

Needs of Tasmanian Older Aboriginal People

Final Report

June 2009

This report has been sent as a submission to the Productivity Commission's Inquiry into the Care of Older Australians

Submitted by General Practice South, Tasmania

The report is based on work undertaken by General Practice South in July 2008 – June 2009 in research looking at the needs of older Aboriginal people in Tasmania. This research was commissioned by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) as part of the Tasmanian COAG Indigenous Partnerships Project. Whilst the findings of this report are broader than the terms of the Productivity Commission's Inquiry into the Care of Older Australians, they do highlight significant findings on the needs and issues facing older Aboriginal people and the implications for the development and delivery of appropriate aged care services and support for Aboriginal people as they age.

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Executive Summary

The 2002 COAG trial in the North East of Tasmania aimed to develop new approaches for the three tiers of government to work together to improve outcomes for the Aboriginal community. The Tasmanian trial focused on strengthening the Aboriginal community as part of the vision to reduce the impacts of family violence.

The Tasmanian COAG Indigenous Partnerships Project commenced as a result of the Trial and was aimed at improving outcomes for the Aboriginal community relating to the impacts of family violence through developing effective partnerships and improving collaboration between the Aboriginal community and the three tiers of government. One of the eight outcomes of this initiative is *Outcome 8 – strengthening the cultural foundations of the bridge connecting the young to the old*. This report is a response to Outcome 8.

Underpinning Outcome 8 are two issues previously raised by the Aboriginal community; the statement by the Aboriginal community that there was a need for; “*strengthening the cultural foundations of the bridge connecting the young to the old*” and additionally the perceived need for a specific aged care facility for older Aboriginal people. Greater opportunities for respite were also identified as a major issue as was the need for flexibility in delivering aged care to creatively meet the needs of older people in the Aboriginal community.

Background research to the Outcome 8 project included: collation of relevant demographic data, a review of literature, conversations with the Aboriginal community and a review of relevant models of aged care. The primary result of this research indicates that there continues to be a need for both governments and the Aboriginal community to further explore an appropriate aged care service delivery model for older Aboriginal people in Tasmania. There was a mixed response amongst those interviewed about the significance of the issue relating to strengthening relations between the generations, however the positive outcomes of existing projects that connect the generations have potential to be further explored and expanded.

In Tasmania there are currently eight Aboriginal specific organisations providing aged care services to members of the Aboriginal community, in addition to the many mainstream aged care providers. In discussions with the coordinators of these services, it appears that many older Aboriginal people are having their care needs met by these existing services. A thorough examination however, of the needs of the community and the provision of these aged care services would be required to determine unmet needs and the adequacy of the current services. What is also required is support to the Aboriginal aged care sector and formal opportunities to bring the aged care issues of older Aboriginal people to the attention of the broader aged care sector and government.

Whilst the majority of older Aboriginal people receive aged care services through mainstream aged care providers, all of those interviewed would prefer services delivered by an Aboriginal specific organisation and by an Aboriginal carer. There is a significant need to increase the Aboriginal aged care workforce and increase the cultural awareness and cultural competency of the mainstream aged care sector.

In summary, the seven key issues identified throughout the project are:

1. An Aboriginal specific aged care facility
2. Greater access to culturally appropriate respite services
3. Support to the Aboriginal aged care sector
4. Increase in the Aboriginal aged care workforce
5. Cultural competency of the aged care workforce
6. Creative and flexible use of existing resources
7. Initiatives to strengthen the connections between the young and old.

The key findings are as follows:

Key finding 1: That the issue of a specific aged care facility for Aboriginal people continues to be of significant importance for many Tasmanian Aboriginal people. The use of a facility for both permanent and respite accommodation, and identification of funding to develop and support such a facility and alternative models of aged care service delivery was reiterated in discussions with many of the people interviewed.

Key finding 2: The need to support the aged care workforce, both Aboriginal and non-Aboriginal, to increase its competency and skills in providing culturally appropriate care to Aboriginal clients was considered to be important, including support to recruit and retain Aboriginal aged care workers.

Key finding 3: That a Tasmanian Aboriginal Aged Care Network would be useful in providing advice, support and promotion of the aged care needs and issues of Aboriginal people.

Background

COAG Trial

In April 2002 the Council of Australian Governments (COAG) announced the COAG whole of government community trials to develop new approaches for the three tiers of government to work together to improve outcomes for the Aboriginal community.

Eight trials were chosen throughout Australia, one of which was in the north-east of Tasmania. This COAG trial in Tasmania focused on the theme of strengthening the Aboriginal community as part of its vision and work to reduce the impacts of family violence. The trial commenced in June 2003 and formerly finished in 2007, although several initiatives from the trial are continuing.

The trial was reviewed and evaluated and has evolved into a state wide initiative that seeks to build on the outcomes of the trial and become part of the normal business programs of the agencies involved. The state wide initiative is known as the Tasmanian COAG Indigenous Partnerships Project. The outcome of the project is to “improve outcomes for the Aboriginal community relating to the impacts of family violence through developing effective partnerships and improving collaboration between the Aboriginal community and the Australian, Tasmanian and Local Governments”.¹ There are eight key outcomes of this initiative. Outcome 8 is the subject of this report.

Tasmanian COAG Indigenous Partnerships Project Outcome 8

Outcome 8 is titled “strengthening the cultural foundations of the bridge connecting the young to the old”. The aim of Outcome 8 is “to report to the Tasmanian COAG Indigenous Partnerships Steering Committee on key issues, options and recommendations for better addressing (a potential broad set) needs of Aboriginal elderly people with a particular focus on strengthening the connectedness between the old and the young”. The Department of Health and Ageing are the lead agency in relation to this Outcome.

The project output emphasised that the project will not involve further extensive consultation with the Aboriginal community but rather undertake a mapping of trends and major themes. The project is to provide clarification of issues that have arisen from previous consultations/discussions with relevant stakeholders which led to the development of Outcome 8 and to research and identify key findings that would meet the aim of Outcome 8.

The five outputs of the Outcome 8 Project Brief are:

1. Contract a Project Officer
2. Information Gathering: In consultation with the Outcome 8 Working Group and relevant stakeholders identify and map major trends, themes and feedback/input received as a result of previous consultations and gatherings with the Tasmanian Aboriginal community since the inception of the COAG Trial Site.
3. Research: Research relevant aged care service or community network models/strategies that may enable positive inclusion of the Tasmanian Aboriginal community, (with a specific focus on the Outcome 8 aim).
4. Analysis: With reference to relevant stakeholders, information previously gathered and research, identify key issues and develop a set of options/mechanisms that may address the identified issues and prepare a set of recommendations.

¹ Department of Premier and Cabinet and Department of Families, Housing, Community Services and Indigenous Affairs, *Tasmanian COAG Indigenous Partnerships Project Overarching Project Business Plan*, Version 0D, February 2008

5. Report: Provide a report which sets out potential service delivery/community integration options against each of the identified issues raised by the community and identify key findings that will inform how the needs of the ageing Aboriginal population of Tasmania as specified by the Outcome 8 aim can be met.

Funding was allocated to General Practice South in Hobart in July 2008 to employ Linda Jamieson as the Project Officer to undertake this project.

Demographics and use of aged care services by Aboriginal people in Tasmania

In considering the needs and issues of older Aboriginal people it is important to have relevant data on the number of Aboriginal people living in Tasmania, where they live, the number of Aboriginal people 50 years and over, the use of aged care services by Aboriginal people and the Aboriginal organisations who provide aged care services. The following provides a snapshot of this information.

It is important to highlight that data in relation to Aboriginal and Torres Strait Islander must always be interpreted with caution, as there is concern over its accuracy and reliability. For example, data from the 2006 Census shows that nearly 23,000 people (5.2%) did not state their Indigenous status. Similarly 2,555 or 10.5% of HACC clients in 2007-08 did not state their Indigenous status.

Demographics

The Australian Bureau of Statistics (ABS) 2006 Census data² provides the following summary information on Tasmania's Indigenous population;

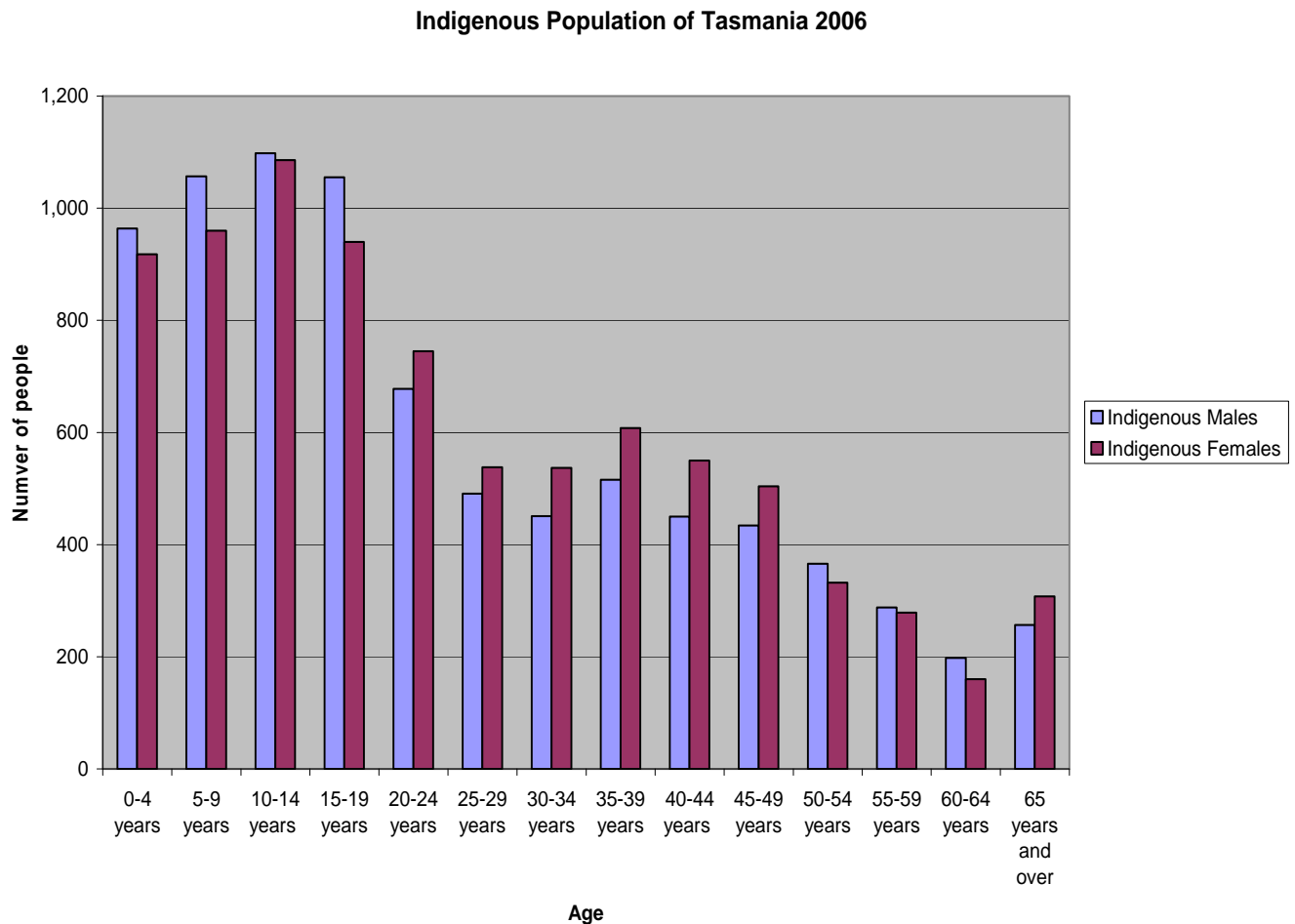
- The total number of Aboriginal and Torres Strait Islander people in Tasmania is 16,768.
- Indigenous people currently comprise 3.4% of the Tasmanian population, compared with 2.2% of the Australian population.
- 2,188 Aboriginal and Torres Strait Islander people are aged 50 years and over in Tasmania. (Note that 9,088 people 50 years and over did not state their Indigenous status in the 2006 Census).
- Aboriginal and Torres Strait Islander people aged 50 years and over are 13.04% of the total Aboriginal and Torres Strait Islander population in Tasmania, compared with 12.6% of the Australian Indigenous population.
- Aboriginal and Torres Strait Islander people aged 50 years and over are 1.3% of the total 50+ population of Tasmania.
- By 2010 the Indigenous population aged 50 years and over in Tasmania is projected to be 2,261 people, still 1.3% of the projected 50+ population of Tasmania.³
- By 2010 14.2% of the Tasmania Indigenous population is projected to be aged over 50 years, compared to 13.2% of the Australian Indigenous population.
- 1,938 Aboriginal and Torres Strait Islander people in Tasmania are aged 40-49 years.
- Across Tasmania, the age profile of the Indigenous population is considerable younger than that of the total population.

² Australian Bureau of Statistics (2007), Cat. No. 2068.0 – 2006 Census Tables. 2006 Census of Population and Housing Tasmania (State), *Indigenous Status by Age by Sex*

³ Data provided by DoHA, COGNOS, December 2007

The following graph highlights Tasmania's younger Indigenous population.

Chart 1: Indigenous population of Tasmania 2006⁴



For planning purposes it is interesting to look at local government and regional profiles of the Indigenous population in Tasmania. Currently the local governments with the highest percentage of their population composed of Indigenous people are:

- Flinders (17.9%)
- Huon Valley (8.8%)
- Circular Head (8.8%)
- West Coast (6.8%)
- Brighton (6.2%)
- Tasman (5.4%)
- Waratah/Wynyard (5.2%)
- Central Coast (5.2%).

The following three charts provide regional snapshots of the percentage of each local government's population composed of Indigenous people.

