Australia

^e College of Medicine and Dentistry, James Cook University, Cairns, Australia

^f Queensland Health, Cairns and Hinterland Hospital and Health Service, Cairns, Australia

ABSTRACT

Purpose: The Good Spirit, Good Life (GSGL) framework is a culturally informed quality of life (QoL) model co-designed with and for older Aboriginal people in Australia. The framework comprises twelve domains: family and friends, Country, community, culture, health, respect, safety and security, supports and services, Elder role, spirituality, future planning, and basic needs. The framework has been validated for urban and regional-living older Aboriginal people. It is unknown if the framework is valid in remote-living Aboriginal and Torres Strait Islander populations. This study aimed to determine the acceptability of the GSGL framework for older Aboriginal and Torres Strait Islander people living in remote areas and explore how the GSGL factors contribute to the QoL of this population.

Methods: A qualitative co-design study was conducted in five communities in the remote Kimberley and Torres Strait regions of Australia. Eight yarning groups comprising 36 people explored participants' views about the framework. Data were analysed using thematic analysis.

Results: All participants agreed that the GSGL framework broadly reflected the Indigenous conception of what it means for older Aboriginal and Torres Strait Islander people to have a good life. Participants in the Torres Strait felt that the connection to Country domain did match in conceptualisation, although the term Island Home was preferred. Participants in the Kimberley region reported that no changes were required.

Conclusions: The GSGL framework, with a minor adjustment to include Torres Strait Islander perspectives, has been found to reflect the quality of life needs of older Aboriginal and Torres Strait Islander peoples living in urban, regional, and remote areas. The GSGL framework can be applied to inform planning and delivery of health and aged care to support the culturally informed quality of life needs of older Aboriginal and Torres Strait Islander peoples Australia-wide.

1. Introduction

Quality of life (QoL) is widely accepted as a multidimensional concept encompassing overall life satisfaction relating to physical, psychosocial, environmental, spiritual and functional dimensions (Bagheri et al., 2022; The WHOQOL Group, 1995). It is highly subjective, reflecting diverse contexts and individual experiences, and can be expressed and understood differently between cultures (Bagheri et al., 2022; The WHOQOL Group, 1995). Culturally relevant factors including traditions, beliefs, values, environment and access to opportunities provide context for interpreting life experiences and shaping human behaviour, and are therefore crucial in understanding constructs of QoL (Bagheri et al., 2022).

An abundance of QoL definitions exist in the literature, with significant criticism over the lack of agreement amongst these definitions (Haraldstad et al., 2019). Whilst QoL has increasingly gained attention as an area of research and practice, developing a consistent theoretical understanding of the term has been difficult due to conceptual and methodological inconsistencies across many of the studies in this area (Bratt and Moons, 2015; Gill and Feinstein, 1994; Haraldstad et al., 2019). Developing a clear conceptual understanding and framework of QoL is important for health professionals to understand what is meaningful to their target population, and to inform appropriate models of care.

Aboriginal and Torres Strait Islander peoples are the Indigenous peoples of Australia who have had continuous cultural connections to

This article is part of a special issue entitled: Indigenous Dementia Insights published in SSM - Mental Health.

* Corresponding author. Centre for Aboriginal Medical and Dental Health (M303), University of Western Australia 35 Stirling Highway Perth, WA, 6009, Australia.

E-mail address: lianne.gilchrist@uwa.edu.au (L. Gilchrist).

<https://doi.org/10.1016/j.ssmmh.2025.100443>

Received 27 September 2024; Received in revised form 22 March 2025; Accepted 11 April 2025

Available online 12 April 2025

2666-5603/© 2025 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

land for over 65,000 years (Clarkson et al., 2017). Importantly, Aboriginal and Torres Strait Islander peoples comprise two culturally distinct groups. Aboriginal people are the Traditional Owners of approximately 250 regions in mainland Australia and Tasmania. Torres Strait Islander people are the Traditional Owners of over 100 islands in the Torres Strait seaway, including 17 inhabited islands, and two communities located in the Northern Peninsula Area (NPA) on the most northern tip of Queensland (Dudgeon et al., 2014; Quigley et al., 2022). In 2021, a total of 983,700 people identified as Aboriginal and/or Torres Strait Islander in the Australian Census, comprising 3.8% of the overall population (Australian Bureau of Statistics, 2023).

Aboriginal and Torres Strait Islander conceptions of QoL and wellbeing centre around inner spirit (Smith et al., 2021). This is understood inherently and articulated in varied ways across Indigenous populations worldwide (Doetzel, 2018; Dudgeon et al., 2020; Johnson et al., 2024). Inner spirit is conceptualised as a deep sense of knowing and being; the source of interconnection between a person, their family, community, land and culture; and provides a sense of purpose and meaning (Casey, 2014; Collard and Palmer, 2015; Kipuri, 2009; Poroch, 2012; Smith et al., 2021; WA Drug and Alcohol Office, 2011; Yap and Yu, 2016). For example, the Anangu people in central Australia conceptualise Kurunpa (spirit) as “the foundation of vitality ... critical to the physical, emotional and spiritual well-being ... Kurunpa goes beyond metaphor; it is not only a feeling, or a means of expressing distress: it is the vessel of life force itself” (Brown et al., 2012, p. 9).

Whilst the term wellbeing has frequently been documented as a preferred descriptor of QoL for Aboriginal and Torres Strait Islander peoples (Butler et al., 2019), in a study by Smith et al. (2021), older Aboriginal people indicated that the term “good life” was preferred to both “QoL” and “wellbeing”. It was also indicated that having a “good spirit” is essential to having a good life (Smith et al., 2021). Smith et al. (2021) led the co-development study for the Good Spirit, Good Life (GSGL) quality of life assessment package for older Aboriginal Australians living in urban and regional areas. This included the GSGL framework, a validated assessment tool, and strategies and recommendations for health and aged care service providers which can be found at <https://www.iawr.com.au> (Gilchrist et al., 2023; Smith et al., 2021). It is the first quality of life framework and assessment tool developed not only for older Aboriginal Australians, but for older Indigenous peoples worldwide. However, a limitation of that research is that the framework and tool have not been validated with Aboriginal and Torres Strait Islander Australians living in remote regions. Given the diversity between both Aboriginal and Torres Strait Islander peoples, and those living in urban, regional, and remote areas, there is a need to investigate whether the framework and tool retain acceptability across these diverse settings.

