

**GABBARLI LIVES IN A SHOE:  
WORKING TOWARDS WELLBEING FOR OLDER  
ABORIGINAL PEOPLE**



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## **ACKNOWLEDGEMENTS**

The research team acknowledges and thanks the participants in the research project who took part in interviews and focus groups. We have tried to do justice to the complexity of issues addressed and the nuances conveyed in their input. They are people who every day struggle to and sometimes succeed in making the lives of older Aboriginal people safer from the threat of mistreatment.

This project has built on research conducted by Maxine Chi and Sharon Bedford for the Office of the Public Advocate in 2005 as to the mistreatment of older people in Aboriginal communities. Their report identified the widespread existence of abuse in West Australian communities and the lack of effective responses in diminishing this.

As the wellbeing of older Aboriginal people, indeed all Aboriginal people, is currently being addressed in practice by Aboriginal and non-Aboriginal health and community workers and involving government, non-government agencies, communities and families, it is hoped that this report will rapidly become be a historical document. In the meantime, it serves as an honouring of the concerns and efforts of practitioners involved in protecting and supporting some of the most vulnerable in our community.

## ABSTRACT

The social disadvantage of the Australian Aboriginal population, evidenced in measures of health, education, employment, and income, is the target of a current national policy of Close the Gap. Policy makers attuned to addressing the needs of the Aboriginal population writ large can be blind to a complex communal patterning of vulnerability within this larger category. This report details recent research into addressing the mistreatment of older Aboriginal people in Western Australia.

Interviews with 37 (29 Aboriginal) front line practitioners with older Aboriginal people established that issues surrounding the mistreatment of older Aboriginal people are dissimilar to the pattern prevailing in the total Australian population. It is suggested that surviving as an 'us' against 'them' in a lived experience of discrimination and oppression has left some older Aboriginal people with an excess of bonding capital within their family and community and a deficit of bridging capital to wider forms of social support.

This report details how Aboriginal practitioners and others focused on the importance of working with the intangibles of community at the local level to address the issue. Using the words of participants, the report covers:

What's Happening Locally?:

- Epidemic of abuse
- Child related
- Drug related
- Cultural dynamics
- Leadership

What's Supporting Effective Practice?

- Opportunities to work with older people and families
- Networks
- Advocacy
- Safety
- Resources

What's Hindering Effective Practice?:

- Representation of the issue
- Shame
- Fear
- Lack of trust

What's Missing with Regard to Addressing the Mistreatment of Older Aboriginal people?:

- Employment of Aboriginal people
- Education
- Holism
- Continuity
- Enforcement

In particular the part played by women at sustaining social networks at the local level is neglected in designing and delivering services. As one participant summed the issue of mistreatment:

*It's pretty scary but it isn't right. It's not just the bruises because the hardest one is the emotional and mental stress. Older people don't want their men locked up or it could be their daughter. But they certainly want help. Workers at the coalface have pretty good ideas on how to make that happen. But the powers that be don't value that knowledge and everything is set up the white man's way.*



## INTRODUCTION

Older people should be able to live in dignity, security and be free of exploitation and physical or mental abuse.

United Nations Principles for Older Persons<sup>1</sup>

The problem of abuse towards older people in Australia is extensive and not confined to the Indigenous population. Forms of abuse may include physical, psychological, neglect and financial mistreatment. Data is difficult to access because “there is no mandatory reporting requirement within Australia for any form of elder abuse [and] it is impossible to accurately determine the prevalence and incidence of financial abuse.”<sup>2</sup>

While the mistreatment of older Aboriginal and non-Indigenous persons is a common and shared problem, the issues surrounding the mistreatment of older Aboriginal people are dissimilar to the pattern prevailing in the total population. Even the words used to describe the age group involved and how the harms are caused differ between the two categories. These differences relate to differing lifestyles. This report seeks to narrate some of the intricacies involved in shaping the mistreatment of Aboriginal people in WA in the first decade of the twenty-first century. These complexities compound the mistreatment making it more than an individual trouble but rather a social issue that needs to be addressed in a number of ways and across a range of levels.

This report draws on an action-research project that engaged the skills and networks of Aboriginal health and community practitioners to develop a culturally appropriate pilot training package to assist Aboriginal staff working with older Aboriginal people and their families to identify, prevent and respond to the mistreatment of older people.

Documented here are the reflected front line experiences of a largely Aboriginal sample of West Australians working for Aboriginal health and wellbeing. They have detailed what they know to be happening in regard to addressing the mistreatment of older people, including what is working and some of the barriers to and gaps in effective practice. Those accepting an invitation to participate in this project understood the information collected would be used to inform the training of Aboriginal health workers: initially Marr Mooditj students and potentially more broadly.

While there was widespread support for this idea, two strong additional themes to emerge from the interviews were:

1. The need for further training for the non-Aboriginal health workforce on the issues surrounding the mistreatment of older Aboriginal people. This recommendation applied to all areas and levels of practice, including policy development.
2. The need for the increased employment of Aboriginal health workers to more effectively support Aboriginal families and communities across the generations. (A need is supported by the fact that while 3.6% of the Australian community services workforce is Indigenous only 1% of the health workforce is Indigenous. Pink and Allbon 2008, p200, 203).

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<sup>1</sup> [http://www.un.org/ageing/un\\_principles.html](http://www.un.org/ageing/un_principles.html)

<sup>2</sup> *ibid.*, p. 23

## About the Research

This project started in a context of there being a lack of research dealing with the process of ageing and being older in Aboriginal Australia. Indeed, “from a world perspective, Australian Aboriginal ageing research is almost non-existent”.<sup>3</sup> Only with culturally accurate information about the interaction of demographic, social, and historical factors and how these affect the process of ageing and being older in an Aboriginal context, can governments and community work together to develop effective and sustainable policy and programs to meet older people’s needs.

Data from in-depth interviews with thirty one people (some individual and some group) and a pilot workshop with six student health workers were analysed for common themes as to the issue of mistreatment of older Aboriginal people. The identified themes have been used to structure this report. People readily participated because of their recognition of the importance of the topic. Their words have been quoted extensively in order to paint a picture of what is happening now in regard to the abuse of older Aboriginal people. The research has consciously sought to provide this word picture to balance the increasing availability of health measures as to the health and wellbeing of Aboriginal people (see Pink and Allbon, 2008). While statistics measure shifts in individual attitudes and behaviour they tend to lack measures of changes in the broader social dynamic (Pholi, Black & Richards, 2009). Such population measures speak to the general but not the particular. Many such indicators are drawn on in this section of the report to set up a context in which the participants’ narratives from practice can be read. Given the availability of the bigger statistical research, this research was designed to hear in-depth and through open questioning from front-line practitioners as to their experience of dealing with the mistreatment of older Aboriginal people. The purpose was to inform the training of Aboriginal health workers to deal with the issue in their community.

All interviews, except for two in a south-west country town were conducted in the Perth metropolitan area at a site suiting the interviewee/s. In some interviews reference was commonly made to the State generally as well as to the metropolitan population with many agencies servicing rural and remote areas or practitioners having previous experience there. This state-wide view is retained in this write-up.

There were twenty one Aboriginal women participants and eight Aboriginal men with seven non-Aboriginal women and one non-Aboriginal male. Starting at Marr Mooditj the sample of participants was obtained by snowball sampling where each participant was able to recommend further key practitioners in the field to approach for an interview.

The findings from the interviews formed the basis of a trial workshop with Marr Mooditj health worker students in May 2008. Comments from this workshop have been included in the data presented in this report.

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<sup>3</sup> <http://www.unisanet.unisa.edu.au/staffpages/ranzijn/APS%20talk%20-%20Aboriginal%20ageing.doc>

Several participants commented that older Aboriginal people themselves were best placed to identify their issues. Even while at least six of our participants could be categorised as older Aboriginal people, the research was specifically designed to speak with practitioners. This was for two reasons. Previous research had established the existence of mistreatment in Western Australia and there are ethical dilemmas in approaching vulnerable older people to talk about their possible mistreatment. That said it is evident from the interviews that older Aboriginal people have been seeking to have their voice heard on this issue for many years.

With twenty eight female and nine male participants involved in the study, for simplicity only the quotes from the minority group have been marked by gender. Some differences can be discerned between male and females quotes in that males were more likely to name issues of pay, conditions, and legal standing if a health worker were to take action in regard to cases of mistreatment.

The researchers have edited direct quotes both to ensure readability and to preserve the anonymity of participants as required by the Curtin Ethics Approval guiding the conduct of this research. The meaning has not been altered.

To better understand how to equip Aboriginal health workers to help protect older Aboriginal people from abuse and mistreatment four questions were asked of practitioners:

1. What is happening at the local level?
2. What supports effective practice?
3. What hinders this?
4. What can be identified as missing in getting good outcomes for elders, their families and communities?