Chart 2: Percentage of LGA population composed of Indigenous people: South⁵

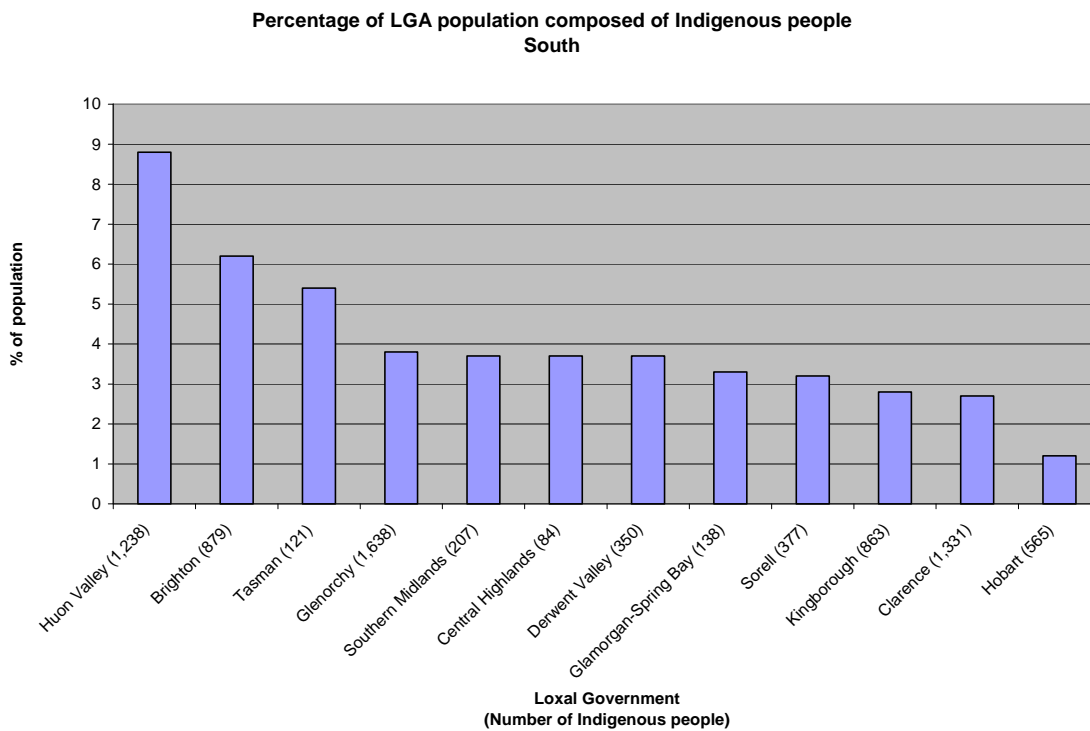
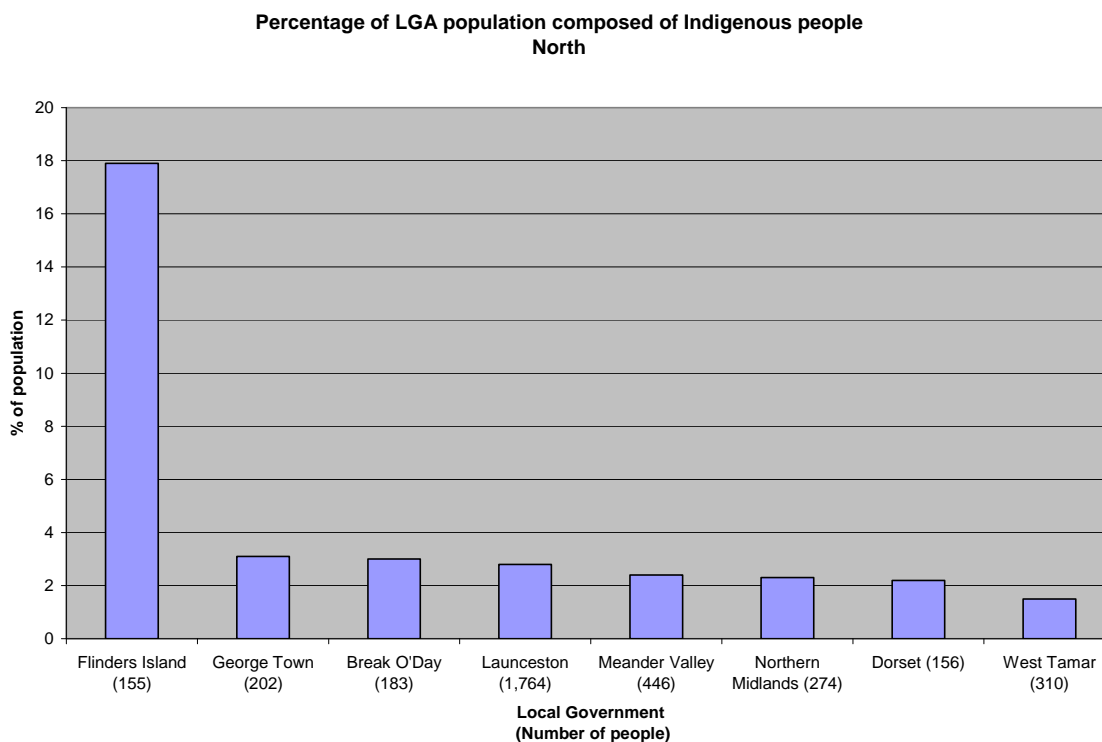
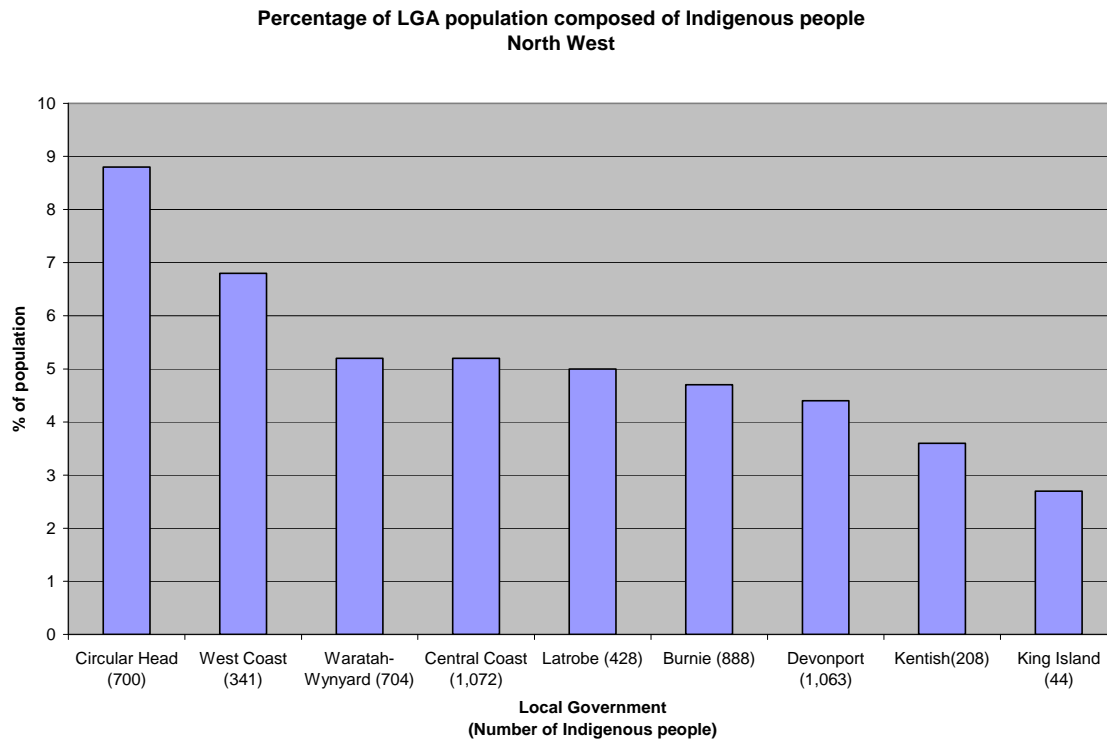


Chart 3: Percentage of LGA population composed of Indigenous people: North⁶



⁵ Ibid
⁶ Ibid

Chart 4: Percentage of LGA population composed of Indigenous people: North West⁷



For the purpose of aged care planning it is interesting to take a closer look at the Indigenous population within each local government, specifically the number of Indigenous people who are aged 50 years and over. The following tables provide data on the number of Indigenous people aged 50 years and over in each local government area, grouped into the three regions. These tables also show how the number of Indigenous people 50 years and over has increased over the 10 year census period from 1996 to 2006.

Table 1: Number of Indigenous people aged 50 years and over in 1996, 2001 and 2006 by local government in the Southern Region of Tasmania⁸

| Southern Region Councils | Number of people 50+ in 1996 | Number of people 50+ in 2001 | Number of people 50+ in 2006 |
|--------------------------|------------------------------|------------------------------|------------------------------|
| Brighton | 31 | 47 | 83 |
| Central Highlands | 6 | 10 | 15 |
| Clarence | 83 | 136 | 165 |
| Derwent Valley | 27 | 24 | 34 |
| Glamorgan-Spring Bay | 3 | 16 | 27 |
| Glenorchy | 102 | 159 | 200 |
| Hobart | 49 | 53 | 69 |
| Huon Valley | 122 | 155 | 180 |
| Kingborough | 46 | 76 | 111 |
| Sorell | 16 | 31 | 48 |
| Southern Midlands | 11 | 14 | 17 |
| Tasman | 7 | 17 | 28 |
| Total | 503 | 738 | 977 |

⁷ Ibid

⁸ ABS Census data obtained from FaHCSIA Hobart office, February 2009

Table 2: Number of Indigenous people aged 50 years and over in 1996, 2001 and 2006 by local government in the Northern Region of Tasmania⁹

| Northern Region Councils | Number of people 50+ in 1996 | Number of people 50+ in 2001 | Number of people 50+ in 2006 |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Break O'Day | 18 | 19 | 27 |
| Dorset | 11 | 9 | 25 |
| Flinders Island | 18 | 23 | 35 |
| George Town | 15 | 20 | 27 |
| Launceston | 125 | 144 | 194 |
| Meander Valley | 18 | 44 | 65 |
| Northern Midlands | 6 | 21 | 24 |
| West Tamar | 17 | 25 | 48 |
| Total | 228 | 305 | 445 |

Table 3: Number of Indigenous people aged 50 years and over in 1996, 2001 and 2006 by local government in the North West Region of Tasmania¹⁰

| North West Region Council | Number of people 50+ in 1996 | Number of people 50+ in 2001 | Number of people 50+ in 2006 |
|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Burnie | 52 | 70 | 78 |
| Central Coast | 80 | 136 | 157 |
| Circular Head | 22 | 54 | 85 |
| Devonport | 80 | 99 | 142 |
| Kentish | 12 | 22 | 29 |
| King Island | 0 | 0 | 11 |
| Latrobe | 32 | 56 | 75 |
| Waratah-Wynyard | 57 | 77 | 95 |
| West Coast | 22 | 32 | 33 |
| Total | 357 | 546 | 705 |

The three tables above and the chart below shows that there has been a significant increase in the number of Indigenous people aged 50 years and over generally across Tasmania and specifically in every local government area. The average increase from 1996 to 2006 was 95.6% across Tasmania. This has significant implications for the planning and provision of aged care services for Aboriginal people in Tasmania.

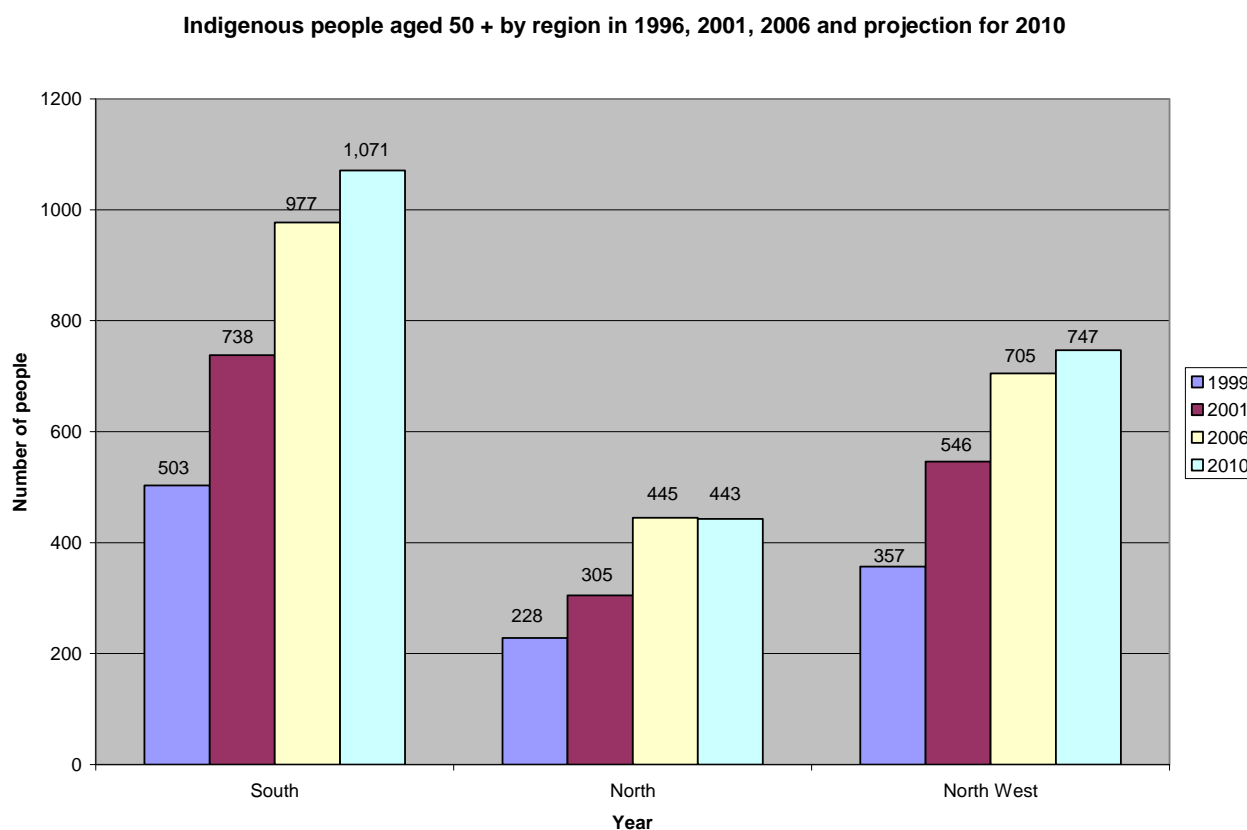
It is important, as always, to treat this data with a degree of caution as there are issues around the increase in the number of people declaring their Aboriginal status and it is also assumed that there are still many Aboriginal people who do not declare their Aboriginal status.

As a summary of the tables above, the chart below plots the number of Indigenous people aged 50 years and over in the three regions for 1996, 2001, 2006 and also includes a projection for 2010.

⁹ Ibid

¹⁰ Ibid

Chart 5: Indigenous 50+ population by region in 1996, 2001, 2006 and projected for 2010¹¹



The final available data from the ABS 2006 Census that is useful in relation to aged care planning is the Core Activity Need for Assistance variable. The Core Activity Need for Assistance variable has been developed to measure the number of people with a profound or severe disability. The ABS defines the profound or severe disability population as: 'those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age'.

The table below outlines the number of Indigenous people aged 50 and over who need assistance with core activity in each region of Tasmania.

Table 4: Number and percentage of the Indigenous population aged 50 and over who need assistance with core activity by region¹²

| Region | Number of Indigenous people aged 50 and over needing assistance with core activity | Indigenous people aged 50 and over who need assistance as a percentage (%) of regional population of Indigenous people aged 50 and over |
|--------------|--|---|
| South | 152 | 15.6 |
| North | 70 | 15.8 |
| North West | 86 | 12.1 |
| Total | 308 | 14.5 |

¹¹ Ibid and Data provided by DoHA, COGNOS, December 2007

¹² ABS Census data obtained from FaHCSIA Hobart office, February 2009

Aboriginal people's use of aged care services

In planning for aged care services for Aboriginal and Torres Strait Islander people, the DoHA use population estimates of 50 years and over, compared to 70 years and over for non-Aboriginal people. This is in recognition of the significant difference between the two population groups in health status and life expectancy. Specifically, many Aboriginal and Torres Strait Islander people have an early onset of Type 2 diabetes, cardiovascular disease and kidney disease and life expectancy at birth is 17 years less for Indigenous Australians.

In 1994 DoHA introduced the Aboriginal and Torres Strait Islander Aged Care Strategy, under which they established the Aboriginal and Torres Strait Islander Flexible Aged Care Services. This initiative provides a flexible model of services with a mix of residential and community care places that can change as the community's aged care needs vary. The majority of organisations who receive this funding are located in rural and remote areas of Australia. Three organisations in Tasmania receive funding through this arrangement.

Older Aboriginal people in Tasmania access the full range of aged care services either through an Aboriginal specific organisation or a mainstream aged care service provider. These services include:

- Aged Care Assessments
- Residential Aged Care
- Community Aged Care Packages (CACPs)
- Extended Aged Care at Home (EACH)
- Flexible Aged Care Packages
- Home and Community Care.

Table 5 provides a summary of the Aboriginal specific organisations that provide aged care services to Tasmanian Aboriginal people. It is important to note that many mainstream organisations also provide aged care services to Aboriginal people. In addition, Parkside Brokerage has 3 CACPs and Family Based Care (North) has 7 CACPs which carry an Indigenous priority condition.