To our knowledge, three studies have specifically explored the wellbeing of Aboriginal and Torres Strait Islander peoples living in remote regions and one nation-wide study included remote, regional and urban Aboriginal and Torres Strait Islander peoples (Cairney et al., 2017; Dew et al., 2020; Garvey et al., 2021; Yap and Yu, 2016). Yap and Yu (2016) developed the Mabu Liyan framework with Yawuru people in the Kimberley region of Western Australia (WA). They determined that family and community; culture, Country¹ and identity; self-determination, rights and responsibility; and health and material wellbeing were essential domains for Yawuru wellbeing (Yap and Yu, 2016). The Interplay Wellbeing Model by Cairney et al. (2017) explored the intersecting remote community priorities of culture, empowerment and community, with education, employment and health objectives in government policy (Cairney et al., 2017). Dew et al. (2020) identified land, family and culture as fundamental to the wellbeing of Anangu people in remote central Australia, and the need for services to work

together with Anangu people with disabilities to understand and enhance their wellbeing (Dew et al., 2020). Garvey and colleagues (2021) explored Aboriginal and Torres Strait Islander quality of life for adults of all ages determining key themes of belonging and connection, holistic health, purpose and control, dignity and respect, and basic needs (Anderson et al., 2023). These studies centre Aboriginal perspectives by privileging the lived experiences, voices and knowledges of the communities involved. Whilst these studies contribute to our understanding of having a good life in remote areas, the unique needs of older members of remote Aboriginal communities and distinct Torres Strait Islander conceptions of a good life, have not yet been investigated. Acknowledging the diversity of Aboriginal and Torres Strait Islander peoples, further exploration of the needs of older people in remote regions is required.

The main aim of this research is to investigate the acceptability of the GSGL QoL framework for older remote Aboriginal and Torres Strait Islander populations and to determine whether adaptation to the wording of the framework is required. Our secondary aim is to explore how the GSGL factors contribute to the quality of life of older Aboriginal and Torres Strait Islander peoples living in remote areas. We hypothesised that the GSGL framework as developed in urban and regional populations would also be considered an appropriate way of conceptualising QoL by older remote-living Aboriginal and Torres Strait Islander peoples.

2. Methods

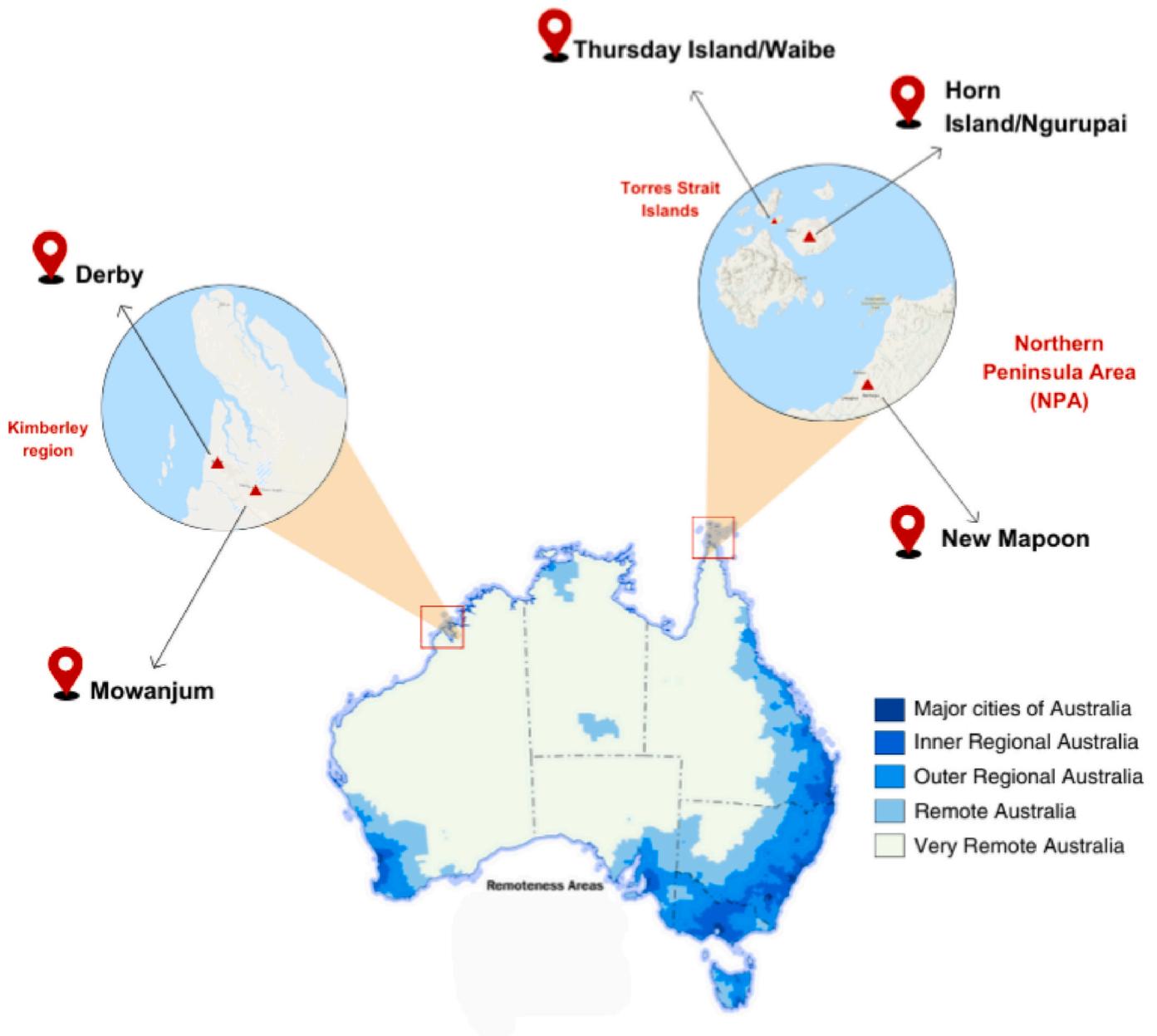
2.1. Study design

This qualitative research was an exploratory study conducted with five remote Aboriginal and Torres Strait Islander communities in Australia (see Fig. 1). A co-design methodology was utilised, specifically following Anderson and colleagues’ principles of co-design with First Nations Australians (Anderson et al., 2023). Engagement and consultation with community representatives occurred prior to the commencement of this research to ensure research objectives aligned with the priorities of the communities participating in the study. These community representatives included Mowanjum Aboriginal Corporation, Derby Aboriginal Health Service, and the existing Torres Strait Knowledge Circle (community representatives who oversee research completed by the team in the region). The Consolidated Criteria for Reporting Qualitative Research (COREQ) statement was used to guide reporting for this study (Tong et al., 2007).

2.2. Research team and positionality

This research is a component of the Healthy Ageing in Aboriginal and Torres Strait Islander Peoples (HATS) study and is supported by the Good Spirit, Good Life Centre of Research Excellence at the University of Western Australia (UWA). The Healthy Ageing Research Team (HART) at James Cook University (JCU) has also partnered in this study. The research team included locally based Aboriginal researchers (Malay, Yambo) in the Kimberley region of WA, locally based Torres Strait Islander researchers (Sagigi, Wapau) from Thursday Island, Queensland; Aboriginal researchers (Gilchrist, Rivers, Bessarab) based in Perth, WA; and non-Aboriginal researchers (Russell, Quigley, Strivens, White, Chaney, Smith, Flicker, Hyde) based in Cairns, Queensland and Perth, WA. Gilchrist, who is leading this research, is a Yinggarda Yamatji Aboriginal woman from Western Australia and is currently working towards a Master of Philosophy degree. All team members participated in all research activities relating to community engagement, consultation, planning and organising, data collection, data analysis and reporting of findings.