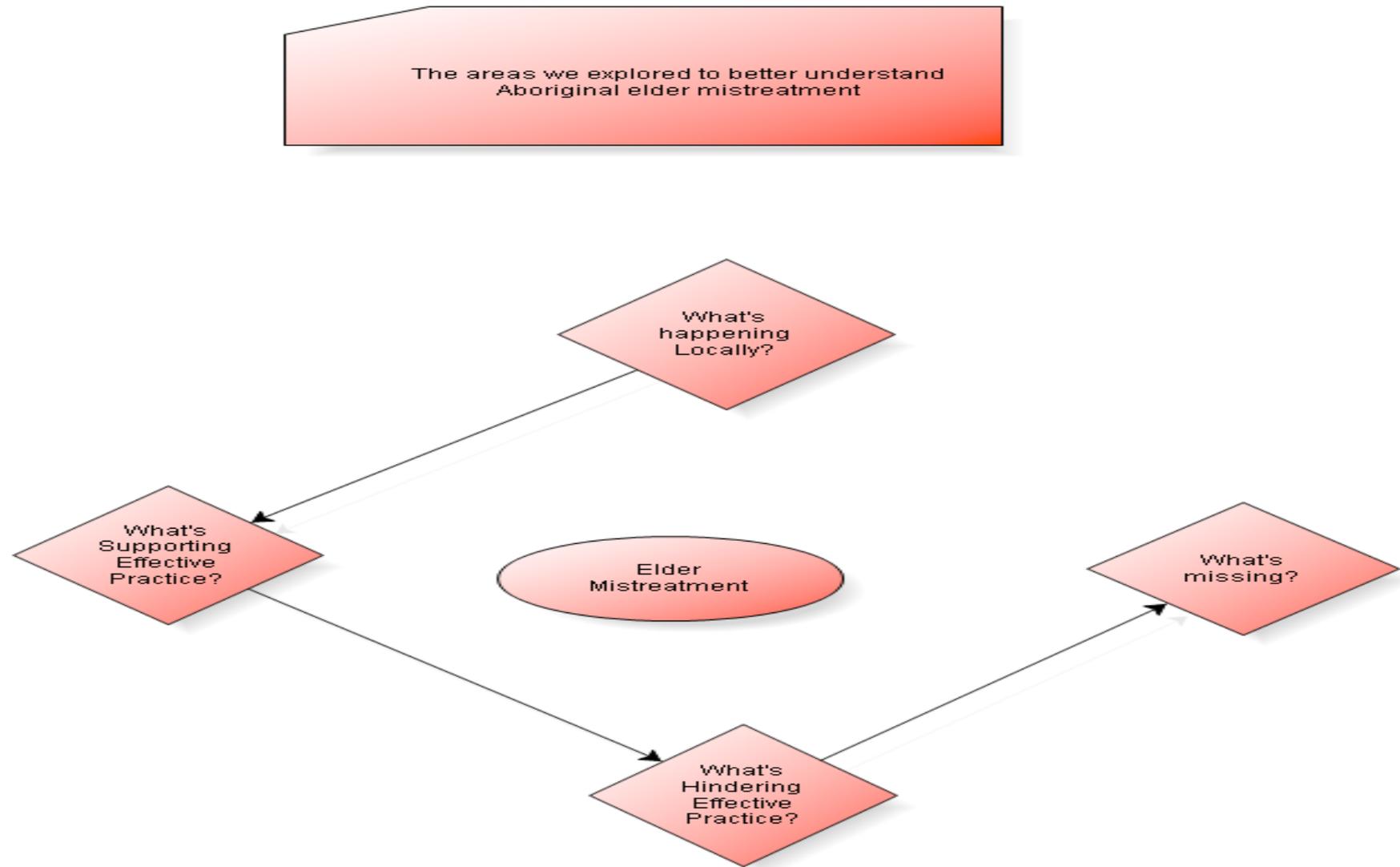


Figure 1: Areas explored to better understand Aboriginal elder mistreatment



## What Are Practitioners' Concerns About Abuse of Older Aboriginal People?

The narrative below uses just 10% of one in-depth interview conducted by the Aboriginal member of the research team with an Aboriginal community worker. The words describe what this suburban community worker sees happening on a daily basis to the elderly in her community. Her views typify key issues identified across many of the interviews:

*It's pretty scary but it isn't right. It's not just the bruises because the hardest one is the emotional and mental stress. I have confronted family but it comes back big time on me. So now for my own safety and of course the safety of the seniors I just go straight to the Advocare Aboriginal Service. We can't handle it here and I don't want to get the police involved. But we certainly need more people than the two they've got at Advocare in the elderly abuse program they run. Because they cover the whole state which is ridiculous.*

*Some people aren't aware. One particular family didn't really see talking down as abuse. I think in the light of our history that there was not one of our families that weren't interfered with in regards to government policies. . . I haven't come across too many people that hasn't had some sort of terrible effect from all that. When you are told and shown all these bad habits you think it is normal. So I think a lot of that is what we are seeing. That a lot of our people think it is the normal thing to do. We need to put something in place to teach our mob that it isn't right to do that.*

*I think at the end of the day our big problem is people doing the drugs and the alcohol and not showing respect for cultural stuff. When you try and get things done it's often not supported at a higher level. It's pretty scary going out there on your own when you're questioning the family members that are doing the mistreatment.*

*We've got community champions out there – these are the ones the families run to. They're the ones keeping it together and have got knowledge on how to deal with this sort of stuff but often we don't seem to have the school certificate. I think we need to change the mindset of government departments and the not-for-profits. (Older people) don't want their men locked up or it could be their daughter. But they certainly want help. Health workers and community workers at the coalface have pretty good ideas on how to make that happen. But the powers that be don't value this knowledge and everything is set up the white man's way. Because we do work differently and a lot of non-Aboriginal people coming into our communities don't have a real good understanding. Being a bit cruel I don't think they really care. Because if they cared we wouldn't be having this conversation. Some of our seniors and elders have been talking the same talk for thirty years.*

*How would I go about it? My dream is to have safe places to start with. I would have our skilled people in there that can relate extremely well with people in crisis. We need to bring that cultural respect back because the way our people are acting now they are just carrying what they were taught by the whitefella.*

*There is no way in our culture that elders would have been abused. I think we lost our sharing and caring through all the stolen generations and the breaking up of our families. The safe place would be a place to go and heal, a place to go and cool down. For instance I just abused my grandmother so I get taken to this safe place where I can get support to go back to what is really tearing me up. It's not just that I don't love my grandmother.*

*Space where we can help people walk tall and let's be proud that we are Aboriginal. I think a lot of that has been bashed out of a lot of people. Again through the systems – the schools, the media and government. You know there is no respect out there. We are one of the oldest surviving cultures and we should be one of the proudest people in the world. Because you know people are too quick to put it down to lack of housing and lack of jobs. But it's deeper than that. We've got to heal and get rid of all of that baggage because we are passing it on to our children.*

*So in my dream I would have our bureaucrats as being really solid and getting out there to really give us a run for their money.*

*I'm really excited about hearing a program being put into Marr Mooditj to help skill people in regards to this. It's got to stop and we've got to come together and stop it ourselves really!*

Participants identified that an unacceptably high proportion of the relatively small population of older West Australian Aboriginal people are being mistreated. This is both by members of their families and by inadvertently harmful interventions and/ or neglect by a range of service agencies. How this mistreatment occurs varies but is compounded by the values and culture of the older Aboriginal population caught between a commitment to family above all and a deep mistrust of government and agencies that might threaten to fragment family. Most Aboriginal families within which older people are abused have been disrupted and fragmented by historical policies and practices (Haebich, 2001).

That disruption and fragmentation continues today as the statistics below highlight. Many older people are determined to do nothing that might further threaten family survival and to do everything to keep the cycle of life going. This means as a rule they do not report mistreatment to authorities and tend to accept all the generations into their home. Grandparents are raising grandchildren and often great-grandchildren with a whole complexity of concerns and stresses attaching to this. They can have an uncertain legal status in respect to this care and a constant struggle with their sons and/or daughters as to who receives government allowances for these children. They don't voice their concerns because of a lack of trust in services and a fear of losing family relationships. Their cultural commitment to family is taken-for-granted and their lack of knowledge on governmental policy regulations is exploited.

Normae Bennett (2005) in her study of Aboriginal grandparents caring for grandchildren found that compared with non-Aboriginal grandparents in the same situation there was a lack of anger at the situation but rather one of resignation to a difficult lot in life. At the same time among her small sample, a legal clarity as to their care of their grandchildren was important in allowing for stability and continuity in the arrangement. This contrasts

with many of the older people's situations in the current research who do not have that certainty of care and live with a daily threat of chaos and disruption from family members.

Currently throughout the state older people are angry at what is happening in their lives across the generations and have joined in taking action to change things at the local level. At a summit on child protection held in May 2007, just before the Howard intervention in the Northern Territory, older people were key players in attending from all over the state and bringing with them developed local plans as to how to address the continuing chaos and disruption across the generations (Crawford, Dudgeon & Briskman, 2007). A lack of continuing, resourced and integrated support services at the local level was identified at that time as contributing to a continuing failure to protect children. This report would argue that the same applies for protecting the elderly and other vulnerable members of the community.

## **A Note on Terms:**

### **Mistreatment of Older Aboriginal People**

Black (2008) in her study into the human rights of older people and agency responses, notes 'the term 'elder abuse' was too confrontational, thus it is deemed more sensitive and culturally appropriate to speak about 'abuse and mistreatment of older people' (p. 24).

Also the term 'abuse' implies some level of intent whereas often the outcomes achieved are not the specific intent of an actor but rather the interplay of a number of factors that operate to 'mistreat' older Aboriginal people with regard to their wellbeing.

**Gabbarli** the Yamatji word for grandmother and grandmother lore/law as to way of life/culture

### **Indigenous and/or Aboriginal**

Generally Aboriginal people in Western Australia prefer the term Aboriginal to Indigenous and this term is the preferred one in the report though Indigenous is also used on occasions when referring to all the Indigenous people of Australia.

**Grannies** A term for both grandparents and grandchildren that captures the reciprocity involved between this particular kinship relationship. It also involves a degree of mutual indulgence expected of the relationship.

### **What the Statistics Say About the Wellbeing of Older Aboriginal People**

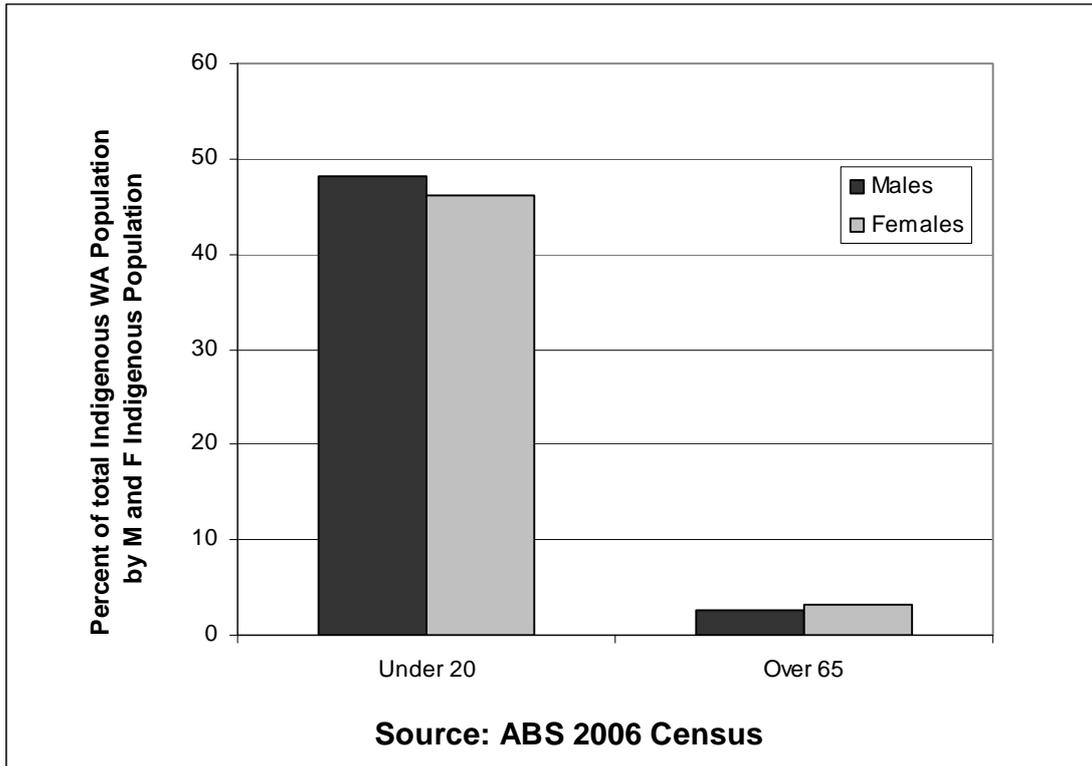
An ABS derived statistical report of 2008 by Pink and Allbon facts support the views of research participants that older people live in fear, and experience mistreatment and undue stress often combining physical, emotional and financial elements. Pink & Allbon (2008) report:

- I. 25% of the WA Aboriginal population reported being a victim of physical or threatened violence in the previous year which was double the rate reported for 1994. (p13 )
- II. A larger proportion of Indigenous households, compared with non-Indigenous households, are multi-family and tend to be larger, extended rather than nuclear with changing membership from overlapping and extensive kinship networks. While more common in remote regions such fluid households also occur in metropolitan areas (p75-76).
- III. 39% of Indigenous households are classified as low resource<sup>4</sup> households compared to 8% for the total population. (p66)
- IV. WA Aboriginal children are six times as likely to be formally in the child protection system and juveniles 15 times as likely to be involved in the justice system as the total population.
- V. 6.3% of adult Aboriginal males in WA were in gaol in 2006 (compared with 4.5% in 2002). This rate is 21 times more than the rate for non-Indigenous males and by far the highest rate for Indigenous adults from any Australian state. (p14)
- VI. The incidence of violence in Indigenous families and communities is significantly higher than for the population as a whole with significantly harmful impact on the health and wellbeing of children (p78)
- VII. Hospitalisations for mental and behavioural disorders due to psychoactive substance use were almost five times higher for Indigenous males and around three times higher for Indigenous females than for other males and females (p147)

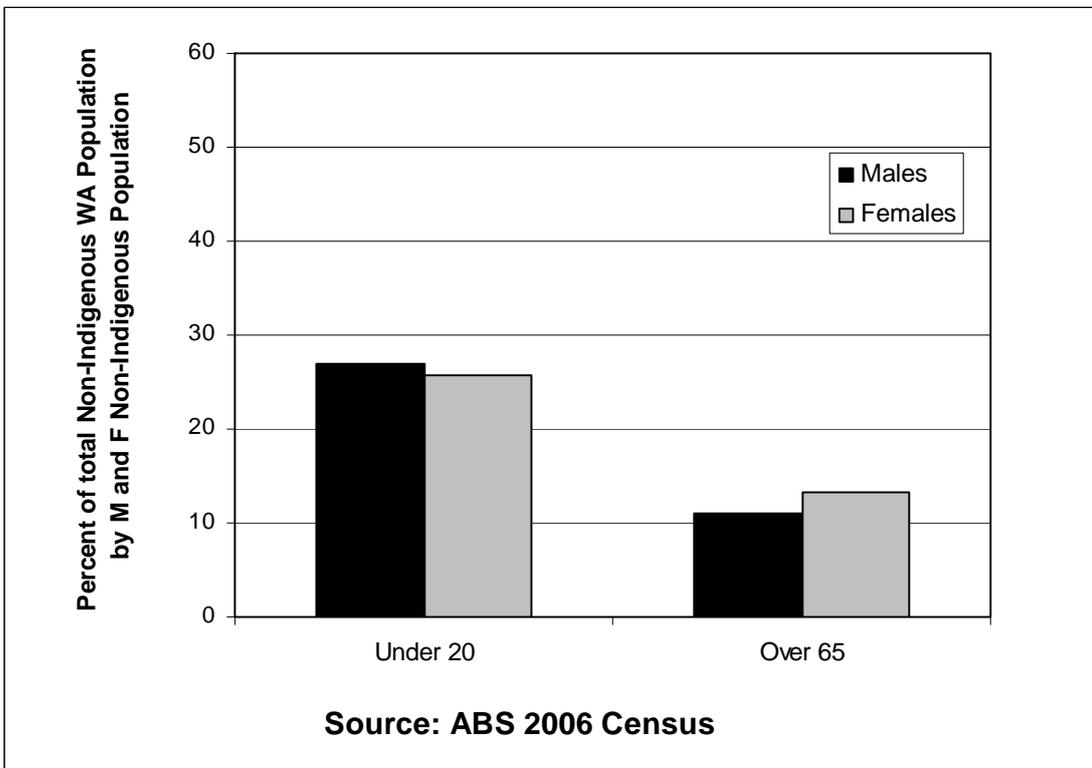
In a context where the average age at death for male Aboriginals in West Australia has declined from 51 years in 2001 to 47.9 years in 2006 (Wright, 2007, 2), it is not surprising that there was a heavy emphasis on two facts about the mistreatment of older Aboriginal people across the interviews. One is that the age at which many Aboriginal people become vulnerable through aging is chronologically younger than the case with the mainstream population. The second fact was that Aboriginal women are most at risk of being mistreated both because of their longer lifespan and because of their overwhelming responsibility for the care of their grandchildren and great grandchildren. This is occurring for individual women at a time when the population pyramid for the Aboriginal population is very different to that for the population as a whole. Tables 1 and 2 below graphically illustrate the difference between Indigenous and non-Indigenous populations in Western Australia while Table 3 overlays the Australian statistics for Indigenous and non-Indigenous populations. The Indigenous population is young. Indigenous people do not live long lives in spite of a higher birth rate. There are more than ten times the number of young Aboriginal West Australians under 20 years as there are older people over 65 years.

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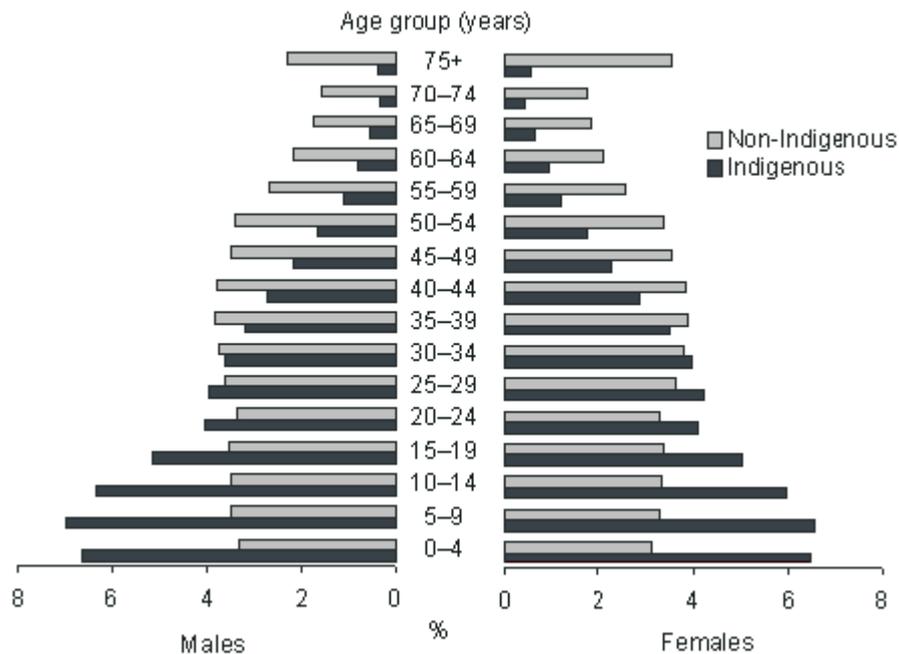
<sup>4</sup> An indication of how much money is available to each individual, taking into account the combined income, size and composition of the household in which they live. In this report, Indigenous people whose equivalised gross weekly household income was in the lowest quintile, i.e. less than \$315 per week, were considered to be living in low resource households. (Pink & Allbon, 2008, p66)



**Table 1: Percent of Total Indigenous WA Population by Male and Female**



**Table 2: Percent of Non-Indigenous WA Population Under 20 years & Over 65 years**



Source ABS:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/39433889d406eeb9ca2570610019e9a5/e9a5741aa3ff6e17ca257287001f3f69!OpenDocument> Page last updated 6 March 2007

**Table 3: Indigenous and Non-Indigenous Population by Age Grouping**

Currently in WA the birth rate for every ten women of the total population is 18 children while for ten Aboriginal women it is 23 children (Pink & Allbon, 2008). In contrast in WA 75% of Indigenous males and 65% of Indigenous females died before the age of 65 years compared with 26% of males and 16% of females in the total population (Pink & Allbon, p156).

### This Research Adds to Earlier Research Findings

West Australian research conducted by Boldy et al (2002) found that agencies which dealt exclusively with Aboriginal people reported a prevalence rate of eighteen percent for known cases and eleven percent for suspected cases of abuse and mistreatment of older people. These are much higher rates than the less than one percent estimate they calculated for the mainstream population. Chi and Bedford (2005) in building on this work raised the question of whether the mainstream definition of elder abuse fits with Aboriginal people's perception of what constitutes elder abuse. They argued the importance of understanding the context of Aboriginal people's lifestyles, worldview and cultural obligations in relation to this issue.

In a recent participant observation study of the delivery of health services in a remote area community, Jennifer Cramer (2005) similarly describes a significant disjuncture between the delivery and take-up of health services to the significant risk of both nurses and community. Terming her work, *Sounding the Alarm* she details the lack of connect between community development at the local level and the individualised treatments provided on a case by case basis to nurses who seldom stay more than a few weeks. They have little local knowledge on which to draw in their every day activities and little structuring within the health system to suggest this might be important. This work

resonates with that of Bill Genat and five Aboriginal health workers. Their 2006 report of the frontline grass roots practice of Aboriginal health workers found a lack of fit with the wider health system that was reinforced by a lack of power.

They wanted us healthworkers 'cause we were going to change everything, but we're so strictly dictated to, it's changed nothing. Some us have great ideas, and we could do it all, but we just can't do it . . . we don't get enough say in the programme (p. 1)

Our research resonates with that of Genat et al in suggesting that while fragmentation and diswelfare can be starkly seen in a remote location much the same disintegration and disconnect from the local occurs in the delivery of health services in the metropolitan areas. Across the state this contributes to the mistreatment of older Aboriginal people.

Jan Kapetas (2006) has written an ethnographic study carried out over six years with marginalised Aboriginal people in Perth as cultural advisors, planners and directors of her research. *Telling Our Stories: Making a Difference* testifies to the achievements of the Ladadjiny Mia Walyalup Writer's Group and to how Nyoongar lives are indeed shaped by lifestyles, worldview and cultural obligations as well as by interactions with mainstream Australia.

Most . . live in state owned rental (often overcrowded) accommodation. Because people are poor, and extended families are large (and hospitality and generosity are strong cultural values), houses are often well worn. Until very recently, most local Aboriginal families lived in Indigenous 'enclaves' within the area . . but as many of these areas are becoming upgraded and re-developed for middle class occupation, there has been a significant pushing out of Aboriginal people to newer more remote suburbs.