Table 5: Aboriginal specific organisations delivering aged care services

(Note that some of these organisations have Aboriginal and Torres Strait Islander clients as their priority, but are eligible to also deliver services to non-Indigenous clients.)

| Organisation | Aged care funding/program |
|---|---|
| Aboriginal Elders Council of Tasmania | HACC funding for a day service twice weekly |
| Cape Barren Island Aboriginal Association Inc | 4 Aboriginal and Torres Strait Islander Flexible Aged Care packages |
| Circular Head Aboriginal Corporation | HACC funding for numerous HACC services (service for 30 clients) |
| Flinders Island Aboriginal Association | 9 Aboriginal and Torres Strait Islander Flexible Aged Care packages |
| Mersey Leven Aboriginal Corporation | 8 CACPs |
| SETAC | 20 CACPs HACC funding for home maintenance for 36 clients Respite for Carers funding for 10 clients through a brokerage agreement with another aged care provider |
| Tasmanian Aboriginal Centre | 33 Aboriginal and Torres Strait Islander Flexible Aged Care packages |
| Women's Karadi Aboriginal Corporation | 9 CACPs HACC funding for a day service and personal care for 10 clients |

The following table provides a summary of Aboriginal and Torres Strait Islander people's use of aged care services in Tasmania.

Table 6: Aboriginal and Torres Strait Islander people's use of aged care services in Tasmania*

| Service | Number of Aboriginal or Torres Strait Islander people receiving this service | Number of organisations delivering this service | Number of clients from each region | | |
|---|--|---|--|-------|------------|
| | | | South | North | North West |
| ACAT assessment ¹³ | 40 | 1 | 22 | 5 | 13 |
| HACC ¹⁴ | 449 | | 213 | 136 | 100 |
| | | | Number of organisations delivering this service in each region | | |
| Residential aged care ¹⁵ | 25 | 20 | 12 | 6 | 2 |
| CACP ¹⁶ | 20 | 9 | 7 | 1 | 1 |
| EACH ¹⁷ | 1 | 1 | 1 | | |
| EACH-D ¹⁸ | 0 | | | | |
| Flexible Aged Care Services ¹⁹ | 46 | 3 | 33 state wide 13 north | | |

*Note these data sets are from different sources and varying time periods. HACC and ACAT data are from DHHS and were for the July 07 – June 08 period. The remaining data is from DoHA and was current as at March 2008

Based on the table above, a total of 541 Aboriginal and Torres Strait Islander people use aged care services in Tasmania. This figure equates to approximately 25% of Aboriginal and Torres Strait Islander people aged 50 and over in Tasmania (this estimate assumes that those using aged care services are 50 years and over, however some people do access aged care services at an earlier age).

A further analysis of the use of aged care services by Aboriginal people in Tasmania provides the following noteworthy information:

Aged Care Assessments

- There has been a 17.6% increase in the number of Indigenous people assessed by ACAT in the last year (34 assessments in 2006-07 compared to 40 in the 2007-08).
- Aboriginal people represent 1.3% of Tasmanian population aged 50 years and over, yet represent only 0.7% of ACAT referrals as the following table outlines;

¹³ Aged Care Assessment Program (2008) July 2007 – June 2008 (Interim data) Indigenous clients (complete assessments)

¹⁴ Data provided by HACC Data Manager, December 2008

¹⁵ Data provided by DoHA Program Manager, Aged Care Planning and Allocations Unit, March 2008

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Ibid

Table 7: Proportion of ACAT referrals from Indigenous people²⁰

| Region | Proportion of referrals are Indigenous |
|------------|--|
| South | 0.8% |
| North | 0.3% |
| North West | 1.0% |
| Tasmania | 0.7% |

Home and Community Care

- There has been an 8.0% decrease in the number of Indigenous clients accessing HACC services in the last year (488 clients in 2006-07 compared to 449 clients in 2007-08).
- Indigenous clients represent 1.8% of HACC clients, although 10.5% of HACC clients do not indicate their Indigenous status.
- The following table provides a snapshot of the 449 Indigenous HACC clients of 2007-08:

Table 8: Profile of the Indigenous HACC clients 2007-08²¹

| Age | 0-59yrs | 60-69yrs | 70-79yrs | 80-89yrs | 90+yrs |
|--------------|---------|----------|------------|----------|--------|
| % of clients | 34 | 17 | 23 | 21 | 4 |
| Gender | Female | Male | | | |
| % of clients | 62 | 38 | | | |
| Region | South | North | North-west | | |
| % of clients | 47 | 30 | 22 | | |

Community Aged Care Packages

- Aboriginal people access CACPs proportionally at a greater rate than the non-Indigenous population.
- Aboriginal represent 1.3% of Tasmanian population aged 50 years and over, and represent 2% of CACP recipients as the following table shows:

Table 9: Proportion of Indigenous CACP recipients, by region²²

| Region | Indigenous as a percentage CACP recipient |
|------------|---|
| South | 3.3% |
| North | 0.7% |
| North West | 1.0% |
| Tasmania | 2.0% |

(Note: this table does not include recipients of aged care provided through the Aboriginal Flexible Aged Care Strategy)

²⁰ Aged Care Assessment Program (2008) July 2007 – June 2008 (Interim data) Indigenous clients (complete assessments)

²¹ Data provided by HACC Data Manager, December 2008

²² Data provided by DoHA, COGNOS, December 2007

Residential Aged Care

- There are no Aboriginal specific residential aged care facilities in Tasmania.
- There are no residential aged care places which have a condition requiring providers to give priority to Aboriginal people.
- Aboriginal people represent 1.3% of the Tasmanian population aged 50 years and over, yet represent only 0.6% of residential aged care recipients as the following table outlines:

Table 10: Proportion of Indigenous residential aged care recipients, by region²³

| Region | Indigenous residents as a percentage of aged care residents |
|---------------|--|
| South | 0.8% |
| North | 0.2% |
| North West | 0.4% |
| Tasmania | 0.6% |

Summary of Key Issues

The key issues identified in the demographic and use of aged care data include:

- 2,188 Aboriginal and Torres Strait Islander people are aged 50 years and over which is 13% of the total Aboriginal and Torres Strait Islander population in Tasmania.
- 1,983 Aboriginal and Torres Strait Islander people in Tasmania are aged 40-49 years.
- Flinders Island is the local government with the highest proportion of their population composed of Indigenous people (17.9%).
- The southern region has the highest number of Indigenous people aged 50 years and over (977), compared with the 705 in the north and 445 in the north west.
- There has been a 95.6% increase in the number of Indigenous people aged 50 and over in Tasmania from the 1996 to 2006 Censuses.
- 14.5% of the Indigenous population aged 50 and over need assistance with core activities.
- Eight Aboriginal specific organisations deliver aged care services to Aboriginal people in Tasmania.
- Over 540 Indigenous people used aged care services in Tasmania in the 2007-08 period.
- Aboriginal people represent 1.3% of the Tasmanian population aged 50 years and over, yet only represent 0.7% of ACAT referrals and 0.6% of residential aged care residents.
- Aboriginal people represent 1.8% of HACC clients and 2% of CACP recipients.
- 46 Aboriginal Flexible Aged Care Services are funded to three organisations in Tasmania.

Recent projects and consultations relevant to Outcome 8

The initial phase of this project involved reviewing the research and reports of meetings, gatherings and projects that had been undertaken in recent years in Tasmania that discuss the needs and issues of older Tasmanian Aboriginal people. The following provides a brief summary of the key issues identified in these reports relevant to older Aboriginal people.

Tasmanian Aboriginal Women's Gathering

This Gathering was held at Hadspen in August 2005. The major issues relevant to this project were voiced by Mrs Phyllis Pitchford, giving an Aboriginal Elders Vision stating:

"... It is of utmost importance that most of you as the 'link' generation understand that the young must be connected to the old and that we must strengthen the foundation of the bridge connecting us and keeping us together.

"Elders' issues are being neglected at the highest level. All levels of government have not yet committed themselves to assisting us with our specific needs

'WE NEED TO BE TOGETHER! This is so important for our survival in the modern world we live in. We need an Aboriginal Elders Village which is all-encompassing to deal with the majority of our needs; a convalescence home providing both 'high' and 'low' care for the frail and aged, health professional addressing specific mental and physical needs, spiritual & religious services, cultural and recreational activities, food & nutritional programs.

We have a range of community assets such as property and land and yet we still cannot provide this and the services attached to it, why is this?"²⁴

The relevant outcomes of Day 1 of the Gathering are:

10. older people, Elders and custodians, need to meet younger people half-way and be willing to share their knowledge and power,
12. create a focus and opportunity for Aboriginal Elders to discuss their needs and visions at next state-wide women's gathering.²⁵

ya pulingina kani Way Forward workshop

This workshop looked at progressing recommendations from the ya pulingina kani research. Key stakeholders involved in this workshop included DoHA, the Indigenous Coordination Centre (ICC), the ya pulingina kani Group, Office of Aboriginal Affairs (OAA) and the Department of Health and Human Services (DHHS).

The relevant action endorsed at this meeting was:

- An "Aboriginal Elders Village – South and North"²⁶.

²⁴ Tasmanian Aboriginal Women's Gathering, Hadspen, *Record of Outcomes*, August 2005, p. 11

²⁵ Ibid. p.14

²⁶ ya pulingina kani Way Forward Workshop, *Draft Actions*, June 2006

ICC and Community Organisations' Forum – Campbell Town²⁷

The relevant priority for ICC, as directed by the Whole of Government Regional Action Plan was:

- Improved Outcomes for Families in Health and Education
 - Elders Issues

The ICC held a forum with Community Organisations in Campbell Town on 12 June 2007. The relevant issues identified at the Forum included:

- Elder abuse
- Short term residential/respite care
- A code of conduct for visiting Aboriginal residents – especially Elders – was required.

The outcome from the Forum relevant to this project was:

- ICC enquired about progressing these issues and provided attendees at the Forum with information about the Aged and Community Services Tasmania (ACST) project in relation to aged care needs of older Aboriginal people and Advocacy Tasmania.

Tasmanian COAG Trial Evaluation Report

The key issues identified in this report relevant to this project include:

- During phase 2 of the project (in 2005), the project workers met with the Flinders Island Aboriginal Association (FIAAI) who expressed concern with the delivery of services for Aboriginal people, including aged care²⁸.
- The Youth Justice Act of 1997 emphasises the need for family and community inclusion in all aspects of work with young people who offend. It “prescribes the involvement of Elders in community conferencing and crime prevention community safety activities”²⁹.
- Some Aboriginal people spoke of the need for “secret places in Tasmania where Aboriginal people can go to recuperate from the bruises of family violence. ... It is a place where Aboriginal Elders come and go”³⁰.
- Aunty Phyllis Pitchford’s vision from the Tasmanian Aboriginal Women’s Gathering in Hadspen in 2005 was quoted.
- The author’s comments on Aunty Phyllis’s vision include:
 - “The vision of the Elder’s Village is a possible long-term whole of community and whole of government project that could transcend barriers of mistrust through its purpose of connecting young and old, and strengthening the “foundation of the bridge” that is keeping the community together.
 - “The Village could be built with Aboriginal assets and land”.
 - “This could be an enduring whole of community and whole of government partnership to guide and create a project of great cultural importance to the Tasmanian Aboriginal community”³¹.

²⁷ ICC & Community Organisations’ Forum, *Meeting Follow-ups*, Campbell Town, 14 June 2007,
²⁸ *Tasmanian COAG Trial Evaluation*, Report prepared for the evaluation of the COAG Trial, 2006, p. 24
²⁹ Ibid, p. 34
³⁰ Ibid, p. 54
³¹ Ibid, p. 66

The suggested way forward in this report relevant to this project is:

- One suggestion for addressing family violence, in particular the underlying causes included: “forwarding the vision of planning for an Elders village in the north of the state where elderly Aboriginal people can be cared for, and which would provide a focal point for Aboriginal people to talk with the Elders and connect with family histories and culture”³².

Improving Access to Residential Aged Care for Aboriginal People – ACST Project

Summary of the project and issues identified:

- Aged and Community Services Tasmania (ACST) was funded by OATSIH to develop a Relationship Centred Care (RCC) model to understand its appropriateness and effectiveness to reduce barriers to residential aged care for people of Aboriginal and Torres Strait Islander backgrounds.
- The basis for this funding was that ACST had identified that barriers exist in Tasmania to entry to residential aged care by Aboriginal and Torres Strait Islander people. ACST understood that this feedback was also provided to DoHA by Tasmanian Elders and other community representatives through direct community engagement.
- There was no documented evidence of these barriers, nor was there any research or consultation available to elaborate on what the “barriers” were.
- A summary of issues and suggestions for residential aged care identified by Aboriginal organisations and individuals during introductory meetings with the Project Officer came under the major headings of:
 - Preference to care for their own
 - Importance of family and community
 - Culturally sensitive management and staff
 - High quality of care
 - Cultural activities and links with local Aboriginal community
 - Opportunities to eat cultural food
 - Importance of the physical environment and location
 - Cultural sensitivity in providing palliative care and after death.³³

The relevant recommendations in the ACST Project *Final Report* include:

- *Recommendation 2: That DoHA explores the issue of an Elders village with the Aboriginal community and, in conjunction with the community, determines whether or not it is a feasible aged care option for Tasmanian Aboriginal Elders.*
- Recommendation 4: That OATSIH allocates funds to undertake consultation with Aboriginal people on their needs and issues regarding the provision of aged care services, including recommendations for appropriate service delivery strategies and models.
- Recommendation 6: That OATSIH reviews the aims and outcomes of the PICAC program and investigate the applicability of such an initiative for improving access for Aboriginal people to aged care services.
- Recommendation 8: That OATSIH provides funding on an ongoing basis to a central organisation to coordinate, organise and promote Aboriginal Cultural Awareness Training across the aged care sector.
- Recommendation 9: That OATSIH provides funding on an ongoing basis to a central organisation to promote the celebration of NAIDOC Week across the aged care sector.
- Recommendation 10: That funding is sought for a pilot project aimed at recruiting more Aboriginal people to work in the aged care sector³⁴.

³² Ibid, p. 72

³³ Aged & Community Services Tasmania, *Improving Access to Residential Aged Care for Aboriginal People Final Report*, July 2008

*Aboriginal Elders Village: North and South Regions*³⁵

The relevant issues identified in notes taken during the above discussions include:

- The mainland has a range of examples of Elders Village
- Elders Council owns 25 acre property at Samuel St, Elizabeth Town
- Need to “suss” out Napier St options, extended age care in the home
- Could come under COAG – ICC SRA
- Frustration that government is always consulting – needs to take action to respond to what Aboriginal people are saying
- The idea for an Elders village has been around for 20 years
- One of the underlying determinants of family violence is social disconnection – an Elders village would provide a focus point
- Tremendous example of an aged care facility for Aboriginal people in Nowra
- Elders experience great loneliness when entering a residential facility
- Real need for an Aboriginal Safe House for women.

Suggested Outcomes/Recommendations:

- Meeting between appropriate agencies and people regarding the concept of an Aboriginal Elders Village
- Elders Village to be put on the agendas for ya pulingina kani and IGCC meetings
- Explore possibility of inter-agency collaboration to assist the Aboriginal Elders to create an Elders Village.

Summary of Key Issues

The key issues raised in the above 6 documents relevant to this project include:

- The need for an Elders village which could focus on alleviating social disconnectedness which is a determinant of domestic violence.
- The concept of an Elders village has been discussed for many years and the issue has not been progressed.
- Young and older Aboriginal people must be connected and must “strengthen the foundation of the bridge connecting us and keeping us together”.
- The need for short term residential/respite care.
- The need for a code of conduct for visiting Aboriginal residents – especially Elders.
- The Elders are currently involved in the meenah mienne project, and community conferencing and crime prevention community safety activities.
- The ACST project identified strategies to improve the provision of care in existing aged care residential facilities.

Review of Literature

There is very limited research into the needs and issues of older Aboriginal people apart from limited demographic statistics on physical health. As Ranzijn, et al states in 2001 “there has been a lot of research into Aboriginal health, but nothing on Australian Aboriginal ageing”³⁶. The following information provides a brief summary of the major findings on the needs and issue of older Aboriginal people based on an extensive internet search. It is important to highlight this information as, although the findings are limited, they do have major implications for the planning and provision of aged care services for Aboriginal people and in recognising issues of importance for older Aboriginal people.