¹ Country refers to the land, waterways and seas to which Aboriginal people have ancestral connections, responsibilities and obligations.



Map of Remoteness Areas for Australia. Retrieved from the Australian Bureau of Statistics. [www.abs.gov.au]

Fig. 1. Map of Australia showing the location of study participants' communities

Note: Adapted from Australian Bureau of Statistics. (2023, March 21). *Remoteness Areas*. <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>.

2.3. Recruitment and sampling

This study involved the participation of five communities in the remote Kimberley and Torres Strait and NPA regions of Australia. These were Derby and Mowanjum communities in Western Australia; and Thursday Island, Horn Island and New Mapoon communities in Queensland (Qld). A purposive sampling strategy was utilised with assistance given by local community health and aged care service providers and community-based Aboriginal and Torres Strait Islander researchers to identify potential participants who met the inclusion criteria and were likely to participate in a research project of this nature. Snowball sampling was later incorporated to maximise sample size. Inclusion criteria were as follows: (i) participants identified as Aboriginal and/or Torres Strait Islander; (ii) were aged ≥ 45 years; and (iii) were living in a remote community. Exclusion criteria comprised: (i) individuals with high care needs unless supported by a carer to attend. Aboriginal and Torres Strait Islander people have a higher risk of developing ageing-related conditions at an earlier onset due to the culmination of adverse experiences across the life course and the social determinants of health (Quigley et al., 2022). Consequently, Commonwealth Government policy states that Aboriginal and Torres Strait Islander peoples can access aged care earlier, from the age of 50 years, with Aboriginal and Torres Strait Islander peoples who are homeless eligible for aged care from 45 years (My Aged Care, 2024). Recruitment of participants for this study was from the age of 45 years, as the Good Spirit, Good Life framework was also initially developed with this age group (Gilchrist et al., 2023; Smith et al., 2021). Each participant was provided with an information sheet and given the opportunity for further discussion with present members of the research team. Written informed consent was then obtained from participants.

2.4. Data collection and analysis

Locally based Aboriginal and Torres Strait Islander researchers shared their skills and knowledge with all members of the research team to understand and sensitively navigate cultural protocols and community needs and priorities. This included understanding avoidance practices,² men's and women's business,³ sorry time⁴ and important community and cultural events. Yarning groups (a group process of building connections, respectful active listening and learning, and sharing experiences through storytelling) were utilised for data collection as a recognised Indigenous research method (Bessarab and Ng'andu, 2010), allowing all group members to participate in a familiar and culturally safe process of information sharing and collaboration. Eight yarning groups were completed across the five community settings with participants consenting to the use of audio recorders to maximise data collection. Written field notes captured participant discussions, researcher observations and reflections from the yarning groups. Additionally, field notes ensured a secondary source of data collection and safety measure in the event of audio recording issues.

For each yarning group, participants were provided with a visual reference and verbal explanation of the urban/regional GSGL framework. Following a yarning guide and using open-ended questions, researchers invited participants to share their stories and insights on each of the components of the framework and discussed if any factors important to having a good life were missing from the framework. An

² Avoidance practices – Aboriginal and Torres Strait Islander relationship protocols between certain male and female kin prohibiting communication and/or close proximity.

³ Men's and women's business – specific Aboriginal and Torres Strait Islander customs and practices performed by men and women separately.

⁴ Sorry time – the period of mourning after the death of an Aboriginal and/or Torres Strait Islander person. Also referred to as sorry business (or sad news in the Torres Strait).

iterative data collection approach was employed where information from each yarning group informed subsequent yarning groups. Audio recordings were transcribed and then imported into and managed with NVivo software version 13 (QSR International, Burlington, Massachusetts). A codebook was developed to apply a consistent coding system for deductive thematic analysis. One Torres Strait Islander researcher (Wapau), one non-Indigenous researcher (Chaney) and two Aboriginal researchers (Gilchrist, Rivers) independently coded three transcripts, followed by collaborative discussions led by the first author to compare and contrast findings. Differences in coding were interrogated and analysed for triangulation to ensure the coding methods were consistent between researchers. The first author (Gilchrist) completed coding for the remaining transcripts. Key suggestions from yarning groups were collated into a single document and a draft adapted version of the GSGL framework was created by the first author.

A Kimberley Elders Advisory Group (WA) and the Knowledge Circle (Qld) provided cultural oversight and guidance throughout the study. Initial yarning group findings, and overall findings and details for presentation were discussed with the advisory groups for input. The Perth Elders Advisory Group involved in the original development and validation of the GSGL assessment package also reviewed and approved the findings.

2.5. Ethics

Approval was granted by the Western Australian Aboriginal Health Ethics Committee (HREC1072), the University of Western Australia Human Research Ethics Committee (reciprocal approval HREC1072), Mowanjum Aboriginal Corporation, the Far North Queensland Human Research Ethics Committee (HREC/AM/2023/QCH/59342-1406) and James Cook University Ethics (H8063). The project was additionally endorsed by the Derby Aboriginal Health Service Council. All participants provided written informed consent with assistance as required from Aboriginal and Torres Strait Islander community research assistants.

3. Results

This study recruited 26 women (72 %) and 10 men (28 %), providing a total sample of 36 participants. Fourteen were receiving aged care services (39 %). There were 35 participants with complete data for age; their median age was 69 years (interquartile range 10; range 53–83 years). In the Kimberley region, nine language groups were represented. In the Torres Strait, participants had family ties to 11 Islands and three mainland Northern Peninsula Area (NPA) communities.

3.1. Good Spirit, Good Life factors

Participants from this study agreed that the twelve GSGL factors and the connection of these factors to the inner spirit, encompass the components important for older Aboriginal and Torres Strait Islander peoples to have a good life. It was agreed that the GSGL factors are interconnected and contribute to a holistic perspective of quality of life. No other factors were suggested for inclusion.

3.1.1. Family and friends

Many participants described the importance of family relationships as they grow older, with some participants highlighting friendship as a means of social connection outside the constraints of family. Spending time with family and friends by participating in shared activities had a positive impact on mood and helped to reduce feelings of loneliness.

You'll get some family that comes in and have a talk to you. You sit down and having a good yarn, that gives us a good feeling about it ... Have a feed together, might be a little barbeque or something, I really like that.

(Mowanjum participant)

Friends can be when you want to talk something in confidence. Like you want to talk about something and not offend anybody – friend. So that's what I like to support. We all understand about family relationships, and we like to maintain that. And in the Torres Strait and in the Aboriginal community, extended family are really important.

(Horn Island participant)

3.1.2. Country and Island Home

All participants recognised 'Country' as a term referencing ancestral land and sea, however Torres Strait Islander participants preferred other terms including 'Island Home', 'Island', 'Island Community' and 'Home'. On further discussion, the term 'Island Home' was agreed upon as the most relevant term that is preferred by Torres Strait Islander peoples to represent ancestral ties to land and sea. These findings were confirmed by the Torres Strait Islander Knowledge Circle.