This does not improve people's lives, opportunities or access to employment and services. The new remote suburbs have under-developed services meaning that people have to travel significant distances to access essential services, study and work opportunities. Poverty constrains most local people . . . Although most families have access to a car (even if that of relatives or friends), fuel and repairs are costly.

Debilitating illness and the cost of death is further and regular expense for local families, involving long journeys to health services, funerals, and the terrible cost of burying the loved one well. Cultural protocols of burying loved ones are always observed, and are a major cause of debt despite the financial assistance provided by government agencies. The costs of ill health (economic, time, worry, and in providing family support) are a further burden upon Aboriginal families (Kapetas 2006, p120).

The majority of the members of this creative writing group were older men and women and the everyday tensions they describe in enacting their cultural obligations and worldview resonates strongly with what participants of the current study describe. A life writing text by Kim Scott with his auntie Hazel Brown gives some idea of how being Noongar can play out in practice:

I know people who mistakenly believe that being Noongar means, in effect, accepting the place they've been given at the bottom of society, and that 'being black' is 'not being white'. In which case, to affirm one's Aboriginality is to perpetuate the characteristics expected of a member of an oppressed community.

I also worry that being told to be proud of your Indigenous identity, especially without an informed historical perspective and relying only on empirical evidence – the legacy of that

history of oppression – can mean being trapped in a reactive loop. In wanting to affirm your identity, and wanting confirmation of it, you perpetuate too much of the way things are now, and an Indigenous identity can even come to mean *don't* achieve, *don't* succeed, because success is associated with 'white' identity. (Scott and Brown 2005, p190)

## **The Social and Cultural Dynamics of the Mistreatment of Older Aboriginal People**

Asked to talk about their experience of the mistreatment of older Aboriginal people a majority of participants discussed the high numbers of grandmothers caring for children and grandchildren. Further they identified how little systemic support was available for an inordinate burden. Particularly highlighted was the lack of community-based support 'starting where people were at' at the local level. Mainstream services were often only available on mainstream terms.

In the mainstream Australian population, elder abuse is often thought of as a 'bad apple' perpetrating abuse on an elder and the solution is to fix or stop this individual's aberrant behaviour so things can return to a quiet normality for the older person. A widespread use of the term 'perpetrator' captures the dictionary sense that an individual has committed a crime. Applying this way of thinking to addressing the mistreatment of older Aboriginal people was found to be insufficient. Often the mistreatment described took the form of an ongoing pattern of behaviours more than a specific event. Rather than things being 'off track' temporarily there is a need to make a new way for people to be able to live in dignity and security free from exploitation and abuse. As the Aboriginal community worker above stated: *we've got to come together and stop it ourselves really!*

While indeed there are individuals committing crimes against older Aboriginal people who need to be brought to account, doing that will neither be easy nor enough. A crucial issue for sectors of the West Australian Aboriginal population is that there is no quiet normality to which older people and indeed all generations can return. Rather there is chaos similar to that experienced in Hogarth's Gin Lane of seventeenth century London:



XXIX. GIN LANE. 1751. Engraving. 11 $\frac{3}{4}$  × 14 in.

Figure 2: Hogarth's Gin Lane @ <http://www.glug.com.au/use/files/images/07002.2.jpg>

The title of this report is taken from the famous nursery rhyme of the old woman who lived in a shoe, having so many children she didn't know what to do. The rhyme was first published in 1797, at a time when many parents of the industrial revolution in Britain were unable to care for their children because of a broader socio-cultural dynamic.

Australia's convict ancestry experienced widespread social and economic change and urbanisation accompanied by dislocation from accustomed livelihoods. Poverty, and

involvement in crime followed for those ill-positioned to profit from change. This would appear to be similar to the current experience of many Aboriginal people living in Western Australia.

Such chaos and violence is by no means the case for all Aboriginal people. Certainly the mistreatment of older Aboriginal people is not happening because they are Aboriginal people. Rather how it is happening with particular Aboriginal people is shaped by issues of Aboriginal history, culture and demographics in interaction with a blindness and lack of knowledge by mainstream services as to how this plays out in practice.

In the last two decades many Aboriginal people have broken through longstanding social barriers to become senior public servants, professors, doctors, lawyers, politicians, sports stars, and successful entrepreneurs. There is much more social interaction between Aboriginal and non-Aboriginal people. Research drawing on the 2006 Census suggests that many more Aboriginal men and women are now marrying non-Indigenous partners. In fact of all registered Indigenous births in Australia only 30% are recorded as having both parents Indigenous (Pink and Allbon, 2008, 246). Census figures identify a socio-economic diversity within the Australian Aboriginal population with important determinants of social positioning being location, education and income levels (Pink and Allbon, 2008). There is an increasing amount of shared non-Aboriginal and Aboriginal social space. In this space much of the mistreatment of older Aboriginal people can be addressed in the same way as abuse is addressed for the wider population.

Arguably at a time when the logic of economic rationalism has enabled increased social mobility for some Aboriginal people, a muting of social rationalism in favour of individualism and 'user pays' has seen other Aboriginal people more firmly captured by entrenched poverty and disease. This would appear to be particularly the case in remote areas and economically depressed and isolated areas of the suburbs of Perth and the larger country towns. The actions by mainly older women across the Kimberley since 2007 to control alcohol and drug misuse and address the abuse and neglect of children is in keeping with the accounts of participants (Crawford, Dudgeon & Briskman, 2007). Older people want to change their living environments without giving up their valuing of family.

The nature of the current chaos impacting all generations within some sectors of the Aboriginal community is illustrated through recent research conducted by the Telethon Institute for Child Health (O'Donnell et al, 2009). This establishes that there has been a 40-fold increase in the number of babies being born with neo-natal withdrawal syndrome. In this diagnostic evidence of substance abuse by the mother, Aboriginal infants are twice as likely to be identified as non-Aboriginal. This quantitative evidence of a spectacular rise in threats to the vulnerability of children is mirrored in the qualitative accounts collected in this research as to the increasing chaos in which many older Aboriginal people are living their lives, often looking after grandchildren and great-grand-children when parents do not for various reasons such as substance abuse.

## Implications for the Training of Aboriginal Health Workers

The task is to take away the barriers that prevent people speaking for themselves - to move away from being universalistic spokesperson to act as cultural workers.

Michael Apple (1991).

There are three key strands to the preparation of Aboriginal health workers to be identified from the practice knowledge of research participants. All of these require ongoing interactive participation by the educators, trainees and Aboriginal communities. The importance of this dynamic is captured in a quote in Kapetas (2006 p. 98):

Hey sis, you gotta be joking. Who's going to listen to a fella like me, unna? Only someone wanta move us on. You write anything down, they gunna call it evidence, that's what!

It is important to accept that the unique value of Aboriginal health workers lies in their community and cultural connections and knowledge (while accepting that several said health workers should be able to work with all people anywhere). Three curriculum areas are identified in this research as necessary for the preparation of Aboriginal health workers:

- POLICY -  
An understanding of overall policy and legislation and how they can be applied to address the abuse/mistreatment of older people
- CASES –  
The skills to work with particular cases of abuse and channel complex concerns to skilled professionals through supervisor
- COMMUNITY DEVELOPMENT –  
The skills and knowledge to work with community to raise awareness on issues, develop local responses and work to advocate for change as identified at the policy and case levels of intervention.

In *The Human Rights of Older People and Agency Responses to Abuse* (2008) Barbara Black illustrated WA agency responses to elder abuse by a flow chart:

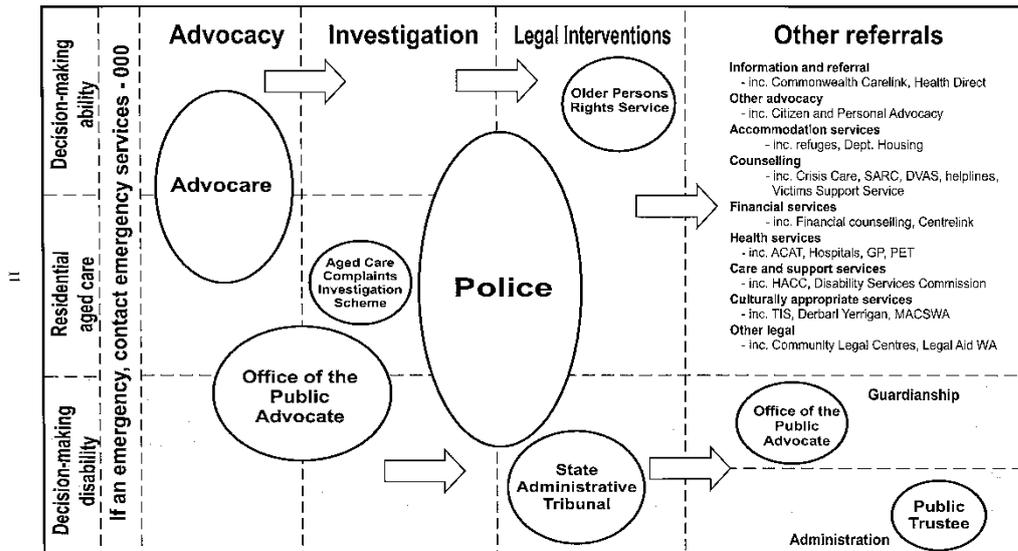


Figure 1 - Elder abuse responses in Western Australia

Figure 3: Elder abuse responses in Western Australia<sup>5</sup>

While Aboriginal health workers need to be aware of the range of responses depicted by Black (2008) in her study there needs to be a change of focus in addressing the mistreatment of older Aboriginal people. The Black figure does not include the area of local community support. Participants in this study clearly identified that there was a pressing need to raise community awareness as to what mistreatment is and to offer local non-threatening sites for older people to name mistreatment as their issue. As it is now very few older people are naming up their mistreatment.

Such community based support activities may well flow through into involving agencies such as Advocare, Office of the Public Advocate and the police. Without mediation at the local level, despite the success of the Avocare Aboriginal Service, it may be hard for older people to take action to change their lives.

In all the braiding together of community, policy and case approaches, Aboriginal health workers will be mediating and negotiating between their employing agency and the grass roots community. This is difficult work which needs to be understood in all its complexity by the employing agency and by Aboriginal leadership. I requires ongoing support and training so all parties can work together for ongoing improvement.