Health and wellbeing of older Aboriginal people

The Australian Aboriginal people have a 17 year lower life expectancy than non-Aboriginal Australians and have one of the lowest life expectancy rates of Indigenous people in the developed world. Whilst this is an appalling fact, there have been very slight improvements in the health and wellbeing of Aboriginal people over recent years.

Thomas, et al conducted an extensive comparison of Indigenous deaths from chronic diseases in the Northern Territory between the years of 1977 and 2001. The six chronic that they analysed were ischemic heart disease, pulmonary disease, cerebrovascular disease, diabetes, rheumatic heart disease and renal failure. Their research showed that the NT Indigenous death rate from these six chronic diseases had increased overall since 1977, but there was evidence of a slower rise, or even fall, in death rates in the 1990s. He suggested that if this trend continues there may be a significant improvement in NT Indigenous chronic disease mortality in the coming decade.³⁷

Broe and Jackson Pulver outline that more Aboriginal adults are now surviving to mid-life, with significant numbers reaching 75 years and that Aboriginal “survivors” over 75 have a lifespan closer to non-Indigenous older people. They concur with Thomas, et al's research that there is evidence showing a “health transition” for Aboriginal people, ie a transition from lower rates of acute infectious disease in children and high fertility to delayed death from chronic heart, lung, renal diseases in adults and a falling birth rate which will result in longer adult life and population ageing.

Broe, et al explain that this “health transition” started in non-Indigenous Australians about 50 years ago and that what killed non-Indigenous Australians prematurely between 1900 and the 1970s was diabetes, heart disease, hypertension and stroke, chronic lung disease, accidents and trauma and cancer. These are the exact same conditions that were killing Indigenous Australians prematurely between 1960 and 2000. They also suggest that we can expect a slow delayed “health transition” to occur in Aboriginal people towards a longer healthier life, however they emphasise that it will be too slow without major changes and interventions.³⁸

Broe, et al also emphasise the significant concern about the prevalence of dementia and other cognitive conditions amongst Indigenous Australians although there is little known about the extent of these conditions amongst the Indigenous urban populations. Recent research has indicated that the prevalence of dementia at 45 years plus in the Kimberley is 13%, which is 26 times the non-Indigenous rate, and the prevalence of dementia in Northern Queensland for Indigenous

³⁶ Ranzijn, R and Bin-Sallik, M. *The health and well-being of Aboriginal Elders*, Paper presented at the National Conference of Australian Psychological Society, Adelaide, 2001

³⁷ Thomas, D P, Condon, J R, Anderson, I P, Li, S Q, Halpin, S, Cunningham, J and Gutheridge, L., *Long-term trends in Indigenous deaths from chronic diseases in the Northern Territory: a foot on the brake, a foot on the accelerator*, *Medical Journal of Australia*, Vol.185, No. 3, 7 August 2006

³⁸ Broe, T and Jackson Pulver, L, *Aboriginal Ageing: Is there such a thing?* Paper presented at the Social Policy Research Seminar Program, University of New South Wales, Session 2, 2007

Australians is 20% at 65 years plus, which is four times the non-Indigenous rate. Broe, et al states that while there is limited research on dementia amongst rural Aboriginal people, there are no studies at this stage that look at the rate of dementia and cognitive decline amongst urban Aboriginals.³⁹

In a separate report on cognition, ageing and dementia in Australian Aboriginal and Torres Strait Islander people, Broe reports that “many Indigenous Australians may be at greater risk of developing dementia because more Aboriginal and Torres Strait Islanders are starting to live longer; there are still very high rates of chronic diseases like diabetes and stroke; the burden of childhood infections including periodontal disease, is higher in Indigenous communities; many younger Indigenous people are at high risk of head injuries and cognitive damage due to drugs and alcohol, (which are) all factors that may increase the chances of getting dementia in later life”.⁴⁰

He further states that “very few Indigenous people with dementia access mainstream government community programs in comparison to the rest of the population. There is insufficient information about how big the problem of dementia is in Indigenous people and what types of dementia affect different people in diverse communities across the country. Therefore we are unable to assess whether existing services are meeting the needs of this population or the real extent to which people are able to access programs”.⁴¹

As Broe outlines, ageing successfully for Indigenous Australians is tied up with important roles and responsibilities in community such as passing on knowledge, traditional languages and customs, participating in decision making and ceremonies and ‘Looking after country’. Indigenous Elders pass on education in traditional law, land and language through their reliance on memory and therefore the impact of a dementia diagnosis can be devastating not just for immediate family but for community. He emphasises that solutions to the problem of dementia in the Indigenous community need to take account of cultural perspectives and approaches to wellness.

An article by Maddocks, et al on palliative care for Indigenous communities highlights the importance of respecting Aboriginal people's wishes during palliative care experiences and death. They outline issues of importance such as effective communication with both the person dying and the family and broader community, the wish to return to homeland to die and/or with the remains of the body, the often collective and protracted decision making, differing ceremonies and that dying in a house may mean that the family cannot reoccupy it for a period of time.⁴²

As stated above, it is very important to recognise the issues and findings of this limited research on the health and wellbeing of older Aboriginal people as there are implications for the planning and delivery of aged care services and also in acknowledging the needs and interests of older Aboriginal people who are yet to receive aged care services.

Differing aged care needs between Aboriginal and non-Aboriginal people

In addition to recognising the health and wellbeing needs of older Aboriginal people it is also important to highlight the significant differences between the life experiences of Aboriginal older people compared to non-Aboriginal older people and the impact that this should have on planning and delivery of aged care services for Aboriginal people.

³⁹ Ibid

⁴⁰ Broe, T. *Cognition, Ageing and Dementia in Australian Aboriginal and Torres Strait Islander Peoples: A Review of Literature*, Summary Report received by email 25 October 2008

⁴¹ Ibid

⁴² Maddocks, I and Rayner, R, *Issues of palliative care for Indigenous communities*, Medical Journal of Australia, Vol 179, 15 September 2003

Ranzijn, et al outline that most non-Aboriginal older Australians, especially men, worked continuously during a period of low unemployment until their retirement at age 65. They were therefore able to pay of their homes, raise and educate their children and save some money for retirement. Many now live in comfort and security, generally have access to sensitive and appropriate health care and adequate social security.

Ranzijn, et al contrasts this to the life experiences of today's Aboriginal elders which are vastly different. As he states "Aboriginal people of all ages have had to, and still do, endure prejudice and racism, whether this is overt, covert, or institutionalised. Many have never been able to save money or purchase a dwelling, and have lived their whole lives in poverty. Until 1967 they were not even considered as citizens in Australia and were denied the right to vote". He also states that "Whereas Aboriginal elders previously enjoyed high respect as the custodians of the culture and were loved and held in high esteem by younger groups for their expertise and wisdom, today they are poignantly described as 'elders without status'".⁴³

Ranzijn and Bin-Sallik conducted focus groups with older Aboriginal people and aged care workers in South Australia in 2000 on behalf of the Aged Care and Housing Group. Their findings are similar to those found in Tasmania in 2007/08 during the project funded to ACST looking at the residential aged care needs of older Aboriginal people. The following points provide a brief summary of their findings in relation to the aged care needs and issues of older Aboriginal people:

- Aboriginal Elders prefer to be looked after by Aboriginal health and aged care workers.
- Barriers to participation in the community and access to mainstream services include language difficulties and lack of rapport with the wider community. In this context, language includes the use of jargon and terms which are often not understood by Aboriginal people.
- Many Aboriginal people are frightened to complain to mainstream services in case they lose the services they are getting, and in case their information is passed on to other service organisations.
- When Aboriginal Elders do access a mainstream organisation they often are put off because these organisations are not "Nunga-friendly". They have to deal with non-Aboriginal people who have little or no understanding of Aboriginal society and indeed are racist in many subtle ways.
- The marvellous facilities for non-Aboriginal older people, like the Seniors Centres and Bowling Clubs, are not used by Aboriginal Elders because they do not feel welcome there. They prefer to be with people who understand their experience and with whom they feel comfortable and respected.
- The Aboriginal way is to establish trust and a relationship before assistance of any kind can be accepted. Having an Aboriginal worker is an advantage because at least the first hurdle is overcome.
- There are problems for some people in using an Aboriginal worker, such as not wanting everyone to know your business, which is more likely if the worker is part of the community.
- Aboriginal Elders suffer from a double disadvantage since they are also becoming marginalised within their own Aboriginal communities. Respect for the Elders in some instances is diminishing and indeed has in some cases gone to the other extreme, with Elder abuse, exploitation, and neglect becoming increasingly common. It is a huge challenge to empower a group of people who are marginalised within an already marginalised community.⁴⁴
- There are very limited aged care services specifically for Elders yet this is an expressed wish and indeed need of older Aboriginal people.
- There is a severe shortage of Aboriginal workers of all kinds, and especially of trained and paid workers.

⁴³ Ranzijn, R and Bin-Sallik, M, op cit

⁴⁴ Ibid

- Aboriginal aged care workers are different from non-Aboriginal because they are part of the community and therefore they're looking after their aunts and uncles, not just 'clients' that they can forget about when they knock off at the end of the day.
- There is a need to develop a training program, designed with reference to best practice in mainstream aged care as well as specific cultural considerations, for both Indigenous and non-Indigenous aged care workers. The input of the Elders will be essential in this process.⁴⁵

This preference by older Aboriginal people to have specific Indigenous aged care services was also found in the ACT. Dance, et al conducted a study on the needs of older Indigenous people in the ACT and region for the Department of Health and Ageing in 2000. They held extensive interviews with 98 older Indigenous people and found that if they had to choose residential aged care, 50% respondents favoured an arrangement where an existing mainstream provider of aged care "clustered" Indigenous people together in the same facility, and 32% would prefer an Indigenous-run organisation. Comments included "If koori people go in to nursing homes, they go downhill. It's not their way". Another wanted to go where the majority of people were Indigenous, stating "I don't want to be in the minority again".⁴⁶

Bin-Sallik and Ranzijn emphasise that the differing life experiences of Aboriginal and non-Aboriginal older people should have a significant impact on the development of policies and services in aged care for Aboriginal people. As they state, much of the policy and provision of services for Aboriginal Elders is based on funding formulae developed for non-Aboriginal people, which is based on research with largely Western, white middle class people. "Aboriginal Elders differ from non-Aboriginal older people in a number of important ways, and aged care policies developed for non-Aboriginal people may not be appropriate when working with Aboriginal Elders".⁴⁷

Significant research currently being undertaken

Two pieces of research that have recently been funded through the Ageing Research Centre of the National Health and Medical Research Council (ARC/NHMRC) will add to the limited body of research on ageing within the Indigenous community and will be of use in Tasmania in planning for the care and support of older Aboriginal people.

In 2007 the Charles Darwin University was funded to review aged care services planning where the age 50 years and over is used for the Indigenous population compared to the age 70 years and over for the non-Indigenous population. These ages have been used in planning since the late 1980s because of the underlying assumption that Australia's Indigenous population ages earlier than the non-Indigenous population, ie the Indigenous population aged over 50 has the same set of conditions and care needs as the non-Indigenous population aged over 70.

The researchers claim that the evidence for this is not established. They acknowledge that while it is well documented that the Indigenous population has worse health outcomes across all age groups relative to non-Indigenous Australians, understanding of the details of this is not complete. Part of their research includes examining the use of aged care services by Indigenous people compared to non-Indigenous people and the implications for aged care policy.⁴⁸

⁴⁵ Bin-Sallik, M and Ranzijn, R. *Report on a scoping study into the needs of Indigenous Aged Care in South Australia*, on behalf of The College of Indigenous Education University of South Australia, for the Aged Care and Housing Group, 2001

⁴⁶ Dance, P, Brown, R, Banner, G and Sibthorpe, B, *Needs for residential aged care and other services by the older Indigenous population in ACT and region*. Research conducted through the Australian National University on behalf of the Department of Health and Ageing, p. 68, 2000

⁴⁷ Bin-Sallik, M, et al, op cit

⁴⁸ Condon, J, Cotter, P, Anderson, I, Smith, L, Barnes, T, Cunningham, T, *Examining a core assumption of policy and services for older Indigenous Australians*, Charles Darwin University, document obtained by email from P Cotter in November 2007

The Prince of Wales Medical Research Institute and the Mura Marri Indigenous Health Unit at the University of New South Wales have been funded to research and develop a specific public health approach to cognition and dementia for Aboriginal people living in urban New South Wales.

Part of this research will examine current knowledge about cognitive impairment and decline in the Aboriginal population, the needs of Aboriginal people with cognitive impairment and the needs of the “older-old” Aboriginal people (75 years and over) within their communities and current systems of care and support to those with brain impairment and dementia. On the basis of this information, this research will plan and implement a specific public health approach, including assisting Aboriginal communities to develop appropriate systems of care and support for those with brain impairment and dementia.⁴⁹

Housing needs of older Aboriginal people in Tasmania

Research that is particularly relevant to this project was conducted in 2003 in Tasmania on the housing needs of young and older Aboriginal people. This research was undertaken by Keith Jacobs and Maggie Walter from the University of Tasmania on behalf of the Aboriginal Housing Services Tasmania (AHST), within DHHS.

They found that lower rates of home ownership and high rates of rental tenure amongst older Aboriginal people indicates that they are disadvantaged in their housing situation compared with older non-Aboriginal people in Tasmania. However they also state that the high rate of public housing among older people suggest that housing for this group is at least relatively secure and that the housing occupancy of older Aboriginal people in Tasmania tends to be reasonably stable.⁵⁰

They did however also express the view that homelessness is hidden in the Aboriginal community as elderly people are not living on the streets, but are likely to be with friends or family, therefore there are difficulties in estimating the extent of homelessness amongst older Aboriginal people. This opinion was also emphasised in numerous discussions with Aboriginal people in Tasmania during interviews undertaken for this report.

Jacobs and Walter held two focus groups consisting of 12 older Aboriginal people in Launceston and Cape Barren Island. Attendees viewed as positive the provision of cluster units for older people by AHST. The attractiveness of the units, their location in what are considered to be better suburbs and the idea of older Aboriginal people being in close proximity to each other were considered beneficial. In particular, the grouping of older Aboriginal residents with each other, but away from potentially more disruptive younger neighbours is appreciated.

It was acknowledged however that while the concept is good, the reality is not favourable. Criticisms included: the lack of consultation before purchase of the properties, their location away from regular transport and amenities, and the perception of a lack of privacy for residents. One focus group attendee explained “They could have bought them somewhere else because you walk out of one person’s door and into the next door”. “You’re miles away from the bus services and everything. Nice units, but in the wrong location...”.⁵¹

At the focus group meetings Cape Barren Island residents expressed concern about the lack of accommodation available in Launceston for Aboriginal people when they need to come from the Islands, particularly for medical reasons. Others expressed disappointment at the lack of support

⁴⁹ Broe, T, Jackson Pulver, L, Arkles, R, Kelso, W, Robertson, H, Draper, B. *Cognitive Risk Factors, Cognitive Status, Cognitive Impairment and Dementia in Aboriginal People*, Research paper outline emailed from T Broe in July 2008

⁵⁰ Jacobs, K and Walter, M, *An Analysis of the Housing Needs of Young and Older Aboriginal People in Tasmania*, Research commissioned by Aboriginal Housing Services Tasmania, Department of Health and Human Services, 2003, p.24

⁵¹ Ibid

for the recent attempts to operate an Aboriginal hostel in Launceston. The concept of a granny flat to be built in the backyard of Aboriginal Housing homes was discussed. This would allow older family members to live near and be supported by their family without causing additional stress on accommodation. The cost of maintenance on properties and safety issues were also of major concern to those in the focus groups.