Island people, they say "oh hello, which Island you come from?" So they won't say "where's your Country?" they say, "which Island you come from?" because Torres Strait is made up of islands.

(Horn Island participant)

Country is our Island Home.

(Horn Island participant)

Our ancestors were seafaring people surrounded by sea, and the stars are used to navigate, to travel and hunt for our food in the waters. Our home is an island and it isn't connected to mainland Australia. Therefore, we refer to our home as Island Home.

(Torres Strait Knowledge Circle member)

Participants expressed a sense of belonging and deep connection to their ancestral lands.

Your Home. Where's your real Home in your heart? Where is it? Where do you come from? Like me, my Home is Nagir, that's where I come from. I always want to go back there but I go back sometimes. I grew up there and it's always in your heart no matter where you are.

(Horn Island participant)

Kimberley participants confirmed the significance of 'Country' in providing strength, healing and protection.

Participant 1: Country is like, when you go back to Country it takes everything out of you it's sort of like, peace. Sort of healing part.

Participant 2: De-stress, yeah. Country is healing.

(Derby participants)

3.1.3. Community

Community was described by participants in terms of place and people, providing a sense of support, belonging and connection with others. Art centres were particularly valued by the remote Aboriginal communities for this reason.

I was working for 4 years at art centre in [the remote community of] Warmun and that was a good community thing for old people. And gathering every day, old people were looking forward to going in and paint because they wanted to be in that environment.

(Derby participant)

Participants discussed the complex dynamics that may exist in communities particularly if people have relocated or been displaced. Respect was outlined as a key component of participating and living well in community.

For us here, like if there's one family member lose their loved ones, so we come together and support, we cook, just to participate and help the family, so that's how we operate here. And elsewhere, families that are living in NPA [Northern Peninsula Area], outer Islands, because we live in

a small community, so that's our support network. We support one another.

(New Mapoon participant)

3.1.4. Culture

Teaching Lore, language, protocols, customs, stories, and ancestry ensures the continuation of culture. Participants agreed that practicing these elements of culture is a core component of having a good life. The importance of culture in shaping identity and its inseparability from family, community, spirituality and Country was widely discussed.

Participant 1: Without culture you don't feel anything. That's how I was taught. You wouldn't know where you come from, but if you have your culture, you know everything ...

Participant 2: Yes. Identity. Who you are.

(Horn Island participants)

I don't know if there's one day that nobody talks about it [culture]. We talk about it in some sentence every day. There's not one day you don't talk about it. It's all we practice.

(Derby participant)

To experience the culture, it's from the Country. That's where the culture comes from, the Country. And culture is shared by the community.

(Mowanjumb participant)

3.1.5. Health

Participants described how engaging in healthy activities provided a sense of purpose and enjoyment, supporting physical, mental, spiritual, emotional and social wellbeing. Prioritising health, including regular medical checks, eating well and exercising, allowed participants to fulfil important family and community roles. Access to traditional healing practices including using bush medicines was identified as an important aspect of maintaining health.

If you exercise your body, you're not only exercising physically, but your mind, and the contact you have with your peers, this is where you can release your stress so it's all these things combined.

(Horn Island participant)

I mean, I have grandchildren, I can send them to the shop but no, I don't want to sit around, I want to get up and walk because I want to be healthy and active for them.

(Horn Island participant)

It's good to get bush medicine, especially for the older people. They know what type of bush medicine to get, they know straight away what it's for.

(Mowanjumb participant)

3.1.6. Respect

Participants highlighted the importance of mutual respect between the older person and younger members of the community as the basis of all interactions. Being respectfully addressed also contributed to the wellbeing of participants.

You see, I respect them, they respect me, so it's two-way things, so I look at it that way. But if I was a drinker, it will be different. But they see me as an older person, a wiser person, that person – yeah, a good role model for them. They say it like that.

(Mowanjumb participant)

When I walk down the shops, I see the young kids, they can never walk past me without saying, "morning Aka [grandmother]", even the adults when they walk past me. Like they were saying about the community, we're connected, and everybody knows one another. So you [don't] bypass anyone without saying hello or hello aunty, good morning aunty,

good day aunty. So I feel happy when ... [they are saying that] ... I know that they respect me.

(Horn Island participant)

3.1.7. Elder role

Participants emphasized the importance of mutual respect and reciprocity to enable them to fulfil their roles as Elders or senior community members. Passing on knowledge, customs, skills, language, protocols, history, family connections and lineage contributed to having a good life.

We got this NAIDOC day coming up next month, it's been like every year and it's really amazing and it's really a joyful day to see the young ones dance. Wow! Look at them going and they've been trying and they've been practicing for this day ... It's really good, the Elders are passing that knowledge down to them. It really makes you happy, really good. Build your spirit up, you say to yourself, "wow, I'm so glad I'm alive and I'm passing this down to the young ones".

(Horn Island participant)

Because, my old people before they passed away, they passed their stories to me too when I was growing up, you know? Through my own childhood. And even today I still talking in language as well. And I pass that story to my kids and grannies. I go sit down with them.

(Derby participant)

3.1.8. Supports and services

Participants outlined the significance of having access to culturally safe services, including having Aboriginal and Torres Strait Islander staff who know and understand the community.

My daughter [tried to] get a job there [health clinic], because she their daughter, help her old people and talk to them and explain to gardia [non-Aboriginal people] what they need, these old people. We got to look after them, this is their community and you're working for them. All for their needs. Now my daughter got this job and is working now in clinic with them old people and we're happy with it too. For her you know, Liyan [spirit].

(Derby participant)

Because up there in Bamaga they've got no [Aboriginal and Torres Strait Islander] nurse. You know? It makes you feel out of place. And some of our people they don't understand English, that's why we need to have [Aboriginal and Torres Strait Islander] nurse up there too.

(New Mapoon participant)

Participants highlighted the value of attending aged care supports, services and programs to maintain social connection with other older people in the community. Supports and services were also important for providing practical assistance such as transport, and for supporting safety and wellbeing.

Participant 1: Many people live alone and nobody goes to visit them so they come to the [aged care funded community] centre.

Participant 2: Yeah, the whole family unit's changed and so they come to [aged care community centre] because it's a lonely life at home if you don't have family and friends, and you need to keep your mind occupied.

(Thursday Island participant)

Participants also discussed aged care services further supporting older peoples' wellbeing through having the resources and capacity to take older people back to visit or return to their Country/Island Home.

3.1.9. Safety and security

Many participants described facing significant challenges with safety and security. However, there was some evidence of government departments working together with communities to improve safety and

security.

We have the Mowanjum Council meetings about what needs to be done in the community. The outsiders give us support too from different government departments and different services – water supply, electric crew, sewerage, roads ... all that kind of stuff. We've got all that support already and now we want to get a CDP [community development program] now.