<sup>5</sup> Black, Barbara (2008) *The Human Rights of Older People and Agency Responses to Elder Abuse* Perth: Curtin University & Office of the Public Advocate

## **USING THIS REPORT**

Section Two of this report opens with an internationally agreed definition of what constitutes abuse and mistreatment of older people in any culture together with the legal sanctions in WA against such actions. This leads to input from the participants presented under the following headings:

### **What's Happening Locally:**

- **Epidemic of Abuse**
- **Child related**
- **Drug Related**
- **Culture Dynamics**
- **Leadership**

### **What's Supporting Effective Practice:**

- **Opportunities to work with older people and families**
- **Networks**
- **Advocacy**
- **Safety**
- **Resources**

### **What's Hindering Effective Practice:**

- **Representation of the Issue**
- **Shame**
- **Fear**
- **Lack of Trust**

### **What's Missing With Regard to Addressing the Mistreatment of Older Aboriginal people:**

- **Employment of Aboriginal people**
- **Education**
- **Holism**
- **Continuity**
- **Enforcement**

## **SECTION TWO**

### **WHAT'S HAPPENING LOCALLY**

#### **Introduction**

In a recent overview of elder abuse in Western Australia, author Barbara Black (2008) makes the point that to date little research is documented about the nature and extent of elder abuse among the Aboriginal population in Western Australia. The term 'elder abuse' does not translate readily from the mainstream to the Aboriginal population. In the course of conducting this research it was necessary to substitute 'mistreatment of older Aboriginal people' for the original title 'Aboriginal elder abuse'. This is because of a specific meaning to the term 'elder' in Aboriginal practice contexts where it connotes seniority, wisdom and earned respect. The term is not necessarily applied to anyone just because they are older. This is especially so given the younger age at which many Aboriginal people become vulnerable through physical and mental deterioration.

Chi and Bedford's (2005) research commissioned by the Office of the Public Advocate into this issue with the West Australian Aboriginal population established that some Aboriginal families deal with abuse on a daily basis from close and extended family members. The situation of 'abuse' of older people is normalised within some Aboriginal communities and there are feelings of helplessness and disempowerment on the part of family and community members in trying to deal with it. Several factors heighten older people's vulnerability to abuse and mistreatment. Reduced life expectancy, illness, both physical and mental, combine with the impact of alcohol, drug abuse and poverty. Systemic factors including inadequate access to resources and a mainstream blindness to cultural issues and what happens at the local level amplify the risk of abuse.

All older people in WA are offered protection through Federal and State laws. The associated policies and processes should in principle apply equally to older Aboriginal people. Chi and Bedford's (2005) research establishes that in practice this is not happening. The importance of Aboriginal understanding in addressing the complexity of issues around particular cases is seen in the success of the Advocare Aboriginal Abuse Service established in 2006. Many participants in the current research stressed how important this service and the Aboriginal workers involved have been in enabling protection through these laws and advocating for older Aboriginal people in WA.

At the same time elder abuse generally is notoriously difficult in general to address through the letter of the law because of the vulnerability of the older person to the possible consequences from the subjects of complaint.

While many older Aboriginal people in West Australian are not being mistreated established social facts about this population makes the likelihood of abuse greater in this population (Pink & Allbon, 2008).

The following section of the report details what the research participants said is happening in their experience.

## ***Epidemic of Abuse***

A number of recent research reports indicate what could be called an epidemic of abuse (see Pink & Allbon, 2008, Chi & Bedford, 2005). Aboriginal families will support their members in times of crisis, and there are few alternative options for support. When the difficulties are long-standing, complex and seemingly intractable, the demands on older members of families become heavier and more widespread. The following quotes indicate the nature of these difficulties.

### **1. Family/community vulnerability to chaos**

*Indigenous elders live with family members that can consist of up to three or four generations in one household. Most times elders look after their children, their grandchildren and their great grandchildren often due to parents being locked up in custody for amounts of time. Elders are unwilling to report any abuse or mistreatment to HACC workers or staff due to family obligations (sharing but not caring), to being scared of violence, of children being removed to state homes or prospect of no access to their children or 'grannies' and that they will not have anywhere to go.*  
(Aboriginal community worker)

Interviewee 1:

*The younger family comes in, they tend to have a good time and before you know it they take off with the key card and they take all their money and the elders are left with no money for the fortnight.*

Interviewee 2:

*And they leave the kids as well, they leave the little kids behind. So they leave the kids behind and take the money.*

(From joint interview with Aboriginal community workers)

*When HACC workers do see abuse or mistreatment they are committed to write a report and notify their co-ordinator. For instance, reports have been made and families have then 'moved' on and staff lose trace of the family and their elderly clients. One elderly man was locked in the house, police went and banged on the door and sang out, old man answered. He was placed into a nursing home. The grandson was the carer, but the family was scared for him. However, if family members do not report incidents personally, issues of abuse and mistreatment will go unreported and no action can be taken for assessment for the elder involved.*  
(Aboriginal health worker)

*Drugs and alcohol, whatever, abuse of substances.*

(Aboriginal community worker)

*I know of incidents where carers have felt threatened and incidents where carers have got to take out restraining orders to prevent sons*

*coming there and abusing the parents. So you know, the elders they're like a town under bombardment from all levels.*

(male Aboriginal health worker)

*You know, often in those families of oppressed people there's so many issues and problems that those people have, you know that for them using Nana's pension cheque to help feed the rest of the family or whatever, that is - there is lots of other issues. You can see why people don't see.*

(non-Aboriginal health worker educator)

At the trial of the training package, the student health workers discussed their experience as follows:

*Grandchildren want something and boss them around. People barge in, hit them around for their pension money. It happens everywhere for their pension money.*

*Family is terrible and most disrespectful to older people. Sometimes the family members would lock up the older person and lie to the visiting worker that (the older person) is not in because they have committed financial abuse and are in fear the worker will report them to the police. But health workers are also sons, daughters, aunts and cousins.*

(student health worker)

This exchange clearly illustrates the challenges facing health workers.

## **2. Physical, financial and emotional abuse of older people**

Abuse can take physical, financial and emotional forms; and can be intimidating and frightening for the older person, who out of feelings of family responsibility and fear of the consequences, may not be able or willing to report the abuse to the authorities. Some participants also identified the possibility of self-abuse where older people acted in ways that weren't helpful to their well-being. Hospital-based social workers and health workers in particular identified that younger people often seek their help in persuading and motivating older people to follow recommended health and wellbeing regimes.

### ***Physical (including destruction of property)***

*Like the destruction of the elderly's properties. Homeswest go in and pretty much blame the elderly but the younger people move in and sort of take control. What can you do as an older person? How can you defend yourself from a young fit person? And say get out of my house? What do you do – smack him about? No. They just don't have the strength to be able to take on or defend themselves. (male Aboriginal health worker)*

*It is still happening around especially with our elders centre. There is still a lot of abuse of elders there you know by young people that live there too. Some are related. That try to stand over the old people. Ask for money and stuff like that, you know. (male Aboriginal health worker)*

## **Financial**

Virtually every person mentioned financial abuse. It is pervasive and takes many forms. This section is presented as a general question from the researcher and a selection of the varied responses to this one question:

Researcher:

*If the (older person) was living with the family and they were caring for her and she put her pension into the costs of running the household is that financial mistreatment?*

Interviewee 1:

*No I don't think it is.*

Interviewee 2:

*There is a fuzzy line.*

Interviewee 1:

*Exactly, they say they are contributing, but you know it's not so because the bills are not being paid, the rents not being paid and then (the older person) is kicked out, the people are kicked out and they've all got to find another place to stay and they go and shift into another lot of family. And then their problems become the next lot of family problems you know.*

Interviewee 2:

*I don't think (using pension for care) is abuse at all and I don't think it's a problem at all. The problem we mention about financial abuse is when it's been spend on gunja and drink and everything else. It's where the older person doesn't have food or is sleeping on a mattress on the ground and you know it's because the kids are spending their money on gunja and anything else and there's no food coming into the house. That's one of the big issues.*

*(Focus Group with Aboriginal & non-Aboriginal health worker educators)*

*Their incomes. They get used for their incomes. People come and pick them up on their pension day, take them for a little bit, get their money and leave them sitting downtown. (male Aboriginal health worker)*

*They go without a lot of things and live, they live in fear of the younger ones. I know of an older gentleman: he's never held his key card. His daughter holds his key card: he never gets to see any money, like she might buy him a carton of beer and that's what he get once a fortnight you know. (Aboriginal health worker)*

*(Abuse) is rife. I see the misuse of their money. Like when they receive their pension, they don't see their pension because the younger ones get hold of it and they just take it and then they got nothing left over for themselves.*  
(Aboriginal health worker)

*One of the situations that can get pretty tricky is when somebody else can get somebody's money. And sometimes that can be used to abuse elderly people too. Young people will come in with their parents and the young person becomes the nominee, and if they have an alcohol or drug problem, the older person never sees the money. Wouldn't have a clue, they'd never get paid. That happens more. I've got a case that I'm working on the moment with our social worker. The person who is claiming carer's allowance and pension and the person that is getting cared for she is quite old actually as far as Aboriginal people go, she's about 79. She's getting abused physically and she's basically getting nothing, living by herself and no bills are getting paid, and yeah, she's in a really sad situation.*  
(Aboriginal community worker)

*Taking money and stuff I think that is the main thing.*  
(Aboriginal male health worker)

*And the blackmailing, Yeah, the blaming, the blackmailing, the threats. It even comes down to the phone bills, like someone might have their own incoming calls but you can ring a certain number, and they actually put you direct through to their mobile number, so that person's got a few hundred dollar phone bill.*  
(Aboriginal community worker)

*Yeah, there's quite a big one coming up now. In trains, you know I heard a lady had all these debts from trains, about \$3000 worth of fines. Because obviously her family gets hold of her healthcare card and using her identity don't pay for the bus or train ticket. She's just stuck with the fines. And she won't complain. \$3000 worth of fines, and the only thing we could do is ring them up and ask for payment plan out of her pension which we've done.* (Focus group with Aboriginal community workers)

*That person could be unemployed so he or she knows that a pension day is coming up, takes mum or dad, nana or pop down the road draws the money out, maybe takes out \$50 or \$20 here or \$10 there. Or they can say give us your key card I'll go and get your money for you and they spend it on the TAB, grog, cards or casino.*  
(male Aboriginal community coordinator)

## **Emotional**

In addition to financial abuse, older people face an abuse of the love and family duty they feel they owe to their children and grandchildren.