Many of the older Aboriginal people indicated that when they were unable to care for themselves, support from their families would be their first choice. However they acknowledged that family cannot always provide the care needed and the older people do not want to place a burden on their family. They also emphasised that as older people, they provide accommodation support for extended family members when the need arises, which may cause temporary overcrowding. This overcrowding can increase the risk of eviction. It was suggested that policy makers need to be sensitive of this issue and provide an extra bedroom when planning accommodation for older people, for example, so family do not have to sleep on the floor.

A number of participants in the focus groups felt that an Aboriginal care unit would be required in the near future to accommodate growing demand. Participants envisaged that such accommodation would comprise half a dozen units and would be staffed by people from the Aboriginal community. As one worker suggests "This is very important. We need to be with our own people, especially when we are old, ill or vulnerable. An Aboriginal person in a standard white based nursing home is likely to not only be isolated from their own community, but would suffer racism from other residents and the nursing home would be completely unaware and unable to meet the cultural needs of the person".⁵²

Jacobs, et al emphasise that "The issue of care homes for older Aboriginal people is one that will need to be addressed by policy makers, probably sooner rather than later. Although the proportion of older Aboriginal people in the population is still relatively small, the demand for elderly services is likely to increase substantially over the next decade. An important consideration will be to ensure that care homes are able to specifically cater for Aboriginal older people and meet their cultural needs and expectations".⁵³

The recommendations from this report specific to older Tasmanian Aboriginal people and therefore particularly relevant to this project include:

- Information and advice: produce an information booklet setting out the housing options, issues and services for older Aboriginal people and their carers.
- Temporary accommodation for residents from the Islands in a 4-5 bedroom house occupied by a lead tenant.
- Transition into old age: provision of cluster homes is a way of meeting the needs of this group, however they need to be near transport and have good community networks. Also the community need to be consulted prior to purchase.
- Aboriginal Care Home: Consider the feasibility of setting up an Aboriginal aged care facility, either as a stand-alone or as a supported residential facility as part of the policy options for the future housing needs of older Aboriginal people in Tasmania.
- Informal Support Networks: Establish a network of carers to provide short-term respite care so that family members can take a break for a holiday.

⁵² Ibid p. 28

⁵³ Ibid

Summary of Key Issues

The key issues from this Review of Literature relevant to this project include:

- There is limited research into the needs and issues of older Aboriginal people.
- Research indicates a lowering of the death rates of Aboriginal people due to chronic diseases.
- More Aboriginal people are surviving to mid-life and significant numbers are reaching 75 years.
- Aboriginal “survivors” over 75 years have a lifespan closer to non-Indigenous older people.
- There is significant concern about the prevalence and impact of dementia and other cognitive conditions amongst Indigenous Australians which is significantly higher in two remote Indigenous communities compared to the non-Indigenous population.
- Aboriginal elders are often marginalised within the non-Aboriginal community and are now also becoming marginalised within their own community.
- Older Aboriginal people prefer to be cared for by other Aboriginal people, do not feel welcome in mainstream seniors’ services and want their own aged care services and facilities.
- There is a severe shortage of Aboriginal aged care workers.
- Aboriginal people have significantly different life experiences compared to non-Indigenous older people. This requires a different approach to the policy, planning and delivery of aged care services for Aboriginal people.
- Two pieces of research currently being undertaken in Darwin and urban NSW will be relevant to the planning and provision of care and support to Tasmanian Aboriginal people.
- Recent research conducted on the housing needs of older Tasmanian Aboriginal people indicates a need in the future for a specific aged care facility for Aboriginal people and temporary accommodation in Launceston for Aboriginal people when they come over from the Furneaux Islands.

Conversations amongst the Tasmanian Aboriginal Community

A major focus of this project was to meet with the Aboriginal people who have had input into previous discussions about the needs and issues of older Aboriginal people at meetings and gatherings such as the Aboriginal Women's Gathering in Hadspen in 2005, the ICC and Community Organisations' Forum in Campbell Town in 2007, the ya pulingina kani Way Forward Workshop in 2006 and the COAG Trial in the north-east. It was considered important to meet with some of these people to clarify the issues that were discussed at these various forums. The focus was not to hold any major consultations, but to meet with the Aboriginal people and listen to the issues that they consider important and to clarify and seek further information about issues that have been raised in the past.

In the period from August 2008 to February 2009, the Project Officer held over 30 meetings with more than 70 Aboriginal people throughout Tasmania (see Appendix 1 for a list of organisations and individuals with whom the Project Officer met). The Project Officer explained that the purpose of the meetings was to clarify issues that have been raised previously about the needs and issues for older Aboriginal people in Tasmania.

Many people expressed concern at these meetings that discussions such as these have been happening for years but there have been little outcomes for the older Aboriginal people. They were concerned that this project was going to be another "talk fest" resulting in little or no meaningful outcomes for Aboriginal people.

The two major themes that have been raised in recent years include the need for a specific aged care facility for older Aboriginal people and the loss of the connection between older and younger Aboriginal people and the impact this is having on the older people. These two issues were used by the Project Officer as examples of topics that had been raised in recent years. People were invited to offer their opinion on these and other issues considered to be of importance for older Aboriginal people in Tasmania.

The following information provides a brief summary of the key issues raised and the opinions of those with whom the Project Officer met in relation to this project.

Specific aged care facility for older Tasmanian Aboriginal people

The concept of a specific aged care facility for Aboriginal people has been referred to over recent years as an "Elders Village". This terminology was queried and in fact condemned by some as it could be considered exclusive to the "Elders" as opposed to all older Aboriginal people. Also representatives from the Aboriginal Elders Council of Tasmania expressed concern that they were not consulted in the use of this terminology. With these comments in mind, the terminology of an "Elders Village" will not be used in findings of this report.

The need for a specific aged care facility for older Aboriginal people was the most significant issue raised during the meetings held for this project. This issue has been discussed within the Aboriginal community and between the Aboriginal community and government for over 15 years. It was interesting that all the people with whom the Project Officer met had been involved in discussions on this issue over recent years and all had varying opinions and comments on this issue. People were either for or against the idea of a specific aged care facility for Aboriginal people, with the majority of people supporting the concept.

The call for a facility appears to be underpinned by the need of Aboriginal older people to be together. "The fundamental principle is that our elders must be together" expressed one passionate advocate. Following are examples of comments frequently expressed by those who supported a specific aged care facility:

- “older Aboriginal people have grown up together and need to continue to be together”,
- “Aboriginal people are scared of nursing homes because their culture is not recognised”,
- “black fellas want to be on their own”,
- “many find it difficult when they move into a nursing home and are by themselves, they need to be with other Aboriginal people”, and
- “older Aboriginal people have nothing in common with non-Aboriginal residents – they would like their own place to yarn about their younger times, especially those from the Islands”.

The issue of safety for older Aboriginal people was also a commonly expressed justification for a specific aged care facility. As one person expressed “the older people value their own space, away from family who may have alcohol or drug issues. Families sometimes ‘invade’ the space of their own relatives”. Another stated that “our older people would not be taken advantage of” if they had their own place. An aged care “facility would be somewhere where the elders felt safe”.

Amongst those who supported a specific facility there were many varying opinions as to the ‘type’ of facility required. Following is a summary of these different views:

- A typical aged care facility for Aboriginal people with both high and low care needs. Residents would have their own bedroom and ensuite, with shared communal rooms including living and dining areas.
- Completely independent units with one or two bedrooms, enabling family members to stay if required, similar to those that Aboriginal Housing Services Tasmania provide in Prospect and Claremont. Tenants in these units can access either Aboriginal specific or mainstream aged care services such as CACPs or HACC services to support them to continue to live independently. It was commonly expressed that this model should also include a communal meeting/dining/social area.
- An aged care facility including independent units based at Risdon Cove, on Aboriginal land, amongst other Aboriginal services, facilities and people and run by an Aboriginal organisation.
- A hostel type facility that accommodated both permanent and transient residents. Concern was often expressed about the lack of accommodation for people requiring temporary accommodation when they travel to Launceston from either Cape Barren or Flinders Islands. It was suggested by some that an aged care facility could also provide temporary accommodation for the Islanders when required.
- An aged care facility that provides for permanent residents and those requiring respite.
- A facility that was for the whole Aboriginal community, not just older people. This view was based on the thought that there is a need to have a focus other than ‘care’, as “the care concept makes an elder feel useless and worthless”.
- A village along side a tourism venture where the elders can contribute if they want to as story tellers and teachers of traditional crafts. This view was based on the thought that the elders “need a purpose in the community, opportunities to continue to contribute. They don’t want to feel isolated”.
- Independent units with a house manager living on site who can keep an eye on the residents and cook evening meals for them.
- A facility providing units and low care for Aboriginal people, but linked to a mainstream aged care facility so that if the elders needed high care they already had connections with another organisation.

There were varying opinions expressed on the location of a specific aged care facility. Some felt it should be in the city, close to services including hospitals, while others felt it should be located in a bush setting with lots of space to wander. A facility at Risdon Cove was considered ideal by some as it would be in a bush setting but not too far away.

In the north of the state there was significant discussion about the land in Elizabeth Town, north of Deloraine, which was donated to the Aboriginal Elders Council of Tasmania about 15 years ago. Some felt that this land was ideal for an aged care facility as it was in the bush with plenty of space in a natural environment, while others considered it too far away from services and the residents would become lonely and isolated as family would find it too far to travel. It was suggested by some that the land at Elizabeth Town should be sold and the money used to partially fund a facility in Launceston. Others did not support this suggestion.

Attendees at one meeting discussed the TAC facility at Napier Street in Launceston that was offered to the Aboriginal Elders Council of Tasmania about six or seven years ago to be used for respite for older people. No one knows of where this offer now stands. This meeting also discussed a property that was bought by Aboriginal Hostels Limited (AHL) about four or five years ago in Elphin Street Launceston. This property was to be used as a transient hostel for people from the Islands visiting their children at school on mainland Tasmania or needing medical services in Launceston. Apparently Launceston Council did not approve the use of this property and it has since been sold. Those at the meeting expressed disappointment that AHL does not provide accommodation in Tasmania.

Attendees at meetings on both Cape Barren and Flinders Island spoke of the need for accessible accommodation for the older residents on the Islands. The preferred model of accommodation expressed by all were independent units built in close proximity to each other that were fully wheelchair accessible and fitted with hand rails and other adaptations to ensure easy access for older people.

All those who supported a specific aged care facility for Aboriginal people believed that such a facility should be managed and staffed by Aboriginal people. Some felt that one of the existing Aboriginal organisations such as the TAC or the Aboriginal Elders Council of Tasmania would be the most ideal organisation to manage such a facility. The involvement of AHL was considered important by some, given their capacity to subsidise the operations of an aged care hostel. A few expressed concern that there was not the expertise or skills amongst members of the Aboriginal community to manage or staff such a facility, but the majority of people did not agree with this view, one person commented that "Aboriginal people would jump at the chance to run and work in such a facility".

The importance of family and the broader Aboriginal community was often highlighted in discussions on a specific aged care facility for Aboriginal people. As one person states "the needs of the family are of paramount importance and need to be taken into consideration".

The importance of family was the major reason one person did not support a specific facility for older Aboriginal people. They felt that such a facility would break the link with the family rather than have the dependence within the family that is so important to Aboriginal people. They suggested that "the resident could become isolated from their family because they have their own support networks amongst themselves as residents".

It was interesting to note that some people from smaller rural communities did not support the notion of a specific aged care facility for Aboriginal people as they felt that the older Aboriginal people have, for many years, lived amongst the broader community and would want to continue to live amongst their non-Aboriginal friends.

The idea of segregating Aboriginal people again was discussed at one meeting. Many at this meeting expressed the view that they are "completely against the concept of segregating Aboriginal people, keeping them away from the rest of the community". Another person "doesn't see the point of an elders' village as the elders have always lived in the mainstream community and are happy to continue to do so".

Other views against the concept of a specific aged care facility for Aboriginal people included:

- “Aboriginal people are so different and have such varying needs and interests. For example some people have big families and like to see them a lot, while others like quieter times, some may want to drink and may be messy, whereas others don’t drink and are really tidy”,
- “Aboriginal politics would stop this ever getting off the ground unless there was one in the south and north and we don’t need that”,
- “you would need to be careful that Aboriginal people don’t isolate themselves from the non-Aboriginal people and then get in each others’ pockets”.

There were a few people interviewed who notionally supported the concept but could not imagine it happening here in Tasmania as there are not enough older Aboriginal people to warrant or sustain such a facility. While those who expressed this view would ideally love to see such a facility in operation, they realistically could not imagine it ever being built. As one woman stated “our fellas are too scattered and one for the whole state would be too hard”.

Several people commented on the importance of the Tasmanian Aboriginal Centre’s involvement in a specific aged care facility for Aboriginal people. However one stated that such a concept “would not happen soon because it is not a priority of the Tasmanian Aboriginal Centre and it would not happen without the involvement of the Tasmanian Aboriginal Centre. They need to be involved. They are the biggest service provider of aged care services for Aboriginal people”.

Respite facility

Numerous people spoke about the need for respite services for Aboriginal people, respite for both the older person and their carers. Some suggested that a specific aged care facility for Aboriginal people could firstly be built as a respite facility and then if the need became greater, the facility could be funded in the future to provide permanent care for Aboriginal people.

The concept of a permanent respite facility for older Aboriginal people generated great enthusiasm amongst some people. It was visualized as a small hostel or large house in a bush or beach setting where people could go for a break, with their support needs met through their existing aged care services. The TAC in Hobart twice yearly provides a similar opportunity to recipients of their aged care services. They support their aged care clients on a holiday, providing care and support where required, a holiday opportunity and a break for their regular carers.

Connections between older and younger people

In gatherings and meetings held over recent years, the issue of a loss of connection between older and younger Aboriginal people has been raised as a major concern (refer to information from the Tasmanian Aboriginal Women’s Gathering in Hadspen and the Tasmanian COAG Trial Evaluation on pages 20 and 21 above). Discussions on this issue during this project have raised conflicting opinions on the prevalence and significance of this issue in the Aboriginal community.

Many people acknowledged that there is now a loss of connection between the two generations in Tasmania, but as some suggested, this is not unique to the Aboriginal community. Others also commented that it is to be expected with younger people’s interest in their own activities, their mobile phones, ipods and other such distractions and some now find traditional cultural activities such as mutton birding and shelling boring. It was also felt that some older people are intolerant of the interests and behaviours of younger generations.

The most commonly expressed reason for this lack of connections between the generations is that people are too busy with their own lives and dealing with their own issues. Problems such as the use of drugs and alcohol amongst the younger generation were often raised. Others commented that some older people are still working and too busy to spend time with the younger generation or

are too tired and worn out and cannot relate to younger people's issues. It was felt by a few people that the "split" in the Aboriginal community over identity issues has made the loss of connection worse.

Many people felt that passing on culture and traditions was a family responsibility and the key issue is to ask families what "they are doing to keep the connections between the young and the old?" It was suggested that some Aboriginal families are now starting to take their family members back to Cape Barren Island on a regular basis to learn more about their culture and history.

Others felt that those who are involved in the Aboriginal community will experience significant connections between the generations, that "the community does all it can to connect the old and young at this stage" and that "Aboriginal organisations have a responsibility to pass on culture".

Attendees at one meeting suggested that older Aboriginal people need to take more responsibility in passing on cultural traditions and mentoring and supporting young people. They know of many young people wanting to know more about their culture, however the elders are too busy or have priorities other than spending time with young people. They have a significant problem trying to encourage older men to be role models for the young boys as the men "are too busy doing contemporary things other than Aboriginal things". One person summarised the views of others when stating that "teaching the community is a time commitment for the Elders just like being treasurer of the local football club or other voluntary work".