(Mowanjum participant)

The challenges experienced by participants related to physical, financial and emotional safety and could be caused by organisations and/or family members. Overcrowding was also reported as an issue for participants:

It needs to be a priority. If you have a Homeswest house [government housing] and tell them your house needs to be fixed. They don't come around. You can tell them, tell them. They don't come around ... You may be waiting 6 months or 12 months. If something happened, like some kid might put their hand out, put the light on and get shocked. Those sorts of things, you know? My house is like that.

(Derby participant)

There are issues of the house that most of us complain about but it takes a long time for [the department of housing] to do it. Like, I live by myself, and I want a sensor light. I've been asking five years ago. I'm still asking.

(Thursday Island participant)

People my age or younger, we should be having our own houses and being independent ourselves but because of [housing issues] we are crowding our old people.

(Derby participant)

3.1.10. Spirituality

Freedom of expression and respect for cultural and religious beliefs and practices was described by participants as important features of spirituality. All participants acknowledged that expressions of spirituality can be cultural, religious or a combination of both.

They usually still do it here after funeral everyone goes back, go back and smoke that area. Go back and smoke that area otherwise that spirit stays there ... it's so that he or she's free you know?

(Mowanjum participant)

When I go back to Badu, when I jump off the plane, put my foot on the ground, I always talk to my ancestors. Always because the airstrip for Badu is on our land so we always say like "my mummy, I'm here now".

(Thursday Island participant)

Christianity was identified by the majority of Torres Strait Islander participants as a dominant expression of spirituality.

Even though you're going to church, but you know because of what the Elders taught you, what is your totem you also believe that. Before you come to realise that He is the one above everyone. Every God ... He's the one. But we believe both, everyone looking at both sides, both ways and very strongly believing in both of spirituality.

(Horn Island participant)

3.1.11. Future planning

Whilst participants supported future planning, which may encompass life event priorities as broad as planning for cultural events and activities, through to end-of-life planning, as being important for a good life, many advised sensitivity around this domain, particularly when addressing a person's end of life wishes. Some participants indicated that they were not comfortable discussing future plans but acknowledged the benefit to others. It is important to be aware of cultural norms and taboos around discussing end of life.

I already made my will, I already put money aside when I'm gone, that money's in the account.

(Horn Island participant)

Last wishes, yes. Because if you do that, your families, they will carry that out. It's a very strong cultural thing as well, not to go against that – your last wish. They've got to carry that out.

(Horn Island participant)

3.1.12. Basic needs

Participants indicated that having their basic needs met was important for having a good life. However, a high cost of living and geographical remoteness contributed to widespread hardship, including difficulty attending health care appointments. A lack of transport support and poor service coordination were highlighted as major barriers. Sensitivity was also recommended when approaching discussions within this domain.

It's very hard, but I don't know, some people say they manage but I know some countrymen, they don't.

(Mowanjum participant)

You know, the people from the outer islands are more disadvantaged. Even people in here too. Because when they come off the outer islands sometimes it's off their pay week, and when they come, they have to find their own transportation from the wharf to wherever they put them over night ... and when they go to the hospital, they've got no lunches. Before time under the Torres Model of Care, they used to provide fruit, they used to provide lunch for them ... So that's the service that's very hard for communities here. Even here on TI [Thursday Island] too. Sometimes when specialists come, it's off pay week, you know, they've got no money because things are so expensive up here, the cost of living.

(Thursday Island participant)

3.1.13. Interconnectedness of domains and connection to spirit

Participants unanimously related to the fundamental notion of the GSGL framework that 'spirit' was central to Aboriginal and Torres Strait Islander conceptions of a good life. There were many ways participants expressed this. In addition to 'spirit', participants used a variety of terms including 'Liyan' (Kimberley Kriol), 'heart', 'feeling', and 'Mari' (Western Torres Strait Islands).

Good Liyan. Happy or bad. That's Liyan ... That's the main word for the heart, is Liyan. Mostly all blackfellas here use Liyan word.

(Derby participant)

If you have good spirit, you can show it by a smile and that.

(New Mapoon participant)

Participants described how 'spirit' is protected and strengthened from connection to various GSGL domains, including the Elder role, family and community.

It's really good, the Elders are passing that knowledge down to them. It really makes you happy, really good. Build your spirit up, you say to yourself, wow, I'm so glad I'm alive and I'm passing this down to the young ones.

(Horn Island participant)

Finding acceptance and deep connection within another community involves trust, vulnerability, respect and time.

Finding out how you're connected to them from that mob cos they can comfort you within. And ... your Liyan [spirit] is in that person's hands now and they show you around to people. That's how it works, we can't just go in and do whatever you want.

(Derby participant)

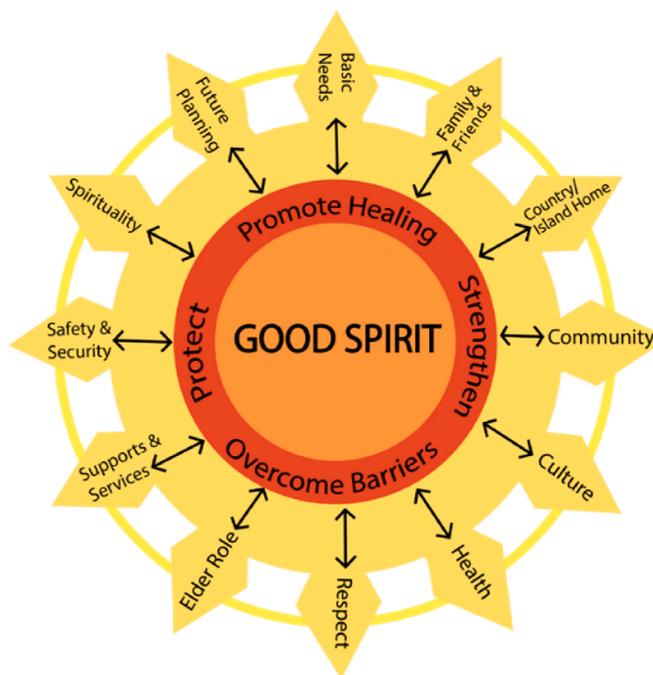


Fig. 2. The updated GSGL framework for older Aboriginal and Torres Strait Islander peoples

Note: Information about the GSGL framework and tool can be found at: <http://www.iawr.com.au>.

4. Discussion

This study has confirmed the acceptability of the GSGL framework across diverse Aboriginal and Torres Strait Islander populations from 5 communities in two remote regions of Australia (the Kimberley and Torres Strait/NPA). Participants reported that the framework aligned with older Aboriginal and Torres Strait Islander peoples' perspectives on having a good life. For Torres Strait Islander participants, the term "Island Home" was preferred over the term "Country" when referring to traditional and ancestral land. Sensitivity in navigating discussions around future planning was strongly emphasized by participants from both regions.