*Basically being emotionally blackmailed to be parted with their last dollar.*  
(non-Aboriginal HACC Coordinator)

*We're talking about emotional abuse through children: a heavy overburdening of people.* (Aboriginal community worker)

*Screaming and yelling is happening. There are a lot of grandchildren living at home with their grandmothers and that sort of stuff, now a lot of these young people you know are involved with drug and alcohol abuse and this kind of thing is an abuse as far as I'm concerned. For this kind of thing to take place in front of the grandmothers because the grandmother may love these kids very much. And these kids feel that because these grandmothers love them they have a right to do this sort of things.*

(male Aboriginal health worker)

### ***Disproportionate burden on older people of childcare as mistreatment***

Rather than relinquishing child care responsibilities and taking on traditional 'granny' roles, many older Aboriginal women are bearing responsibility for raising large numbers of grandchildren and great grandchildren, as the following quotes illustrate:

*Not so much physical striking as an abuse of stress. Where things are heaped upon them and they no longer have the physical capacity to carry the load they are given. (Caring for children) in some locations, the older people are bearing the brunt of this. How do we relieve them of burdens that they didn't place on themselves: that younger folks who are incompetent in terms of social conditions – they're either drinking, taking drugs, they're in jail, they've gone away or have a mental illness. Those folks are not caring for their children, not taking their responsibility and they're dumping them it on these older folks. That's the local situation and when I say local I mean local WA situation. I find that the problem is much worst up north than it is down here.*

(Male non-Aboriginal mental health professional who travels state)

*What I'd like to add to that is around my area, I went to an Aboriginal justice forum this past week. A lot of elders there are saying they get lumped with the kids because the parents of the kids are drug users. And that impacts a lot on the grandparents.*

Researcher:

*- And everybody is nodding!*

(Focus group with Aboriginal community workers)

*The child is in and out of prison, they are constantly and always transient. So it's a given that, oh we'll leave the kids with mum and dad. But mum and dad are reluctant to give over payment now that they're caring full time for the grannies. What could happen is that the kid could come back and touch them up or whatever.*

(Aboriginal community worker)

*They want to live with Nan. Because they know that they can get away with living with Nan, and not paying their way. You see lots of these young things running around with all their hip hop clothes dressed to the nines, and you wonder who's going without. What really annoys me is that if they were with their parents they would have to pay their way. If they were with their parents they wouldn't be able to take the drugs and drink the alcohol that they do.* (male Aboriginal health worker)

*The grannies get left and the grandparents got no money. The parents of the children either go clubbing or they go casino. And they have a date with someone else because they are a single parent. Too much responsibility for the parent so I will leave them with mum or dad or nana or pop. They don't care about if they've got food or nappies and milk for the young fellas. 'Mum and Dad they will look after them, 'cause they looked after me when I was a kid'. And they think they got the strength to look after these kids at an age of 70 or 60 years of age, so that's a mistreatment in itself.* (male Aboriginal community coordinator)

*The behaviour from young people has changed since the early days. The alcohol and drug abuse seems to be a factor that grandchildren are staying with their grandparents for lengthy times and parents are going in and out of jail. Their children in turn are living with their grandparents, mostly grandmothers. The problem of grandparents not having legal status over their grandchildren while in their care needs to be looked at. Many grandparents do not want to 'make waves'. For example the case of a grandmother who follows her daughter around from place to place with the children. When the mother got drunk or didn't want her children around her mother was there to take them off of her hands. Most grandparents struggle financially, because their children get the Centrelink payments for the grandchildren.* (Aboriginal researcher)

## **Gendered nature of mistreatment**

As covered in Section One of this report statistics show that generally Aboriginal women live longer than Aboriginal men. As it is also largely grandmothers who take care of the children, much of the abuse has a gendered nature.

*It happens to men too but what I've seen more is about grandmothers, what they experience. Like the young fellas when they get their Centrelink payment and that sort of stuff. When it comes time to pay their board, they just don't do it. And they said I had to pay for this and had to pay that. And disregarding the fact that they are living under a roof of a pensioner and who has to pay rent and ends up having to provide them with food.* (male Aboriginal health worker)

## **Child related**

*It is undeniable about the problems the elders have that stem from the behaviour of their children and their grandchildren.*

(non-Aboriginal HACC Coordinator)

*They're using standover tactics with the parents, not allowing them to see the grandchildren or threatening to take the grandchildren if they don't. Grandchildren are being used as bartering tools knowing that the grandparents have to provide for the grandchildren. Most grandparents aren't getting the help that the parents got, because the parents are collecting that and if they threaten to go to DCP or Centrelink the parents can take the kids and then the grandparents worry about the state of the children, because they haven't got anywhere else to go.*

Researcher:

*Are there any leverage points to fight back?*

*Not until grandparents want to really take it further and have the money situation helped and put restraining orders on the kids and they don't want to do that.*

(Aboriginal aged care advocate)

## **Beliefs regarding older people's continuing responsibility for children and their children**

The grannies are caught in a dilemma, feeling responsible for the small children, afraid of their own adult children when they are violent, and unable to change these circumstances.

*And like I said, they tend to be stuck with all the grannies and feel that they, they don't want to claim payments. Because you know, it just starts arguments with the younger ones. The poor grandparents are stuck with kids that, they shouldn't be dealing with kids at their age.*

(Aboriginal community worker)

*They're still grandmothers and the end of the day you know for all their strength mothers are better able to deal with their children than they are with their grandchildren. In our society, us urban Aboriginals, back in my time there was strict roles and very strong rules and regulations as in how you behave in a family structure. But now we got second and third generations you know unemployment and that sort of stuff in Noongar society. There hasn't been any strong role model. Sometimes the kids are sitting down and doing what the parents are doing and that is nothing. You know and using drugs.*

*Grandparents take 'grannies' (grandchildren) under their wings when they are little babies and they just over-indulge the kids. And they give them money; money is one of the roots of the evils of abuse against*

*Aboriginal elders. Because over the last thirty odd years, I've seen grandparents: the only thing that they can do to make the kids happy is give them money. I saw a little boy running away with - he was only about three or four years of age - and running down the street waving a five dollar note. And that boy has grown up to be an abuser. He's twenty-two years of age now. And he abuses his grandmother.*

*He's like I love my grandmother, I love my grandmother, this is my nana I worship the ground she walks on. And when he gets drunk and he's under the influence of drugs, he will scream and yell at her, you know and say the most horrible things. Yes, a lot of our elders live in fear.*

(male Aboriginal health worker)

*They feel like their obliged to keep giving them (grannies) when they have already given. Then they got nothing left for themselves. Well (grannies) basically are 'Nan I need this and Nan I need that'. (Aboriginal health worker)*

*I am an uncle and I am in this situation. You don't want to report them because they are part of the family and even if welfare takes them back to their parents they'll just run back to their grandparents. We need to stop that cycle. Not only within your family unit but everybody.*

(male Aboriginal student health worker at workshop)

*My mother has asthma and is sick and all her grandchildren go to her and make her swear but she is a Christian woman. I tell the family they got to leave her alone. It is wrong for a grandmother to be looking after teenagers who are running amok around the streets.*

(Aboriginal student health worker at workshop)

*Younger ones take advantage. They know she is not going to say no to her grannies because she was stolen generation.*

(Aboriginal student health worker at workshop)

## **Distrust of mainstream services**

One significant feature of the perpetual loop of mistreatment and fear of retribution relates to a shared long-standing distrust of services, which are established to deal with violence and abuse.

In the midst of the abusive family relationships, there is a shared belief that involving government services will lead to much worse outcomes.

*Homeswest is useless and the requirement of culturally appropriately housing is not happening. There are no homes available for the elderly and overcrowding is inexcusable. Centrelink and Aboriginal Legal Aid Service are rarely used for the purpose of (addressing) mistreatment of elders.*

(Aboriginal community worker)

Researcher:

*And they wouldn't ever go to welfare with it?*

Interviewees:

*No. It's still seen as - that mentality, you know, kids get taken off you if you go there. That's how government departments, welfare and all that is seen.*  
(Aboriginal community workers)

*You asked if there were any services available: one just came to mind - Family and Children Services but as soon as you mention it to any family, they go, no they take children away, they just shut up shop you know.*  
(Aboriginal health worker)

*While there are a lot to good policemen out there, there are a lot of them who don't support the victim, just that's your problem you know. They take the stance 'Oh it's just black fellows again.'*

*And just lock them up, and they will settle down.*

*And plus they say actual abuse has to happen before they can do anything about it. It has to be reported and if it's emotional or financial abuse how do you actually prove the case?*

(Focus Group with Aboriginal & non-Aboriginal health worker educators)

### **Fear of payback for reporting abuse**

There is widespread fear attached to reporting abuse to the authorities. The older people and the health workers fear retribution from the person/s responsible for the abuse, and possibly from their family or community for speaking outside the community.

*You got to take away that fear, because the fear has been there a long time, the abuse has been there a long time. You know what we are doing now is scratching the surface of it.*  
(male Aboriginal health worker)

*Actually sounds like it was the person that was supposed to be getting cared for that did the tip-off. And she was saying in the actual tip-off, if she finds out this is a tip-off, I'm going to get physically abused.*

(Aboriginal community worker)

*If you come for the community it's not that you have to be taught to find out what's happening, you would know already. It's where you go to from that point. What do I do? And you have other considerations if I do something about this is my family going to be affected. There could be repercussions. You have to be very careful about that.*

(Focus Group with Aboriginal & non-Aboriginal health worker educators)

*If somehow the social worker can organise something and the patient themselves is innocent or seems innocent, then they will take action but without that, the older person will be really scared and worried about*

*consequences of that initial report. Because the person that's supposed to be caring for that person is going to be, they're going to know they got dobbed in and 'it was you, wasn't it?' It's a really difficult situation that. It's awful isn't it?* (Aboriginal community worker)

*When you see someone being abused and you try and help them, and they decide they don't want any help. So you have to stand by and watch it happen, like that seems really wrong. So the person doing the abuse or mistreatment is getting away scot-free. Nothing happens to them because the older person doesn't want to press charges. So what is there? What can we do about that because that's just wrong to see someone get away with something like that, there must be something that can be done. Whether it's, I don't know, some sort of mediation or some sort of change of laws to make it easier to prosecute them without having the older person having to say 'I want to press charges'.* (non-Aboriginal aged care advocate)

In one focus group, the following exchange among participants illustrates how the complexities of issues can be explored when different perspectives are described.

Interviewee 1:

*The other issue is in some communities there is only one Aboriginal health worker, and if they get into trouble what's their family going to do. Is it going to cause bigger issues within that community because of the action of their health worker?*

Interviewee 2:

*And if they are removed their family will have to be removed too. But that's their land, that's their home you know that causes a big problem then.*

Interviewee 3:

*Yes, I know health workers who have come across the dilemma of I know this is going on. But if I report this, my family is going to cop it. So who do I look after here? My own family. And I'm not just saying verbal abuse. In some cases family will get flogged for what I am going to unleash here. So is it my family's safety or is it this person who is being abused. And they have to weigh it up and I don't blame anyone of them for whichever way they go.*

Interviewee 2:

*Different nurses working with the health worker can take completely different angles on things so a nurse could actually end up being an ally of the worst abuser and so from that sort of history the health worker couldn't go lightly into this.*

Interviewee 3:

*And sometimes in a situation of abuse action is better coming from nurse than from a health worker, because they got to live in that community. A nurse will come and go but that health worker will always be there.*

Interviewee 4:

*But even in my experience as a nurse you really take the lead from the health worker as well or if the health manager was Aboriginal. And if they said don't go there, then you don't go there.*

Interviewee 1:

*But that doesn't always happen.*

Interviewee 4:

*Well yes but unfortunately a lot of people that are not experienced are out there working.*

(Focus Group with Aboriginal & non-Aboriginal health worker educators)

*But if I did make the complaint is that family member going to come and retaliate and punch me up because I have made a complaint on their neglect. Well I am not prepared to take that chance. If it were my own family member it would be a different sort of situation but you can't do it for somebody else's family. That is where you start conflict and I am just not prepared.*

(male Aboriginal health worker)

### ***Drug & Illness Related***

An added level of complexity arises when people are using drugs and alcohol at dangerous levels. Where someone cannot control their consumption, and their behaviour is inconsiderate, unpredictable, or violent, older family members are unable to live safely.