Despite these negative comments many people spoke of the numerous examples of structured activities and programs that are currently happening throughout Tasmania which are having a significant impact on connecting the older and younger Aboriginal people and delivering major outcomes to the generations. The following are examples of such initiatives:

- The arts based meenah mienne project in northern Tasmania which aims to link mentors with young people at risk, those who are in Ashley or those who have dropped out of either school or work.
- A community garden in Launceston organised by the Tasmanian Aboriginal Centre which involves both older people from the HACC program and an Aboriginal women's group.
- Annual camps run by the Tasmanian Aboriginal Corporation for Women's Arts and Crafts with women of all ages.
- Younger people's involvement in the production of a DVD of the Aboriginal Elders Council of Tasmania's *Through Our Eyes* project and exhibition.
- SETAC's elderly men's group that meets with young men and regularly go on excursions together fishing, yarning and spending quality time.
- Tasmanian Aboriginal Centre's Children's Centre provides many opportunities for connections between the generations.
- The Department of Education's Aboriginal Cultural Program that regularly runs camps for Aboriginal students with a significant involvement of Elders and other older Aboriginal people.
- A weekly gathering of younger and older women at Circular Head Aboriginal Corporation to exchange skills, experiences and stories over a cuppa and a good yarn.
- Young mums with babies and toddlers regularly dropping in at the HACC funded centre based activities for older people at the Mersey Leven Aboriginal Corporation.

It is obvious by the comments and examples above that there is varying opinions on the issue of the loss of connection between the younger and older generations. The structured programs that connect the generations were all spoken of very favourably and additional funding to support more of these initiatives would be welcomed by the Aboriginal community.

Other issues of importance for older Aboriginal people in Tasmania

During the meetings with Aboriginal organisations and individuals many other issues of importance for older Aboriginal people in Tasmania were raised. The issues that were most frequently raised include:

- The need for respite for both the older person and their carers. It was generally felt that most older people would not access mainstream services such as respite in aged care facilities as they are not culturally appropriate and the Aboriginal people do not feel comfortable staying there and nor would the family in leaving them.
- The need for a small respite facility on Cape Barren Island.
- The need for holidays and the opportunities to get away with other older Aboriginal people. This is linked to the need for respite and the opportunity to look forward to something, have a change of scenery and share fun times with other Aboriginal people.
- Social isolation and loneliness. This issue was discussed at every meeting. Many people feel frustration and concern about not having the time and resources to attend to this issue.
- The lack of access to Tasmanian Aboriginal Centre health services, especially doctors.
- The lack of Aboriginal staff with aged care qualifications.
- The opportunity for older Aboriginal people from the north, south and north-west to get together once or twice a year and to be able to stay in contact with people with whom they grew up.
- The lack of transport and the impact this has on the lives of the older people, especially those in isolated country towns.
- The need for cultural awareness training of staff within mainstream aged care services and ongoing links and supports between local Aboriginal organisations and aged care services.
- The need for information on aged care policy and practices by Aboriginal organisations delivering aged care services.
- The need for opportunities to network, share information and ideas between Aboriginal organisations delivering aged care services.
- Abuse of older people by family members. All forms of abuse were mentioned including financial, verbal, psychological and physical.
- Lack of dental services.

Other issues that were only mentioned once or twice, but which are worth noting, include:

- Selective servicing of clients by some organisations whereby some receive numerous services and others receive none.
- Greater support to families to care for their family member in the home.
- The need for a gathering of older Aboriginal people to seek their opinions on their needs and potential services.
- Older Aboriginal people and their families' lack of awareness of aged care services and other services available to older people such as advocacy.
- Poverty amongst people on the pension and the impact of increases in expenses such as food, petrol, medications, etc.
- The loss of dignity when independence is lost resulting in having to rely on assistance for activities of daily living.
- The potential use of the facilities at Risdon Cove for regular activities and get-togethers of the older people.
- The unlikelihood of older Aboriginal people joining mainstream activities and clubs such as seniors' citizen and bowling clubs because they do not feel comfortable in these organisations and would prefer to be "with their own".

Summary of Key Issues

The key issues raised in discussions with members of the Tasmanian Aboriginal community include:

- The major focus of the project was to meet with the Aboriginal people who have had input into previous discussions on the needs and issues of older Aboriginal people.
- Significant concern was expressed about this project resulting in little or no meaningful outcomes for Aboriginal people.
- The two major themes raised in recent years that were revisited in this project were the need for a specific aged care facility for older Aboriginal people and the loss of connection between the older and younger Aboriginal people.
- The need for a specific aged care facility has been discussed amongst the Aboriginal community for over 15 years.
- The majority of people support the notion of a specific facility as older Aboriginal people need to be together, they would not feel comfortable in a mainstream residential aged care facility and a specific facility would address issues of safety and security for the older people.
- There are many varying opinions on the preferred type of facility including a typical aged care facility, completely independent units, hostel accommodation for both permanent and temporary residents, a facility for the whole Aboriginal community and a village along side a tourism venture.
- Varying opinions were given regarding the location of the facility including Risdon Cove and Elizabeth Town.
- Many considered the involvement of Aboriginal Hostels Limited and the Tasmanian Aboriginal Centre necessary if the facility was to be successful.
- Not everyone supported a specific aged care facility for Aboriginal people.
- Concern was expressed by some in rural communities that Aboriginal people do not want to be segregated again or segregated from their non-Aboriginal friends.
- The need for respite and greater access to respite services was often discussed.
- There were conflicting opinions on the prevalence and significance of the loss of connection between the young and the old.
- Numerous examples were given of initiatives that support the connections between the generations and the need for additional funding to support such initiatives was often discussed.
- Other important issues raised included social isolation, loneliness, access to transport, lack of trained Aboriginal aged care workers, lack of access to Tasmanian Aboriginal Centre health services, opportunities for older Aboriginal people from across the state to get together, need for cultural awareness training in aged care services, needs of the Aboriginal aged care services providers including access to information and opportunities for networking.

Relevant aged care services for Aboriginal people in other Australian jurisdictions

A major component of this project was to research services and models of aged care for older Aboriginal people on mainland Australia. There are many Aboriginal specific aged care services throughout Australia and the Project Officer made contact with them via the phone to elicit information about their aged care services (see Appendix 2 for a list of the organisations with whom the Project Officer had contact). For the purpose of this project it was not considered appropriate to contact those who offer services in very different circumstances from the Tasmanian Aboriginal people, such as those in remote northern Queensland, Northern Territory or Western Australia.

Following is a brief summary of examples that may be relevant and replicable within the Tasmanian context for older Aboriginal people.

Aboriginal Wyatt Holidays, Aged Care and Housing, South Australia

Aboriginal Wyatt Holidays is a respite program for frail older or disabled Aboriginal people and/or their carers living in South Australia. It provides respite by arranging and coordinating individually planned holidays. Each holiday is designed to meet the needs of the individual and their carer.

The service helps with planning and booking holidays, arranging a suitable companion if needed, transfers from home, assistance with costs, arrangements for personal care, hiring equipment and care of house, garden and pets while away.

The service is funded through HACC respite funding for 180 clients per year, although they provide a service to many more clients than this number. Each client can access a maximum of \$400 per year for their holiday through the HACC funding. Additional financial assistance can be sought from Aged Care and Housing's Foundation for Older Australians or other such philanthropic organisations.

The service has been operating for over three years and caters specifically to Aboriginal people in the HACC target group. The majority of clients book interstate holidays, often to visit family. The service is individually tailored and can cater for the unique and specific requirements of the individual clients.

Aboriginal Hostels Limited

Aboriginal Hostels Limited (AHL) operates its own hostels as well as supporting community organisations to operate their own. AHL is funded through the Department of Family, Community Services and Indigenous Affairs and can subsidise local organisations on a recurrent or non-recurrent basis for operational costs, staffing, utilities, major and minor capital works, emergencies and other such items.

Currently AHL operate or are involved with 16 aged care facilities across Australia that provide temporary or permanent accommodation to residents. AHL do not operate in Tasmania but have tried on several occasions to establish facilities in Tasmania. They have recently indicated that they are interested in liaising with the Tasmanian Aboriginal community and funding bodies to explore opportunities to operate or be involved in hostels in Tasmania.

Aboriginal Elders and Community Care Services, South Australia

Aboriginal Elders and Community Care has been providing a service to Aboriginal people in South Australia since 1994. The organisation is an independent Aboriginal corporation managed by a Board of Management of both Aboriginal and non-Aboriginal people. They currently operate an Aboriginal Elders Village and an Aboriginal Home Care program.

The Aboriginal Elders Village (AEV) provides permanent accommodation to 33 residents, including residents who are both high and low care and those living in independent units. The facility is located in Devoren Park, north east of the Adelaide CBD. The actual aged care facility is owned by another Aboriginal organisation and managed by the Aboriginal Elders and Community Care Services.

The Village has a 26 bed aged care facility and 4 independent units. It is funded through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program within the Department of Health and Ageing and the residents do not require an ACAT assessment to enter the facility.

Staff within the organisation are mainly Aboriginal or have had a long association with the Aboriginal community. The majority of residents enter the aged care facility in their last stage of life with many requiring palliative care and/or have dementia. Many of them firstly enter the facility for respite and then gradually become familiar with the facility and move in permanently.

The majority of residents are not from the immediate area, many are from other jurisdictions or outback South Australia. As such there is very limited family involvement in the facility, although this is very welcome and encouraged. Some residents have chosen to move from this Aboriginal specific facility to another aged care facility closer to their homeland and family. However in the majority of cases, these residents have either died fairly soon after their move or have returned to the AEV.

The residents receive a service that is culturally appropriate. The staff are able to spend quality time with the residents, sitting and talking with them and also support the residents to attend local community events and activities. The staff purchase or receive donations for clothing for the residents and other personal items, if required, and provide assistance with transport and accommodation if a resident requests to return to their community for funerals or other major activities. The staff also recognise important community events such as NAIDOC Week and ensure there are major celebrations and acknowledgment of the week. Like many aged care facilities, the AEV has regular residents' meetings where the residents have input into the running of their facility.

The facility is very popular with Aboriginal people and there is a waiting list to enter. There is a strong feeling amongst the Aboriginal community that they prefer to be cared for by their own people, rather than live in mainstream services. The older Aboriginal people feel so strongly about this that they are prepared to travel away from their community to live in an Aboriginal specific facility.

Council of Aboriginal Elders of South Australia

The Council of Aboriginal Elders of South Australia (CAESA) is a state-wide peak advocacy and information service that provides a link between aged care service providers and the Aboriginal community. Its chief role is to monitor the effectiveness of services to frail and older Aboriginal people, ensuring their cultural appropriateness and where necessary to recommend policy and other changes.

The Council comprises 18 members who all work in a voluntary capacity, from the 15 regions throughout the state who are nominated by their local regional forum. The role of each member is

to bring issues from the local level to the state meetings and vice versa – to share information from the state meeting with members of the local regional forum. Support at the local level is provided in the main by the HACC Workers.

CAESA was established in 2000 and receives funding through HACC. CAESA is based on the view that Aboriginal older people as consumers should have direct input into the delivery of services. The information from the regional forums is regularly fed back to government and other agencies. CAESA meets every two months with ACAT, other HACC funded and mainstream aged care services, representatives from state and commonwealth aged care services. These meetings provide opportunities for networking, feeding back the information from the regional forums and cultural awareness raising with aged care services.

CAESA received one-off funding in 2006 through the Department of Health and Ageing to develop their website and promote the website and other culturally sensitive aged care promotional information to the Aboriginal community throughout South Australia. The website at www.caesa.org is an excellent resource of aged care contacts and relevant information for older Aboriginal people, their carers and families.

Regency Green Aged Care Facility, South Australia

Regency Green is a multi-cultural aged care facility managed by United Care Wesley in Port Adelaide, South Australia. The facility caters for people from seven different cultures: Chinese, Vietnamese, Spanish, Cambodian, Philippines, Maltese and Indigenous Australians.

Regency Green receives residential aged care funding through the Department of Health and Ageing and has been in operation for five years. Currently the facility accommodates 80 residents with both high and low care needs. The facility is funded for 10 high care places for Indigenous Australians and currently has six Indigenous residents.

The facility has eight linked houses, each which was to have a separate cultural focus, however this has been difficult because of the varying care needs of the residents. The Indigenous residents do however have their own “house out the back”, giving them a great outdoor view and plenty of space.

Regency Green employs three Aboriginal staff and would be keen to employ more if there were the Aboriginal people available. United Care Wesley has an Indigenous Employment Program aiming to employ more Indigenous staff throughout their entire organisation. There are two Indigenous people on the Steering Committee of Regency Green thereby having significant involvement in the strategic directions of the home.

The Aboriginal staff make a concerted effort to support the Aboriginal residents to continue to be involved in the Aboriginal community and to celebrate events of significance, for example NAIDOC Week. The staff have also started a vegetable garden involving the Aboriginal residents and have encouraged the local Aboriginal community to be actively involved with the residents in the aged care facility.

The majority of Aboriginal residents are from the local community and their families are welcome and very involved in the activities at the facility. The facility is popular amongst the local Aboriginal people who choose to live in this facility over others in the area because of its focus on the Aboriginal culture and appropriate care and cultural support to the residents. Recently a respected Elder has moved in to the facility and has been actively promoting the facility to the broader Aboriginal community which has increased the reputation of the facility amongst the Aboriginal community.

The focus on a multi-cultural facility generally works well with mixing between the residents of different cultures and participation in each others specific cultural events and activities.

Sometimes the different languages can be a barrier however the staff make a concerted effort to support the residents to overcome these barriers. A specific focus on Indigenous residents works well within the facility and is supported in the Aboriginal community.

Rose Mumbler Village, Nowra, New South Wales

Rose Mumbler Village is a 21 bed aged care facility providing both high and low care support to Aboriginal residents. The facility is managed by the Illaroo Cooperative Aboriginal Corporation (ICAC) in Nowra, on the south coast of New South Wales. The organisation is run by a Board of Directors, all of whom are Aboriginal. In addition to the hostel, the organisation also provides 45 CACP and HACC services to 50 local Aboriginal people.

Originally the facility provided accommodation to older people without being funded as an aged care facility. For four to five years the organisation applied to the Department of Health and Ageing for residential aged care funding and was finally granted an allocation of seven beds in 1991. The organisation now provides accommodation to 21 residents.

The organisation receives funding through DoHA residential aged care funding and deficit funding through Aboriginal Hostels Limited. The ICAC hope that their recent increase of beds from 18 to 21 will enable them to become financially viable and not need to rely on the deficit funding from AHL. It was suggested that a facility such as Rose Mumbler would need at least 40 residents to be financially viable, unless they provide additional services such as CACPs.

The majority of staff at Rose Mumbler Village are Aboriginal, although sometimes due to a shortage of appropriate people, there is a need to employ non-Aboriginal staff. The organisation focuses on providing a friendly, culturally appropriate service with the Village supporting and welcoming involvement from the broader Aboriginal community. About three to four times a year the facility hosts functions for the residents and the broader community, celebrating events and activities such as Seniors Week, NAIDOC Week, Grandparents Day and regular BBQs.

The design and layout of the facility suits the cultural needs of the Aboriginal residents. For example the large fireplace in the centre of the common room is inviting for residents to sit around, with lots of room for a yarn. There is a specifically built culture room used by families who come from long distances to visit their relatives and also for families whose relative is receiving palliative care in the aged care facility. The room includes a small kitchenette, enabling families to be independent, and families are welcome to stay for as long as needed.

The meals at the facility are cooked on site, catering specifically for the cultural preferences of the residents by the domestic staff who are all Aboriginal.

The organisation has found over recent years that there is not a significant demand from the local residents for a place within the aged care facility as the organisation is able to cater for the local residents adequately with the CACPs and HACC services. The majority of residents at Rose Mumble Village come from out of the local area, some as far away as the Victorian border.

Aboriginal Community Elders Service, East Brunswick, Victoria

The Aboriginal Community Elders Service (ACES) has operated in Melbourne since 1987. They are an independent incorporated organisation managed by a Board of Management of nine Aboriginal members who are elected by the local Aboriginal community. The organisation runs a specific aged care facility for Aboriginal residents, provides CACPs to 69 Aboriginal clients and provides a HACC funded day centre for Aboriginal clients. The organisation receives National Aboriginal and Torres Strait Islander Flexible Aged Care from the Department of Health and Ageing for the residential aged care facility and the CACPs.