The preferred language of "Island Home" for Torres Strait Islander participants is supported by the Torres Strait Islander Knowledge Circle and in the literature. [Watkin Lui \(2012\)](#) uses Island Home to refer to Torres Strait Islander place-based identity, which encompasses a deep knowing and belonging to ancestral lands through family and kinship. Consequently, the language of the GSGL framework has been updated to include Island Home and Country in the same domain, reflecting both Aboriginal and Torres Strait Islander vernacular and providing a more meaningful connection for older Torres Strait Islander people to the framework (see [Fig. 2](#)). This framework update was approved by all advisory groups involved in the study.

When discussing the interconnected domains of their Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) framework, [Gee and colleagues \(2014\)](#) stated that SEWB is expressed differently according to age. Given no other frameworks have been developed with remote populations to specifically address the needs of older Aboriginal people or incorporate Torres Strait Islander perspectives, the GSGL framework and the adaptations derived from this study, have addressed this important knowledge gap.

When exploring the domain of spirituality, it was broadly accepted that cultural and religious forms of spirituality were respected and valued, with participants emphasising the importance of having freedom to express spirituality in whatever ways were personally meaningful. This diversification of spiritual expression is discussed in

the literature, with Poroch et al. (2009) identifying the impact of other cultures, religions and technologies on contemporary Indigenous spirituality. A strong emphasis on Christianity was conveyed in this study by the majority of Torres Strait Islander participants and shared by some Aboriginal participants. Cultural or religious spirituality intersects many areas important for a good life, including culture, Country, health and their role as an Elder or older adult in their community. This was evident in participant discussions around traditional practices of health, participating in ceremonies, sharing Dreaming and Island stories, and observing sorry business. The interconnectedness of spirituality with other domains demonstrates the varied ways in which the GSGL factors are interrelated and can be viewed to inform QoL. For overall QoL, all domains must be appropriately addressed.

A number of participants were hesitant to enter discussions relating to the GSGL domain of future planning. Future planning can encompass a broad number of planning priorities for the older person. This may include end of life wishes, writing wills, paying for funerals, or other future plans such as traveling to see family, preparing for cultural events and activities, passing on cultural knowledge to the younger generation, resolving family conflicts or organising health and aged care. Although aspects of future planning were acknowledged as important, participants cautioned that discussions must be navigated with sensitivity and respect. For some participants, discussions of current and future plans were viewed to be beyond their capacity given the complex daily challenges experienced, including financial and housing insecurity, high costs of living, chronic health issues, poor access to services, carer and family responsibilities and sorry business. Service providers that want to approach issues around future planning and support this QoL area for older Aboriginal and Torres Strait Islander peoples must ensure that culturally safe approaches are embedded into policy and practice (Shahid et al., 2018). Culturally safe strategies may include being guided by the priorities and wishes of the older person, keeping an open dialogue, using a gentle and non-intrusive approach, involving family and Aboriginal and Torres Strait Islander support workers, allowing time to meet the person's needs without being rushed, and creating a safe space for discussions (Advance Care Planning Australia, 2024; Thompson et al., 2019). The GSGL instruction booklet and recommendations include material to support services to improve awareness, understanding and service delivery.

The issue of safety and security for older Aboriginal and Torres Strait Islander peoples is multifaceted. Participants in this study described significant delays in housing maintenance and repairs, that contributed to unsafe living environments. Additionally, participants discussed overcrowding as an issue, due to a lack of housing availability. Overcrowding places enormous stress on household members as well as on the facilities and infrastructure of the home, increasing the likelihood of experiencing poorer health and living conditions (Baillie and Wayte, 2006). Some participants also shared experiences of emotional and financial vulnerability, including threats to their living circumstances when refusing to meet demands from family members. Threatening or causing harm or distress to an older person is a type of elder abuse or mistreatment, which at times may be difficult to identify and address. Co-designing strategies with communities to safeguard the rights of older Aboriginal and Torres Strait Islander peoples has been recommended (SAHMRI, 2019). In their report on this issue, SAHMRI (2019) recommend that co-designed strategies encompass the areas of (i) raising awareness, (ii) promoting connection to culture, and (iii) upholding the safety of older people (SAHMRI, 2019).

Transport was widely reported as a fundamental and basic need, due to the geographical remoteness of the communities participating in this study. This has been reported in other studies on aged care needs of older Aboriginal peoples in the Kimberley region (LoGiudice et al., 2012; Smith et al., 2011, 2024). Reduced access to transport has a negative impact on a person's ability to connect with family, community, Country and supports and services; and limits opportunities to meet health needs and fulfil cultural roles and obligations. Addressing the issue of transport

will have widespread and positive impacts on the ability to connect to activities that support the quality of life of older Aboriginal and Torres Strait Islander peoples.

This research has explored the perspectives of older adults and Elders living in five remote communities in the Kimberley and Torres Strait regions of Australia. The participants' views were consistent with the perspectives of the participants involved in the original development of the tool in urban and regional areas, with the addition of a minor wording change and some further considerations. This qualitative research has broadened the scope of the validated GSGL framework to encompass and centre remote Aboriginal and Torres Strait Islander perspectives. This will inform planning and delivery of health and aged care to include the factors important to having a good life and a strong spirit for this population. However, some limitations of this research should be acknowledged. The GSGL framework and tool were developed and validated for urban and regional populations. It is possible that exploring this pre-determined framework and tool with older remote-living Aboriginal and Torres Strait Islander peoples may have limited the possibility of generating new ideas or conceptions of QoL in the study population. However, use of a yarning guide with open-ended questions assisted the research team to thoroughly explore the research topic in yarning groups, avoiding the use of leading questions that could influence the responses of participants. A key strength of this research is that it has been led by Indigenous researchers, drawing on the knowledge of older adults and Elders and the skills of locally based Aboriginal and Torres Strait Islander researchers who are trusted members of their communities, facilitating a culturally safe, co-design approach throughout all stages of the study. This strong engagement and ongoing partnership with the communities who have participated in this study has contributed to the credibility of our findings which are consistent with the existing literature. Our findings are likely to be applicable to other remote settings and Aboriginal and Torres Strait Islander populations in Australia.

4.1. Conclusion

The GSGL framework strongly resonated with older remote-living Aboriginal and Torres Strait Islander peoples in this study. Therefore, the framework has been found to be an acceptable model to capture the quality of life needs of older remote-living Aboriginal and Torres Strait Islander peoples. The GSGL framework can be applied to inform health and aged care models to better support the quality of life of older Aboriginal and Torres Strait Islander peoples nationally. A minor wording change was required to encompass cultural and regional differences.

The GSGL framework is part of the overall GSGL assessment package which has an accompanying QoL assessment tool. This tool consists of twelve questions based on the twelve domains of the GSGL framework. The next stage of this research will focus on reviewing the GSGL tool items with remote living participants based on these findings. Results from this research will inform health and aged care service delivery to enable appropriate assessment of the quality of life needs of Aboriginal and Torres Strait Islander peoples across urban, regional and remote populations.

Funding

This study was funded by the National Health and Medical Research Council (NHMRC) of Australia (project grant numbers: APP1198890 and APP1170422). We acknowledge the contribution of the UWA Poche Centre for Indigenous Health in providing a grant to first author, Lianne Gilchrist. These funding bodies had no role in the design and conduct of the study; in the collection, analysis, and interpretation of data; in the preparation of the manuscript; or in the review or approval of the manuscript.