### **No effective norms for responding to 'out of control' consumption of drugs and alcohol**

*(Children) taking medications, taking money um using drugs in front of their grandchildren (Being cared for by the grandmother).*

(Non-Aboriginal HACC coordinator)

### **Everyday risk of violence, theft and destruction**

Fear combines with not knowing what to do. Aboriginal older people are placed at greater risk when they have been moved to accommodation in areas they do not know. They do not know the local support services, they do not have family and friends close-by, whom they can call upon.

*Young people come and make humbug and they are scared stiff.*

(Aboriginal male health worker)

*A lot of kids automatically think when you're home, you don't do anything so you can watch my babies while I go out. A lot of it too is that the grandparents see that the parents of these children are going down the wrong path of you know, drugs. The biggest issue is drug use, intravenous drug use. The grandparents are like, well I'm going to take them, look after these kids to stop all arguments, and do whatever you've got to do. And there's a lot of violence that I've heard of as well, (the parents) come in and get angry, and the grandparents, a lot of them don't get paid for looking after the grandchildren.*

Researcher:

*Do you see that as a mistreatment?*

*I think so, because they're not getting paid for looking after the grandchildren because if they do decide to go in and claim for their grannies, then the parents don't have money for their drug use and then they're going to come back and there's going to be abuse. And there's going to be fights and arguments and the children get abused as well as the oldies.*

*A lot of times you don't know what to do. Nobody knows, you know, should you interfere because it's different when it's a child, you know where to go, who to ring, that sort of thing. But then when it's an elder, because they're usually, the elders usually don't have their own places or are too frightened to move away from the family circle, and so a lot of them take it.*

*One lady who lives in (suburb), the kids go there and they sniff. She's half blind, half deaf and she just sits there, she doesn't know anyone. She's like, well what can I do? I need somebody to help me cook my meals, help me do my shopping. They can, so she allows them more or less, she's too frightened to say anything, and they just beat her silly. So like I said, the problem is not knowing who to go to, where to go to and you know, that sort of thing. So let oldies know, it's not alright for them to be treated that way and they can hopefully get away, but sometimes it's the family dynamics. I mean maybe she was mistreated when she was a young lady and the abuse just kept continuing on through generation to generation. I don't know how to break that circle because it's too old.*

(Aboriginal community worker)

*One lady had issues with things like a family member who um had an alcohol and drug problem, who would do things like she'd come home and the washing machine would be gone because he had taken it and sold it to get money for his habits. Obviously basic household equipment like that is exactly that. Basic and necessary for everybody's wellbeing. It just makes them feel so powerless.*

(Non-Aboriginal HACC Program Coordinator)

*When those younger generations have been using those substances and have come home, they're really violent. And sometimes it's just verbal, but that can be just as frightening as physical abuse.*

(Non-Aboriginal HACC Program Coordinator)

*There are elderly sisters living together and one sister has dementia, and her daughters come and take her away on pension day. They just come and take her to the bank and spend her money. She's a diabetic and she takes fits, epilepsy and they come and take her without her medication and everything. Don't bother to come back and help and get it, just dump her whenever they want when they are finished. She ended up in Royal Perth Hospital the last time that I know of. So the sisters are trying to get a smaller unit where nobody knows, but the local community it's very hard, always someone knows.*

(Aboriginal aged care advocate)

### **Compounded by mental health issues in family and unpredictable danger to older people.**

Increasingly health workers are finding that mental health concerns are compounded by abuse of alcohol and drugs. It is virtually impossible for older family members to contain unpredictable behaviours and their physical and emotional safety is at significant risk.

*Years ago drink was a big issue, now I don't think that is as big an issue as using drugs. Drugs actually have got more of a different effect. The children are becoming more violent not only towards in their own family, but also in the community. I call it Superman juice because they think they're invincible and they think they're always right. And then on the flip side of that, you start getting the psychotic behaviours, the paranoia, and then it starts getting very dangerous in the household. I think there are more people on the mental health waiting list than there is in jail. So it's one of them hush issues, and I said, well it's another white man's drug.*

(Aboriginal community worker)

### **Culture Dynamics**

#### **Fragmentation in the reproduction of cultural values across generations**

Cultural beliefs are mutating as they pass down through the generations and older people are caught between living by their cultural beliefs and values and living with family members with differing interpretations on how lives should be lived.

*There is a demand of sharing without any responsibility at all, that's the big problem. We need to educate the children of the elderly so we can get through to them and the grandchildren, because a lot of the grandchildren are now doing the same thing.*

(non-Aboriginal aged care advocate)

*A lot of elder Aboriginal people also are not aware of the value of money they didn't grow up with it and therefore it's easy for them to give to their family too because they don't understand looking after their money so they can buy this and that.*

*And they live for today and not tomorrow. So if the money is there today, we got it today and we will give it out and then we will worry about tomorrow, tomorrow. So that's what I see. (Aboriginal community worker)*

*There is a cultural issue as well. Where past policy have eroded the trust of Aboriginal people and government departments, colonisation and the removal of Aboriginal peoples and children have all impacted on the behaviour of Aboriginal people today. (Aboriginal researcher)*

Researcher:

*So when we use the word mistreatment or abuse it's not quite that?*

Interviewee 1:

*It is abuse because, it's not just Nan or Pop can I have this? It is the controlling of the key card or how they are receiving the money and the older person isn't even allowed to see their key card or get to touch their money at all, and that is financial abuse.*

Researcher:

*So it is constantly exploiting the fact that people don't understand about money?*

Interviewee 1:

*Yes.*

*(Focus Group with Aboriginal & non-Aboriginal health worker educators)*

*One of my cousins, actually we had a discussion. He went to some group and was talking about being an elder. And some of them got in touch with me and said. How long has he been an elder? I said he's not an elder and they said he must be: he's saying it. And I said he's got a mother and father still alive. And they said oh. So I rang him up and said I said to him what are you doing misleading the community about your status. He said what do you mean by that? I said people are complaining that you are saying that you are an elder. Oh he said. Before he could say anything I said you're not an elder and your mother and father are alive and I said I'm older than you and I'm not an elder. So I said we had leadership roles in our communities and in our families and that sort of stuff because of our ability. But we are not elders yet; we have to work to get that recognition to be an elder. (male Aboriginal health worker)*

*There is that greater degree of respect for elderly people because of their status within the community. Because of the knowledge that they have and the knowledge that they can pass on. But sometimes it is hard. How do you define an elder? You've got 40 year olds that say they are*

*elders. I find it hard to define. How are you an elder if you are 40 years old when there are 90 year olds that don't even have that status in the community? Define elder – is it a 40 year old or a 90 year old? Is it somebody that contributes to the community? To me an elder is somebody that is older than me, full of knowledge, has information that I could use. Plus who they are and the respect thing is still there for me but sometimes it is the values of each individual family and the social impacts are changing. There is this new generation of Aboriginal people coming through. You've got the drugs and the alcohol. This sort of dependence is changing the older culture and there is this new culture coming through. So nobody sort of gives a damn. It is all about me and me and my immediate family. So where this extended kinship family used to exist and extended family it is getting smaller and smaller and smaller.*  
(male Aboriginal health worker)

*(Older people) see it as a problem but they don't want to talk about it. They accept it as being normal. It's just part of their life now. Where it's "well, I'm too old to fight you back, I'm just going to sit here and take it. You know, you'll chuck your tantrum and maybe hit me a couple of times and then you'll be out the door and I won't see you for two weeks until payday again".*  
(Aboriginal community worker)

### **Unintended consequences and impact of mainstream services on vulnerability of older people**

Sometimes government departments focus on one issue, because that is their mandate, but the issues which make older Aboriginal people vulnerable are inter-related and relatively routine practices can worsen the situation. The history of Aboriginal people's experiences of government policies continues to have an impact.

*Government departments and the part they play: they need to take a bit of some sort of responsibility within the health arena. I would probably say that some of these deaths that do occur within the Aboriginal families and the elderly is because of the stress they are under.*

*The Department of Child Protection if it gets to that stage and it has been at that stage. They say the kids look alright, they don't look unhealthy but the problem is the stress that's been brought on to the oldies. When DCP is approached for help my experience is that DCP won't do anything anyway. Because the kids are in a safe environment they've got clothes and food, so they think. Because the Department is there for the protection of the kids. Now you got a granny with the signs of the dementia. So you might have the grandchild or grandchildren come in stay there and granny's got a small case of dementia: she puts the stove on. Something boils over or the tap has been left on in the bathroom and you know.*

*You've got that issue of the health side of the oldies and that dementia and then the responsibility of looking after the grannies for how long. Days on end, weeks you know until the mother's run out of money and coming back trying to look after the kids because she's got no money. So then I guess they ask the grannies or the parents, have you got any money.*

*(male Aboriginal community coordinator)*

*The health workers here tried to get a meeting with Homeswest about this abuse happening there but Homeswest said to try and get a meeting happening – they wanted these two to be together like the elders and the young people. But the health workers said no because they knew the old people wouldn't speak up. What do you call it – they would be intimidated. Yea so they are still trying to get that. It is on the go right now. But they want a meeting with the old people first to find out what is going on.*

*(Aboriginal male health worker)*

*You want to talk about systemic abuse because when we are going to deal with this abuse issue it's not always the guy with the twirl in his moustache. It's sometime just the innocent bureaucrat.*

*(male non-Aboriginal mental health professional)*

*Nothing has changed for over 20 years. The mainstream policies and their structures do not necessarily work for Aboriginal people. While working for the Health Department and visiting various Aboriginal communities, I found the idea of consultation is not taken seriously. While I was away on one field trip the Department began making arrangements for a new policy concerning Aboriginal people. By the time I and my Aboriginal work partner came back to Perth, the manager said, "It's all done now". We couldn't believe it. I informed him that we had consulted the community people and the data collected would be what the community voiced. However, the manager was determined that he finalise the policy. I was not very happy about the incident and what it said about the future for working with Aboriginal people. Part of it was a medical doctor assuming he had knowledge and expertise to address the issue. I subsequently left my position in that Department.*