The residential facility is located in East Brunswick in inner Melbourne and is funded for 25 beds:

15 high care and 10 low care. The majority, about 60%, of the residents are male and many of them are originally from interstate, so do not have family around them for support or assistance.

Across the three services run by ACES, approximately one third of the staff are Aboriginal. The organisation would ideally like to employ more Aboriginal staff, however there is a shortage of Aboriginal workers.

The service is very popular amongst the Aboriginal community and there is now a waiting list to enter the home. There is a high expectation from the Aboriginal community that the residential facility should also accommodate younger people with mental health issues and/or who have acquired brain injury due to alcohol or drug abuse. This expectation is currently causing difficulties with the organisation as they are not funded to cater for these people yet the community have the expectation that they should and are frustrated that these people cannot be accommodated.

Maloga Home, Nathalia, Victoria

Maloga Home is run by the Aboriginal Advancement League in Melbourne. It is situated in Nathalia, a small country town north of Shepparton in Victoria. The home was established originally as a youth hostel for Aboriginal people, but since 1991 it has operated as an aged care facility.

The facility provides accommodation to 11 aged care residents who have both high and low care needs. Currently the majority of residents have dementia. The Aboriginal Advancement League receives mainstream residential aged care funding through the DoHA and an annual subsidy through Aboriginal Hostels Ltd to run the facility.

The majority of residents, generally about 80%, are Aboriginal however the organisation has difficulties in filling the facility and offers vacancies to non-Aboriginal residents. The organisation attributes the difficulties in filling the beds to the fact that most Aboriginal people do not live to an old age, many are catered for in their own home by either HACC services or CACPs and many Aboriginal people do not want to live in an "institution", preferring to be cared for in their own home.

The majority of residents are not locals, coming from as far away as Warrnambool in south west Victoria and Griffith in NSW. They choose to move to Maloga Home because it is an Aboriginal specific facility. The facility has a respite bed, although some of the clients, who use the bed for respite, then become a permanent resident of the facility.

The residents are very appreciative of living in an Aboriginal specific organisation and being cared for by their "own". Approximately 50% of the staff are Aboriginal and the remaining all have close connections with the Aboriginal community, for example they have Aboriginal grandchildren or are married to an Aboriginal person. A major asset of the home is their bus which is used frequently as the residents like to get out and about regularly, spending a lot of time in the bush and on various outdoor excursions.

Illawarra Local Aboriginal Land Council, Wollongong, New South Wales

The Illawarra Local Aboriginal Land Council owns the aged care facility of Primbee Village in Primbee, Wollongong, New South Wales. This facility has 10 units specifically for older Aboriginal residents living independently and has been in operation for about 10 years. The units are a mixture of one and two bedrooms and two units are completely wheelchair accessible. There are no staff based within the units however many of the residents access either HACC services or CACPs provided by the local Aboriginal aged care organisation Illawarra Aboriginal Corporation.

The units are extremely popular amongst the Aboriginal community and there is now an extensive

waiting list. This popularity is due to the fact that the facility caters specifically for Aboriginal people, is run by an Aboriginal organisation and the rent is subsidised. This subsidy is provided through the state government's Aboriginal Housing Office. Repairs and maintenance of the units are funded through the Illawarra Local Aboriginal Land Council if sufficient funds exist, otherwise the organisation can apply to the Aboriginal Housing Office for financial assistance.

Whilst the facility is owned by the Illawarra Local Aboriginal Land Council, it is managed by a local real estate agent. The residents pay rent to this real estate agent and are bound by the state tenancy act as with any other rental arrangement.

Illawarra Aboriginal Corporation, Wollongong, New South Wales

The Illawarra Aboriginal Corporation is a large organisation providing a range of services for Aboriginal people in the Wollongong area in NSW. They are an independent organisation overseen by a Board of 12 Directors, all of whom are Aboriginal.

Illawarra Aboriginal Corporation is funded to provide 20 CACPs to Aboriginal people, although they also offer this service to non-Aboriginal partners. All but one of their carers is Aboriginal. To date, they have been able to provide the level of care to all their clients enabling them to remain in their homes until they have passed away. None of their clients have had to move to an aged care facility for support.

Illawarra Aboriginal Corporation manages 40 homes, many of which are occupied by older Aboriginal people. They have found however that many of the homes are no longer appropriate for older people as they are large 3 or 4-bedroom homes. The organisation is currently working closely with the NSW government's housing services who are in the process of building seven new units for older Aboriginal people. These units will be managed by Illawarra Aboriginal Corporation.

Jymbilung House Aged and Disabled Care Service, Beaudesert, Queensland

Jymbilung House Aged and Disabled Care Service is located in Beaudesert, one hour south west of Brisbane. The service is auspiced by the Aboriginal organisation Mununjali Housing and Development Corporation which is overseen by a Board of Directors, all of whom are Aboriginal.

Jymbilung was originally funded in 1994 through HACC funding to provide a day service specifically for Indigenous people. In 1997 the service expanded to include both Indigenous and non-Indigenous clients and received capital funding to build a purpose built day respite facility. Since 2000 the organisation has also received CACPs funding.

The organisation refers to their clients as "members" and now provides day respite seven days a fortnight and other HACC services to over 140 members, approximately 25 per cent of whom are Aboriginal. They also have 30 CACPs, 20 of which are Indigenous specific and 10 of which are non-Indigenous. Just fewer than 50% of the staff at Jymbilung are Indigenous.

The day respite service is the major service of Jymbilung and is particularly embraced by the local Aboriginal community. The facility is located in a rural setting with expanding gardens and pathways throughout. The organisation regularly links with other Indigenous organisations in the surrounding area, running events and activities together. There is another non-Indigenous aged care provider in the Beaudesert community however the older Indigenous people prefer the services at Jymbilung as they appreciate the feel of the facility, the environment in which it is located and being serviced by Indigenous staff.

Indigenous family members are welcome at Jymbilung, grandchildren come and go during the school holidays and family members regularly join their older relatives for a lunch time meal at the respite facility. Jymbilung also links well with other Indigenous workers, offering their premises for meetings between Indigenous clients and staff such as the Indigenous hospital liaison officer and Centrelink staff.

Brambuk – the national park and cultural centre, Grampians, Victoria

Brambuk is an Aboriginal cultural centre located in the Gariwerd (Grampians) National Park in south west Victoria. It is owned and managed by a Board of Directors comprising elders from the five Aboriginal communities with historical links to the Gariwerd-Grampians ranges and surrounding plains.

The elders are very involved in the management and running of the programs and facilities at the centre and surrounding area. They are often artists in residence at the centre or conduct story-telling sessions with the tourists who are keen to listen to and have association with older Aboriginal people.

The majority of the staff at Brambuk are Aboriginal and the elders are extensively involved in the staff training, particularly in the passing on of knowledge and history of the local area to the younger staff members. Staff at Brambuk regularly consult with the elders and seek their opinions and advice on various matters.

In exchange for their voluntary involvement in Brambuk, the elders are provided with accommodation, meals, transport and other support by the Brambuk staff and management. The positive connections between the younger and older Aboriginal people are considered valuable and integral to the success of Brambuk.

Relevant Tasmanian models

Two services that already exist within Tasmania could be expanded upon or further investigated as suitable accommodation for older Aboriginal people.

Aboriginal Housing Services Tasmania (AHST)

AHST is part of Housing Tasmania, within the Department of Health and Human Services. They currently provide two facilities specifically for older Aboriginal residents, Prospect in the north and Claremont in the south.

In the south, Housing Tasmania purchased seven units in Claremont specifically for older people, four of which were purchased by AHST for older Aboriginal residents. The units are fitted with additional fittings specifically for older people including level access, walk-in showers, hand rails and security doors. The residents live independently, some receiving support through HACC and AHST maintains the lawns. The residents look after each other and enjoy living in close proximity to other Aboriginal people.

The facility in Prospect includes three separate units for older Aboriginal residents, and as with the Claremont facility, the residents live independently but receive assistance through the HACC program. As outlined in the research by Jacobs and Walters however, there are criticisms of this facility (see page 28 above).

Abbeyfield

There are three Abbeyfield homes in Tasmania, in Glenorchy, Claremont and Huonville. Each home operates under a separate Board of Management, but under the guide of Abbeyfield Australia. Nationwide there are 21 Abbeyfield homes.

The Abbeyfield home in Glenorchy provides accommodation to 10 older residents living in a shared home together. Each resident has their own bed-sit with private ensuite. The residents must be independent, doing their own washing, shopping, accessing their own breakfast in the communal dining room and cleaning their own room. Residents are able to receive HACC services or CACPs to assist them to remain in their Abbeyfield home. The residents pay fortnightly rent that covers rental on their room, power, cleaning, a contribution towards the housekeeper and other such cost. Some Abbeyfield homes request an incoming fee, others do not.

A live-in housekeeper or manager is employed to provide lunch and dinner for the residents, clean the communal areas, be available for emergencies and occasionally organise activities with suggestions from the residents. The residents have regular meetings to discuss household issues. They share a dining room and two or three common areas with televisions, music and pianos.

Relevant aged care initiatives

Following is information on four initiatives in aged care that could be replicated or have impact for Aboriginal people providing and receiving aged care services in Tasmania.

Department of Health and Ageing's Remote and Indigenous Service Support Initiative (RISS)

This initiative was formerly announced by the Minister for Ageing, The Hon Justine Elliot MP on 22 September 2008. The initiative focuses on three target areas in aged care:

- older people in Aboriginal and Torres Strait Islander communities,
- older people in remote and very remote areas, and
- older people who are homeless.

Over \$42.6 million has been made available over five years to support the following services:

- A Peer and Professional Support program for Aboriginal aged care to give aged care providers and managers access to a range of professional advice on governance, financial management and care management,
- A grants program for capital works to improve the infrastructure of the flexible Aboriginal aged care services,
- Development and implementation of a culturally appropriate quality of care model for the national Aboriginal and Torres Strait Islander Flexible Aged Care Program, and
- Research into aged care needs of older people who are homeless.

Of these four services the Peer and Professional Support program has particular potential to provide support to the aged care sector in Tasmania. Many of the Aboriginal specific aged care services in Tasmania have frequently discussed their need for assistance and greater access to information and support to enhance the delivery of their aged care services to their Aboriginal clients. According to staff from DoHA in Canberra, tenders will be called for this initiative in March 2009.

Queensland Aboriginal and Torres Strait Islander Aged Care Network

Aged Care Queensland supports the Queensland Aboriginal and Torres Strait Islander Aged Care Network of over 38 Indigenous organisations who provide HACC, CACPs and specific residential aged care to Indigenous Queenslanders. The Network meets six-weekly by telephone and is chaired by one of the Indigenous aged care services. Aged Care Queensland provides funds for the secretariat of the network and the Department of Health and Ageing provide funding for the teleconferences.

The Network was established in 2002 and had one face-to-face meeting in 2006. Issues discussed at the teleconferences include specific Indigenous aged care issues and more general information regarding funding, guidelines, policies, etc. The network is considered to be effective in providing advice and support to Indigenous aged care services, especially to those working in extreme isolation.

Previously Aged Care Queensland also received funding from DoHA for an Indigenous Support Officer whose role was to manage the Network and actively work with the Indigenous aged care organisations, providing advice and support and a voice back to government on Indigenous aged care issues. The funding for this position has now ceased and it is felt that the network achieves less without the ongoing commitment and support to the Indigenous organisations of the Indigenous Support Officer.

A network such as this would be useful in Tasmania and Aboriginal organisations providing aged care services would benefit from an annual or bi-annual face-to-face meeting. The need for such a network is evident as many of the Aboriginal specific aged care services in Tasmania have a need for assistance and greater access to information and support to enhance the delivery of their aged care services to their older Aboriginal clients.

National Indigenous Aged Care Website

The Centre for Cultural Diversity in Victoria has recently received special needs funding from the Department of Health and Ageing to develop a website as a reference point for providing culturally appropriate aged care for Indigenous Australians.

The Centre for Cultural Diversity currently receives funding through the Partners in Culturally Appropriate Care (PICAC) program which aims to equip aged care providers to deliver culturally appropriate care to older people from culturally and linguistically diverse communities. They had previously received one off funding to develop a website which provides an online source of information on culturally appropriate aged care.

Based on the success of this website the Centre for Cultural Diversity was approached by DoHA to develop something similar for Indigenous Australians. They have only recently received the funding and have not as yet commenced the work which will include an audit of existing resources and practices in Indigenous aged care as well as developing a significant website.

It is considered that this project will be of benefit in Tasmania not only to the Aboriginal aged care sector, but also to the broader aged care sector in enhancing the provision of culturally appropriate services to older Aboriginal people.

Partners in Culturally Appropriate Care

The Partners in Culturally Appropriate Care program (PICAC) aims to equip aged care providers to deliver culturally appropriate care to older people from culturally and linguistically diverse communities.

The primary outcomes of the PICAC program are:

- More aged care services delivering culturally appropriate care to older persons from culturally and linguistically diverse communities;
- Older people from culturally and linguistically diverse communities having increased access to culturally appropriate residential and community based aged care services; and
- Older people from culturally and linguistically diverse communities having greater capacity to make informed decisions about residential and community based aged care.

Whilst there are significant differences between the needs and issues of Aboriginal people compared to people from culturally and linguistically diverse communities, the issues are nevertheless based around culture and it is these issues that need brought to the attention of aged care providers.

The DoHA funds the PICAC program to one organization on an ongoing basis in each state and territory and has been doing so for over 10 years. In Tasmania the Migrant Resource Centre is funded to provide the PICAC program. There are lessons to be learnt from them regarding the strategies they have used over the years, resources produced, useful links and contacts within the aged care sector and the outcomes achieved in providing culturally appropriate care for older persons from culturally and linguistically diverse communities. These lessons may be transferable in providing culturally appropriate care to Aboriginal people.

Since this report was commissioned the Australian and Tasmanian State Governments have signed a National Partnership on Indigenous Housing, this includes capital works funding to build a hostel in Launceston for the use of the Indigenous community with a focus on employment. This will provide long awaited accommodation in Launceston particularly for Aboriginal people travelling from the Furneaux Islands.

Summary of Key Issues

An analysis of the information from other jurisdictions and aged care initiatives indicates:

- There are numerous examples of culturally appropriate and specific aged care services for Aboriginal people throughout Australia.
- Aboriginal specific organisations are creatively using existing funds to meet the needs of older Aboriginal people including respite funding through HACC for individually tailored holidays, Aboriginal Hostels Ltd funding to subsidise specific aged care facilities with low numbers of residents and funding from the National Aboriginal and Torres Strait Islander Flexible Aged Care Program used to support aged care facilities for Aboriginal people.
- A range of successful models already exist within Tasmania that could be further expanded and/or modified to suit the needs of older Aboriginal people. These include the units for older people provided by Aboriginal Housing Services Tasmania, the Abbeyfield homes and the PICAC program.
- Recently announced national initiatives including the National Indigenous Aged Care Website and more significantly the RISS initiative could have significant implications for aged care services for Aboriginal people in Tasmania.
- It will be important to monitor the development of these recent initiatives and ensure that they are relevant and have outcomes for Tasmanian Aboriginal older people.

Analysis and Key Findings

In summary, the seven key issues identified throughout the project are:

1. An Aboriginal specific aged care facility
2. Greater access to culturally appropriate respite services
3. Support to the Aboriginal aged care sector
4. Increase in the Aboriginal aged care workforce
5. Cultural competency of the aged care workforce
6. Creative and flexible use of existing resources
7. Initiatives to strengthen the connections between the young and old.

The following section discusses the key issues of this project in more detail.