CRedit authorship contribution statement

Lianne Gilchrist: Writing – review & editing, Writing – original draft, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Leon Flicker:** Writing – review & editing, Supervision, Methodology, Funding acquisition. **Dawn Bessarab:** Writing – review & editing, Supervision, Methodology, Funding acquisition. **Roslyn Malay:** Writing – review & editing, Investigation. **Laurie Yambo:** Investigation. **Betty Sagigi:** Writing – review & editing, Investigation. **Chenoa Wapau:** Writing – review & editing, Investigation, Formal analysis. **Sarah Russell:** Writing – review & editing, Investigation. **Rachel Quigley:** Writing – review & editing, Investigation. **Caleb Rivers:** Writing – review & editing, Investigation, Formal analysis. **Zoë Hyde:** Writing – review & editing. **Esther Chaney:** Writing – review & editing, Formal analysis. **Edward Strivens:** Writing – review & editing. **Christianne White:** Writing – review & editing, Investigation, Funding acquisition. **Kate Smith:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgement

We wish to acknowledge members of the Kimberley Elders Advisory Group, Torres Strait Knowledge Circle and Perth Elders Advisory Group for their support and guidance throughout this research. We also acknowledge the support from the Derby, Mowanjum, Thursday Island, Horn Island and New Mapoon communities, and the study participants.

References

- Advance Care Planning Australia, 2024. Advance care planning for Aboriginal and Torres Strait Islander peoples. Queensland Health. <https://www.advancecareplanning.org.au/understand-advance-care-planning/advance-care-planning-for-aboriginal-and-torres-strait-islander-peoples>.
- Anderson, K., Gall, A., Butler, T., Ngampromwongse, K., Hector, D., Turnbull, S., Lucas, K., Nehill, C., Boltong, A., Keefe, D., Garvey, G., 2023. Development of key principles and best practices for Co-design in health with First Nations Australians. *Int. J. Environ. Res. Publ. Health* 20 (1), 147. <https://doi.org/10.3390/ijerph20010147>.
- Australian Bureau of Statistics, 2023. Estimates of Aboriginal and Torres Strait Islander Australians. ABS. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/30-june-2021>.
- Bagheri, Z., Chamanpara, P., Jafari, P., Balhara, Y.P.S., Arya, S., Ransing, R., Dorić, A., Knez, R., Thi, T.-V.V., Huong, T.N., Kafali, H.Y., Erzini, G., Vally, Z., Chowdhury, M. R.R., Sharma, P., Shakya, R., Campos, L.A.M., Szczegieliński, A.R., Stevanović, D., 2022. Cross-cultural measurement invariance of the Quality of Life Enjoyment and Satisfaction Questionnaire-Short form across ten countries: the application of Bayesian approximate measurement invariance. *BMC Psychol.* 10 (1), 160. <https://doi.org/10.1186/s40359-022-00864-y>.
- Bailie, R.S., Wayne, K.J., 2006. Housing and health in Indigenous communities: key issues for housing and health improvement in remote Aboriginal and Torres Strait Islander communities. *Aust. J. Rural Health* 14 (5), 178–183. <https://doi.org/10.1111/j.1440-1584.2006.00804.x>.
- Bessarab, D., Ng'andu, B., 2010. Yarning about yarning as a legitimate method in Indigenous research. *Int. J. Crit. Indig. Stud.* 3 (1), 37–50. <https://doi.org/10.5204/ijcis.v3i1.57>.
- Bratt, E.-L., Moons, P., 2015. Forty years of quality-of-life research in congenital heart disease: temporal trends in conceptual and methodological rigor. *Int. J. Cardiol.* 195, 1–6. <https://doi.org/10.1016/j.ijcard.2015.05.070>.
- Brown, A., Scales, U., Beaver, W., Rickards, B., Rowley, K., O'Dea, K., 2012. Exploring the expression of depression and distress in Aboriginal men in central Australia: a qualitative study. *BMC Psychiatry* 12 (1), 97. <https://doi.org/10.1186/1471-244x-12-97>.
- Butler, T.L., Anderson, K., Garvey, G., Cunningham, J., Ratcliffe, J., Tong, A., Whop, L.J., Cass, A., Dickson, M., Howard, K., 2019. Aboriginal and Torres Strait Islander people's domains of wellbeing: a comprehensive literature review. *Soc. Sci. Med.* 233, 138–157. <https://doi.org/10.1016/j.socscimed.2019.06.004>.
- Cairney, S., Abbott, T., Quinn, S., Yamaguchi, J., Wilson, B., Wakerman, J., 2017. Interplay wellbeing framework: a collaborative methodology 'bringing together stories and numbers' to quantify Aboriginal cultural values in remote Australia. *Int. J. Equity Health* 16 (1), 68. <https://doi.org/10.1186/s12939-017-0563-5>.
- Casey, W., 2014. Strong spirit strong mind model - informing policy and practice. In: *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, second ed. Commonwealth of Australia.*
- Clarkson, C., Jacobs, Z., Marwick, B., Fullagar, R., Wallis, L., Smith, M., Roberts, R., Hayes, E., Lowe, K., Carah, X., Florin, S.A., McNeil, J., Cox, D., Arnold, L., Hua, Q., Huntley, J., Brand, H., Manne, T., Fairbairn, A., Pardoe, C., 2017. Human occupation of northern Australia by 65,000 years ago. *Nature* 547, 306–310. <https://doi.org/10.1038/nature22968>.
- Collard, L., Palmer, D., 2015. Noongar and non-Aboriginal people going along together (Ngulla wangkiny, ni, katitjin Noongar nyiduyung koorliny, kura, yeye, boorda). In: *Indigenous Intermediaries*. ANU Press, pp. 189–206. <http://www.jstor.org/stable/j.ctt19705zg.15>.
- Dew, A., Barton, R., Gilroy, J., Ryall, L., Lincoln, M., Jensen, H., Flood, V., Taylor, K., McCrae, K., 2020. Importance of Land, family and culture for a good life: remote Aboriginal people with disability and carers. *Aust. J. Soc. Issues* 55 (4), 418–438. <https://doi.org/10.1002/ajs4.96>.
- Doetzel, N.-A., 2018. Cultivating spiritual intelligence: honoring heart wisdom and First Nations Indigenous ways of knowing. *Interchange* 49 (4), 521–526. <https://doi.org/10.1007/s10780-018-9345-2>.
- Dudgeon, P., Gibson, C., Bray, A., 2020. Social and emotional well-being: "Aboriginal health in Aboriginal hands". In: *Handbook of Rural, Remote, and Very Remote Mental Health*. Springer, Singapore, pp. 1–23. https://doi.org/10.1007/978-981-10-5012-1_28-1.
- Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., Walker, I., 2014. Aboriginal social, cultural and historical contexts. In: *Dudgeon, P., Milroy, H., Walker, R. (Eds.), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, 2 ed. Australian Government, pp. 3–24.*
- Garvey, G., Anderson, K., Gall, A., Butler, T.L., Cunningham, J., Whop, L.J., Dickson, M., Ratcliffe, J., Cass, A., Tong, A., Arley, B., Howard, K., 2021. What matters 2 adults (WM2Adults): understanding the foundations of Aboriginal and Torres Strait Islander wellbeing. *Int. J. Environ. Res. Publ. Health* 18 (12), 6193. <https://doi.org/10.3390/ijerph18126193>.
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., Kelly, K., 2014. Aboriginal and Torres Strait Islander social and emotional wellbeing. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice 2*, 55–68.
- Gilchrist, L., Hyde, Z., Petersen, C., Douglas, H., Hayden, S., Bessarab, D., Flicker, L., LoGiudice, D., Ratcliffe, J., Clinch, C., Taylor, K., Bradley, K., Smith, K., 2023. Validation of the Good Spirit, Good Life quality-of-life tool for older Aboriginal Australians. *Australas. J. Ageing* 42 (2), 302–310. <https://doi.org/10.1111/ajag.13128>.
- Gill, T.M., Feinstein, A.R., 1994. A critical appraisal of the quality of quality-of-life measurements. *JAMA* 272 (8), 619–626. <https://doi.org/10.1001/jama.1994.03520080061045>.
- Haraldstad, K., Wahl, A., Andenæs, R., Andersen, J.R., Andersen, M.H., Beisland, E., Borge, C.R., Engebretsen, E., Eisemann, M., Halvorsrud, L., Hanssen, T.A., Haugstvedt, A., Haugland, T., Johansen, V.A., Larsen, M.H., Løvereide, L., Løyland, B., Kvarme, L.G., Moons, P., Helseth, S., 2019. A systematic review of quality of life research in medicine and health sciences. *Qual. Life Res.* 28 (10), 2641–2650. <https://doi.org/10.1007/s11136-019-02214-9>.
- Johnson, F.N., Wehl, P., Neha, T., Ross, M., Thompson, V., Tibble, S., Tassell-Matamua, N., Shedlock, K., Fox, R., Penman, Z., Ritchie, T., Winter, T., Arahanga-Doyle, H., Jose, P.E., 2024. Introducing 'Ngaruroro', a new model for understanding Māori wellbeing. *Int. J. Environ. Res. Publ. Health* 21 (4), 445. <https://doi.org/10.3390/ijerph21040445>.
- Kipuri, N., 2009. *Culture (State of the World's Indigenous Peoples, Issue.*
- LoGiudice, D.C., Smith, K., Shadforth, G., Lindeman, M., Carroll, E., Atkinson, D., Schaper, F., Lautenschlager, N., Murphy, F., Flicker, L., 2012. Lungurra Ngooora - a pilot model of care for aged and disabled in a remote Aboriginal community - can it work? *Rural Remote Health* 12, 2078. <https://www.rrh.org.au/journal/article/2078>.
- My Aged Care (2024). <https://www.myagedcare.gov.au/am-i-eligible>. A Government. <https://www.myagedcare.gov.au/am-i-eligible>.
- Poroch, N., Arabena, K., Tongs, J., Larkin, S., Fisher, J., Henderson, G., 2009. Spirituality and Aboriginal people's social and emotional wellbeing: a review. https://www.lowitja.org.au/wp-content/uploads/2023/05/DP_11_spirituality_review.pdf.
- Poroch, N.C., 2012. Kurunpa: keeping spirit on country. *Health Sociol. Rev.* 21 (4), 383–395. <https://doi.org/10.5172/hesr.2012.21.4.383>.
- Quigley, R., Russell, S.G., Larkins, S., Taylor, S., Sagigi, B., Strivens, E., Redman-MacLaren, M., 2022. Aging well for Indigenous peoples: a scoping review [systematic review]. *Front. Public Health* 10. <https://doi.org/10.3389/fpubh.2022.780898>.
- Sahmri, W.A.R.U., 2019. *What Keeps You Safe: Approaches to Promote the Safety of Older Aboriginal People.*
- Shahid, S., Taylor, E.V., Cheetham, S., Woods, J.A., Aoun, S.M., Thompson, S.C., 2018. Key features of palliative care service delivery to Indigenous peoples in Australia, New Zealand, Canada and the United States: a comprehensive review. *BMC Palliat. Care* 17 (1), 72. <https://doi.org/10.1186/s12904-018-0325-1>.
- Smith, K., Flicker, L., Shadforth, G., Carroll, E., Ralph, N., Atkinson, D., Lindeman, M., Schaper, F., Lautenschlager, N.T., LoGiudice, D., 2011. 'Gotta be sit down and worked out together': views of Aboriginal caregivers and service providers on ways to improve dementia care for Aboriginal Australians. *Rural Remote Health* 11 (2), 1650. <https://www.rrh.org.au/journal/article/1650/>.
- Smith, K., Gilchrist, L., Taylor, K., Clinch, C., Logiudice, D., Edgill, P., Ratcliffe, J., Flicker, L., Douglas, H., Bradley, K., Bessarab, D., 2021. Good Spirit, Good Life: a