1. An Aboriginal specific aged care facility

As has been discussed previously, the issue of a specific aged care facility for older Aboriginal people was the most significant issue discussed in the meetings amongst the Aboriginal community. Whilst there were mixed opinions about this issue, the details of how it would operate and the type of facility, the majority of people supported the concept of such a facility.

It is suggested that the issue of a specific aged care facility for older Aboriginal people needs to be further explored both within the Aboriginal community and by government. This view recognises:

- Aboriginal people's wish to be cared for by other Aboriginal people and to have a facility of their own. This is supported by recent research in Tasmania including the *Tasmanian COAG Trial Evaluation*, the ACST project and the *Analysis of the Housing Needs of Young and Older Aboriginal People in Tasmania* by Jacobs and Walter.
- That the issue has been discussed for over 15 years in Tasmania as important amongst members of the Aboriginal community and needs to be further progressed.
- The anticipated increase in the number of older Aboriginal people in Tasmania.
- The success of other such facilities for Aboriginal people in other areas similar to Tasmania such as Melbourne, country Victoria and New South Wales and Adelaide and the lessons that can be learnt from the various models that are already in operation on the mainland.
- The potential interest in Aboriginal Hostels Limited in being involved in such an initiative.
- The potential for such a facility, if based in the north, to offer temporary accommodation to people coming over from the Furneaux Islands, particularly for medical reasons.
- The expressed need for respite and the potential for such a facility to provide both respite and permanent accommodation.

It is inappropriate at this stage to recommend any specific details of an aged care facility for older Aboriginal people until there is a commitment from both the Aboriginal community and government to further explore this concept. Because the issue has been discussed for so many years with no concrete outcomes, it is suggested that the government take the lead role in facilitating a discussion within the Aboriginal community as to whether or not to progress the issue of a specific aged care facility for Aboriginal people.

Significant consultations within the Aboriginal community about an aged care facility were not held within the context of this project. That was not the brief for this project and in fact it the Outcome Working Group for this project specifically requested that there not be any consultations held in relation to this project, but rather a clarification of issues that had previously been discussed. During the meetings held for this project it was evident that there are key members of the Aboriginal community who would be keen to come together to explore the possibilities of establishing a specific aged care facility for Aboriginal people.

It is essential that this gathering is facilitated within the near future. Such a gathering could include the Aboriginal organisations that provide aged care services, Aboriginal Housing Services Tasmania, representatives from state and federal government and other interested members of the Aboriginal community. It is recommended that this meeting be held in the north of the state as this is where there is the most enthusiasm for a specific facility. Discussion on the issue needs to consider the information and lessons learnt from this and previous projects including the various models that exist in other jurisdictions, the potential for such a facility to provide varying options of accommodations including independent units, respite, temporary accommodation for people travelling from the Islands, governance and funding issues. Whilst Aboriginal Hostels Ltd will be a key player in these discussions, it is recommended that they are invited to become involved once the community and government have established their commitment to the issue.

2. Greater access to culturally appropriate respite services

The need for culturally appropriate respite was often discussed during the meetings held for this project. Staff within Aboriginal aged care services discussed the carers need for a break and the general reluctance of many Aboriginal people to use respite services provided by non-Aboriginal organisations. This preference to receive services from Aboriginal people needs to be seriously considered by government in respect of the cultural needs of the Aboriginal community.

Attending to the respite needs of the Aboriginal community could partially be considered in conjunction with a specific aged care facility for Aboriginal people. Such a facility could include provisions for a respite bed(s).

In discussions on the need for respite, the Aboriginal community also spoke of the need for older Aboriginal people to have holiday opportunities and a break from their usual routines, while at the same time giving carers a break. The Aboriginal Wyatt Holidays provided by Aged Care and Housing in South Australia, as outlined on page 36 above, provides this opportunity to older Aboriginal people and could be explored as an option in Tasmania, as discussed in point 6 below.

Attention also needs to be given to trying to increase the Aboriginal aged care workforce both within Aboriginal and non-Aboriginal aged care services and increasing the cultural competency of the non-Aboriginal workforce, which are discussed in points 4 and 5 below. These factors will assist in reducing some of the barriers faced by Aboriginal older people when accessing respite services provided by non-Aboriginal organisations.

3. Support to the Aboriginal aged care sector

Aboriginal organisations providing aged care services expressed a sense of isolation and a lack of knowledge of processes, planning and policies in relation to aged care. Organisations providing CACPs to clients for example, expressed concern about their lack of knowledge regarding the options available when a client's needs increase and can no longer be catered for by the funds available to the Aboriginal organisation.

Organisations involved in the ACST residential aged care project valued the opportunity to exchange information and network at the meetings of the project steering committee. Staff also spoke highly of the opportunities for networking and information exchange at the Aboriginal Health Summit in November 2008.

A Tasmanian network that included aspects of initiatives such as the Queensland Aboriginal and Torres Strait Islander Aged Care Network and the Council of Aboriginal Elders of South Australia would be worth replicating in Tasmania. Such a network would only need to meet once or twice a year and would provide invaluable support, advice and opportunities to promote the aged care needs of older Aboriginal people to the both the broader aged care sector and government. An existing Aboriginal organisation providing aged care services could receive minimal funding to

coordinate and provide secretarial support to such a network.

There could be the potential for such a network to be established as part of the DoHA's Remote and Indigenous Service Support Initiative (RISS) as outlined on page 44 above. A component of this Initiative is a Peer and Professional Support program for Aboriginal aged care to give aged care providers and managers access to a range of professional advice on governance, financial management and care management. According to DoHA staff in Canberra, tenders for this initiative will be called for in March 2009.

It will be important to monitor the development of this initiative and ensure that it is relevant and has outcomes for Tasmanian Aboriginal older people.

4. Increase in the Aboriginal aged care workforce

"We like to be cared for by our own" was the view commonly expressed by older Aboriginal people in Tasmania, yet there are very few Aboriginal people who have qualifications in aged care or nursing. If the needs and issues of older Aboriginal people are to be recognised, a concerted effort needs to be made to increase the Aboriginal aged care workforce. It is recognised however that recruiting any staff to the aged care sector is currently very difficult and is likely to continue to be such.

One of the four key strategies of the ACST Aboriginal Aged Care Project was to identify strategies to encourage more Aboriginal people to work in the aged care sector. It was not the aim of this strategy to actually *implement* any strategies, but to *identify* potential strategies. In so doing, the project identified 11 strategies to encourage more Aboriginal people to work in the aged care sector. It is worth revisiting these strategies and Recommendation 10 in the ACST project report.

5. Cultural competency of the aged care workforce

Whilst there are Aboriginal organisations that provide aged care services to their communities, the majority of Aboriginal people receive aged care services through non-Aboriginal organisations. This is evident by the data in Tables 5 and 6 of this report that show 449 Aboriginal or Torres Strait Islander people received a HACC service in 2007-08 and only three Aboriginal organisations provide HACC services to 76 Aboriginal clients and two provide day services to an unspecified number of clients. Also in 2008, 25 Aboriginal people were living in residential aged care facilities run by non-Aboriginal organisations.

With these statistics in mind and with the knowledge that there will be an increase in the need for aged care services by Aboriginal people, it is essential that the non-Aboriginal aged care sector is responsive to the cultural needs and issues of Aboriginal people. As part of the ACST project on residential aged care issues of Aboriginal people an Aboriginal Cultural Awareness Training package was developed and delivered to the aged care sector by Aboriginal people in May and June 2008. This package was extremely well received, as is evident in the evaluation of the training outlined in the Final Report of the project⁵⁴. It is essential that such training is readily available to the aged care sector on an ongoing basis.

The ACST project also developed a booklet on *Providing Culturally Appropriate Care for Aboriginal and Torres Strait Islander Aged Care Residents* which provides introductory information and contacts to assist residential aged care providers in Tasmania to deliver culturally appropriate care to Aboriginal and Torres Strait Islander people. Resources such as these need to regularly updated, reprinted when required and available on a website.

⁵⁴ Aged & Community Services Tasmania, *Improving Access to Residential Aged Care for Aboriginal People Final Report*, July 2008, p. 20

As previously discussed the model of the Partners In Culturally Appropriate Care (PICAC) program could be applicable in addressing some of the cultural needs of Aboriginal people in accessing mainstream aged care services.

Also discussed above is DoHA's recently announced Remote and Indigenous Service Support Initiative (RISS). It will be worth exploring the parameters of the funding for the Peer and Professional Support component of this initiative to determine whether there is capacity to deal with the issues in discussion including a Tasmanian Aboriginal Aged Care Network, increasing the Aboriginal aged care workforce and improving the cultural competency of the aged care workforce.

6. Creative and flexible use of existing resources

Researching relevant aged care services for Aboriginal people in other Australian jurisdictions has provided useful insight into creative and flexible use of available resources. HACC funding of the Council of Aboriginal Elders of South Australia and the Aboriginal Wyatt Holidays through Aged Care and Housing in South Australia are examples of two fantastic services that cater for the specific needs of Aboriginal older people and are funded through nationally available funding.

Other examples of services that operate through funding initiatives which are available in Tasmania include the Aboriginal Elders Village in Adelaide and the residential facility run by the Aboriginal Community Elders Service in Melbourne, both which are funded through the National Aboriginal and Torres Strait Islander Flexible Aged Care program. The Rose Mumbler Village in New South Wales and Maloga Home in Victoria both receive subsidies from Aboriginal Hostels Ltd.

The Manager of the HACC program in Tasmania has indicated they would welcome submissions for innovative programs that meet the cultural needs of the Aboriginal community. Similarly the Aboriginal Hostels Ltd Regional Manager for Victoria and Tasmania has indicated their interest in exploring with the Tasmanian Aboriginal community and government opportunities to operate or be involved in hostels in Tasmania.

With limited funding opportunities and the small population of older Aboriginal people in Tasmania, it is essential that all avenues are investigated in developing services to meet the specific needs of older Aboriginal people. It is also essential to liaise with similar organisations and services in other parts of Australia who can provide invaluable information and advice on service development and alternative models of service delivery.

7. Initiatives to strengthen the connections between the young and old.

As previously stated, there were mixed responses amongst those interviewed about the significance of strengthening the connections between the young and old and the extent to which these connections exist within the Aboriginal community. All agreed however that it is vital for the links between the generations to continue both formally through funded initiatives and informally through community gatherings and activities and families.

Older Aboriginal people are the custodians of their culture and have a significant role to play on passing on the culture, traditions and customs to younger generations. Older people also act as mentors both formally and informally to younger people and play a significant role in assisting young people experiencing hardships and difficulties. Younger people provide care and support to older Aboriginal people and give practical assistance with activities such as transport, shopping and the use of modern technologies.

Examples were given of both funded initiatives and informal opportunities for younger and older Aboriginal people to connect. The outcomes of these initiatives were spoken of highly, especially for those young people who are not strongly connected to the Aboriginal community and/or are experiencing difficulties in their lives. Additional funding to either continue existing initiatives or

develop new ones was considered necessary.

Key Findings

Key finding 1: That the issue of a specific aged care facility for Aboriginal people continues to be significant importance for many Tasmanian Aboriginal people. The use of a facility for both permanent and respite accommodation, and identification of funding to develop and support such a facility and alternative models of service delivery was reiterated in discussions with many the people interviewed.

Key finding 2: The need to support the aged care workforce, both Aboriginal and non-Aboriginal, to increase its competency and skills in providing culturally appropriate care to Aboriginal clients was considered to be important, including support to recruit and retain Aboriginal aged care workers.

Key finding 3: That a Tasmanian Aboriginal Aged Care Network would be useful in providing advice, support and promotion of the aged care needs and issues of Aboriginal people.

Appendix 1: Meetings with the Aboriginal community and other relevant stakeholders

Below is a list of the organisations and individuals with whom the Project Officer met in relation to this project during August 2008 and February 2009:

- Aboriginal Elders Council of Tasmania – Dorothy Murray, Aunty Phyllis Pitchford, Nola Hooper
- Aunty Corrie Fullard, Glenorchy
- Aunty Furley Gardner, Cape Barren Island
- Cape Barren Island Aboriginal Association – Denise Gardner, Manager, Jane Ferbrache, Health and Wellbeing Coordinator
- Cape Barren Island aged care residents – Margaret E Mansell, Rosalie Mansell, Stuart Mansell and Frank Creighton
- Cassandra Jefferson, Aboriginal Health Development Officer, DHHS
- Circular Head Aboriginal Corporation – Irene Dodd, HACC Coordinator, Dianne Ainslie, Director and Youth Justice Coordinator, Graham Heald, Director and Employment Coordinator
- Darlene Mansell, Deloraine
- Delia Summers, Aboriginal Health Liaison Officer, Launceston General Hospital, DHHS
- Dianne Summers, Chair ya pulingina kani
- Faye Tatnell, Manager, SETAC
- Flinders Island Aboriginal Association – Maxine Roughley, Chair, Marguerite Bailey, Administrator and Bev Watson, Aged Care Coordinator
- Glenn Shaw, Senior Policy Analyst, Aboriginal Housing Services Tasmania, DHHS
- Indigenous Tasmanians Aboriginal Corporation (ITAC) – Anne Bleatham, Chair Person, David Courtney, Administrator
- Jahadi – Carol and Hank Horton
- Jeanette James, Aboriginal Health Policy Officer, DHHS
- Jodie Smith, Aboriginal Tenancy Officer, Aboriginal Housing Services Tasmania, DHHS
- Glenn Shaw, Senior Policy Analyst, Aboriginal Housing Services Tasmania, DHHS
- Keith Jacobs, Director Housing and Community Research Unit, School of Sociology and Social Work, University of Tasmania
- Kerrie Stone, Aged Care Coordinator, Tasmanian Aboriginal Health Service
- Leonie Dickson, Aboriginal Health Liaison Officer, Royal Hobart Hospital, DHHS
- Lisa Coulson, Director, Tasmanian Aboriginal Child Care Association (TACCA)
- Mersey Leven Aboriginal Corporation – Lizzie and Graham Brown, MLAC members, Tinker Gower, MLAC Board member, Diane Belton, Manager MLAC, Caroline Traill, MLAC Carer and Administrative Officer, Denise Jones, MLAC Staff, Julie Cann, Centrelink Aboriginal Liaison Officer
- Ronnie Summers, Hadspen
- Roy Pugh, author of the *Tasmanian COAG Trial Evaluation*, Report prepared for the evaluation of the COAG Trial, 2006
- Shep, Manager, Office of Aboriginal Affairs, DPAC
- Tasmanian Aboriginal Health Service – South, 22 clients of the aged care program
- Theresa Sainty, Aboriginal Cultural Program Coordinator, Aboriginal Education Unit, Department of Education
- Women's Karadi Aboriginal Corporation – Rachael Coad, Manager, Lorraine Webb, Aged Care Coordinator
- Yvonne Kopper, Administrator, Tasmanian Aboriginal Corporation for Women's Arts and Crafts (TACWAC)

Appendix 2: Interstate Aboriginal aged care services

Below is a list of the organisations and individuals from interstate with whom the Project Officer contacted during August 2008 to January 2009

- Aboriginal Community Elders Service, East Brunswick, Victoria
- Aboriginal Elders and Community Care Services, Adelaide, South Australia
- Aboriginal Hostels Limited, Melbourne, Victoria
- Aboriginal Wyatt Holidays, Aged Care and Housing, South Australia,
- Aged Care Queensland
- Brambuk, the national park and cultural centre, Grampians, Victoria
- Centre for Cultural Diversity in Victoria
- Council of Aboriginal Elders of South Australia, Adelaide, South Australia
- Department of Health and Ageing, Residential Programs, Canberra Office
- Illawarra Aboriginal Land Council, Wollongong, New South Wales
- Illawarra Local Aboriginal Land Council, Wollongong, New South Wales
- Jymbilung House Aged and Disabled Care Service, Beaudesert, Queensland
- Maloga Home, Nathalia, Victoria
- Regency Green Aged Care Facility, Adelaide, South Australia
- Rose Mumbler Village, Nowra, New South Wales

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