- quality of life tool and framework for older Aboriginal peoples. *Gerontol.* 61 (5), e163–e172. <https://doi.org/10.1093/geront/gnz185>.
- Smith, K., Hyde, Z., Flicker, L., Atkinson, D., Malay, R., LoGiudice, D., 2024. Prevalence of functional limitations in older remote-living Aboriginal Australians. *Aust. J. Rural Health* 32 (2), 311–319. <https://doi.org/10.1111/ajr.13089>.
- The WHOQOL Group, 1995. The world health organization quality of life assessment (WHOQOL): position paper from the world health organization. *Soc. Sci. Med.* 41 (10), 1403–1409. [https://doi.org/10.1016/0277-9536\(95\)00112-k](https://doi.org/10.1016/0277-9536(95)00112-k).
- Thompson, S., Lyford, M., Papertalk, L., Holloway, M., 2019. Passing on wisdom: exploring the end-of-life wishes of Aboriginal people from the midwest of western Australia. *Rural Remote Health* 19 (4), 1–9. <https://doi.org/10.22605/rrh5444>.
- Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int. J. Qual. Health Care* 19 (6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>.
- WA Drug and Alcohol Office, 2011. Strong Spirit Strong Mind - Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015. Government of Western Australia. <https://www.mhc.wa.gov.au/media/1184/strong-spirit-strong-mind-framework-for-western-australia-2011-2015.pdf>.
- Watkin Lui, F., 2012. My island home: re-presenting identities for Torres Strait Islanders living outside the Torres Strait. *J. Aust. Stud.* 36 (2), 141–153. <https://doi.org/10.1080/14443058.2012.674544>.
- Yap, M., Yu, E., 2016. Community wellbeing from the ground up: a Yawaru example. <https://www.curtin.edu.au/local/docs/bcec-community-wellbeing-from-the-ground-up-a-yawuru-example.pdf>.