*(Aboriginal researcher)*

*In the prisons you got the like geriatric unit up in Perth. Casuarina Prison. You've got the geriatric unit at Acacia Prison. Now there was one old fellow over at Woorooloo Prison and he was severely ill and he wrote for a pardon or early release from prison and it was just sort of overlooked. He had a stroke in prison and it took a long time for him to get the services that he needed. I can understand that they may be under resourced but they must understand that this is peoples' health, especially the elderly. If you don't get to a person in time in prison then there is the possibility that they could die. Aboriginal Deaths in Custody, the Aboriginal Visitors Scheme and Suicide Watch were all put together to look at those issues but sometimes it is a bit of a struggle for them to get access to the external health services. You've got Aboriginal health workers that go into the prison and do Pit Stops but there is no real*

*program to go into the prison and have constant checks on blood pressures and things. Well you've got the nurses but they don't go to them unless they really really need to go. Again it is that trust issue. How do you trust? Well the mission days and whatever they were institutions. Prisons are exactly the same thing. They are institutions. Now if there was no trust back then and they've already been through one institution, now this institution is doing the same thing. It's taking them away from their families, it's making them disadvantaged compared to the rest of society, even though it is a punishment sort of scheme or a rehabilitation centre. Still sometimes they don't have access to what is available to them.* (male Aboriginal health worker)

*There is another form of abuse for the people sent down for doctor from up north. They're sent down very often without any knowledge where they are going. All they know is they got to go to the Royal Perth Hospital. They don't know how to get there from the airport. Nobody has arranged anybody to meet them. We are trying to educate the health workers from up the other end to notify someone down this end.* (Aboriginal aged care advocate)

*PATS (Patient Assistance Travel Scheme) need to be more flexible; they need more support and make it compulsory that clients have an escort.* (Aboriginal health care advocate)

*The elderly don't like to make waves because the kids will get taken off of them. They are afraid to sign any papers in case welfare come and take the kids away from them.* (non-Aboriginal aged care advocate)

*I'm trying to think under which Government was it where they took the responsibility from parents to be able to manage their children the way they need to manage them you know as long as they didn't kill them. Once all that stuff broke down you know and the Government started saying you know if you're having problems at home we'll help you find a place to live, you know we'll pay you an income. They put the initiative in place, but they didn't provide ongoing support for these people.*

*These were children being made responsible for who they were and then you have all these young kids deciding they are going to be having babies and all that sort of stuff. The functions of Aboriginal families for structuring what happens in Aboriginal families has been destroyed. I actually feel it was a deliberate act by Government, to destroy family as another way to destroying us as a community. It's a horrible thing to say, but I always felt that it was a form of genocide.* (male Aboriginal health worker)

*You've got housing involved, you got DCP and then the police get involved not because of overcrowding but because of disorderly conduct or inappropriate goings on at houses. But we're not a culture where we go and say my grandmother or my grandson is being mistreated. And that's the big issue.* (male Aboriginal community coordinator)

On the related question of disciplining children, one participant had this to say:

*This boy used to come home drunk and on drugs and all that sort of things and he would kick up. And my relative had to slap into him. So the police were brought into it and said you can't do this you know it's against the law. And he turned around and said you take him, you take him and you look after him yourself. And they said you know we can't do that. Well he said I don't want him here, if I can't chastise him and tell him from right from wrong under my own roof. You know especially if the younger kids are seeing what he is doing and him making it look like it's all right, (the Dad) said you take him and look after him, you bring him up; you do what you need to do with him. They said we can't do that. In that case while he's under my roof he said, I will continue to chastise him.*  
( male Aboriginal health worker)

The following notes were taken at the trialling of the pilot training package with health worker students from all over the state.

*Mainstream care workers can talk about the older person amongst themselves with no consideration that the older person is there. They can rush them through showers and things without giving them time to have a yarn. They don't let old people take their own bush medicine as treatment. Oldies want the bush medicine and we know about it, we can take them out in the bush to get it. Nurses unaware of Aboriginal culture tend to apply what they think is appropriate care. For example a female health worker is asked by nurse to wash an older male. Nurses come from interstate and do not understand. They say they are too busy and are rather mean and the system behind them is not responsive. It is institutional abuse.*

*Then older people from the north are put on planes with nobody to meet them at the other end. They get panic attacks being in a big city. We get a lot of that. Then taxi drivers can be very rude, very abusive instead of giving respect to older people when they take a taxi.*

*Then services like Centrelink can have a bad impact. In remote areas you have to use the phone but a lot of older people are not very good speakers on the phone and Centrelink workers don't want to be bothered with an elderly person.*

*Meals delivered by Meals on Wheels are frozen and old people don't have a microwave. Or they are salads. Old people don't want that. They are used to hot cooked fresh food and especially kangaroo, damper and bush tucker. Surely we could get some local cooking for old people – kangaroo, emu, make a damper and get local people involved.*

## **A continuing gap and/or clash of Aboriginal and non-Aboriginal expectations as to how older people live.**

At a time when Australian society is designing increasingly innovative services for older people, there is a glaring gap in service provision for older Aboriginal people. Participants reported there was a focus in Aboriginal related policy on children and their immediate family with a blindness to how intergenerational wellbeing was important.

*Are the elderly considered to be important people? If they were, we would already have this HACC program set up. We still have nothing. People are focusing on what happens in one's life from the ages zero to five. So they are concentrating on young people and young parents and developing them.* (male Aboriginal health worker)

*It's just the way some of these (mainstream) people talk, they don't understand that you need to explain the situation, and like I say to a lot of agencies that come in and talk to me, sometimes these elders don't know how to read and write. They'll come into the office and say well I didn't know I had an appointment, nobody told me. Oh but we sent 20 letters out. And I said maybe you can go around if you've got the time, knock on their door and go and see them. I said you're going to have to work out how if you really want these people to come and see you, and get the treatment that they need.*

Researcher:

*So is that a form of mistreatment?*

*I'd say so because if you're sending out 20 letters of appointments and there's no response, you know, you'd have to go and find out why. I mean, that's like us, when we've got programs we send out letters, word of mouth, and then we do the phone calls the day before, then the morning of the program. Or if we see somebody, one of the family members, down at the shops, tell so-and-so that we've got this thing going on today cause they might have forgot. So that's how we, well we're pretty flexible, that's how we sort of work.*

(Aboriginal community worker)

*A lot of these (social and health) agencies need to get out to community centres. Some families have got 3 or 4 kids that are on (drugs) Then there's the issue of prostitution that's going on for to get their drugs. Are they going to use protection, are they going to be safe? You don't want to find them dead from some person or what not. Agency staff need to get out to communities and just talk, and find out what really is going on. I mean, like I say to people, we know what is going on but once you hear it, you've got to do something about it. Once you hear it, you've got to do something about it. You can't say that you don't know, because you've heard it.*

(Aboriginal community worker)

*There was a case of abuse of an older person in the Pilbara. A government worker rang Advocare where there was no official*

*responsibility taken or any offer of support. ACAP age care assistance, non-flexibility and non- Aboriginal worker have all been identified as lacks. Need an emphasis on having an Indigenous person so appropriate information is given. The need to have an Aboriginal assessor with ACAT team when they go to Aboriginal clients is important. (Aboriginal and non-Aboriginal aged care advocates)*

*With regard to HACC services they only pay their staff when they actually work. So if the care worker goes to a house and the clients are not there they get paid for the travel time and not for anything else. If the client is Aboriginal they have a concern of how to keep their Aboriginal clients receiving the care. On whether the client will be there, the carer will be out. Will they get paid? They try hard to be flexible but there is always a problem. (Aboriginal aged care advocate)*

## **Leadership**

The role and nature of leadership in response to this issue is contentious. Governments prepare policies and fund programs in response to identified needs; but participants highlighted the many ways in which those services do not reach or meet the needs of older Aboriginal people.

## **Government expectations as to addressing the abuse of older people**

Government services are separate and discrete around social issues with little recognition of the interactivity between issues for vulnerable Aboriginal people. There is also fragmentation between State and Federal responses to social issues.

*They listen but they're not really hearing the problem. (Aboriginal aged care advocate)*

*The process of 'research' has also added to contemporary issues and attitudes in mainstream Australia. The Darwinian theory of progress is terrible for Aboriginal people but it still filters down to today's society and shapes mainstream thinking. That is where non-Aboriginal people need to be educated and made aware of Aboriginal people. The service providers need to have structures and infrastructures in place to address Aboriginal issues in mainstream departments. (Aboriginal researcher)*

*It's so hard to unpick with one problem we see as a symptom, so it's really hard you just can't deal with that and expect to fix it, because it's bound up with other issues as well. (On the Northern territory intervention) the women up there have been crying out for help for well over 20 years. And it's taking them this long or any Governments to do it: this long to do it. (Aboriginal aged care advocate)*

*Instead of incidents where Aboriginal people are being thrown into Correctional Services Department, situations that could have been treated as an issue of health and not a criminal matter. Not*

*understanding grief for families is another topic. The socio-economic level is low, education and employment is limited for Aboriginal people and therefore the emphasis is to treat health and wellbeing. Not just one area.* (male Aboriginal health care advocate)

*The Government is throwing money at women for having kids. The grannies are now taking the brunt of the load.* (male Aboriginal health care advocate)

*Centrelink doesn't see who really does look after the children and whether that payment is going to the care provider. It's a bit like carer's payment, being taken by people who are not providing care for people supposedly in their care, but in the instance in the grandchildren, (intervention from Centrelink) would be one thing that would help in that situation of grandparents reluctant to take action themselves.* (non-Aboriginal aged care advocate)

*Not many Aboriginal people are going into residential care - a lot because of when being assessed the ACAP team come out and ask certain questions but they don't do follow up questions like can you climb them seven steps and then they get the answer yes, they don't come back and say how do you feel when you get there. They just take the yes answer and that's that, then they are not back for any help they want, that's just one question.* (Aboriginal aged care advocate)

On what Aboriginal health workers can do:

*They can only chase people away that's all. They can try to talk to people. Sometimes they can succeed but most times it doesn't.* (Aboriginal male health worker)

*Health workers are feeling disempowered – there is a situation of entrenched disempowerment. There is a need to be creative in terms of approaching this curriculum project and its dynamics. Where are the other services, other support that needs to be there if things are going to change? There are issues in terms of overcrowding, DV, abundant chaos and vulnerability. The WA Equal Opportunity Commission Inquiry stated overcrowding is a chronic problem and Homeswest are failing to maintain the properties. How are health workers expected to address that?*

*Additional issues are chronic unemployment which leads to severe alcohol and substance use. Health workers need to be aware of the dynamics around these and be able to navigate them.* (Aboriginal researcher & policy officer)

*Because we're supposed to have a representative on our committee, an Aboriginal representative but I don't know for some reason the last year since I've been in the organisation we haven't had one meeting, and there's been sort of moves trying to contact different departments and*

*different people, who can we get, and I don't know exactly why but we haven't been able to get anyone to come on, I think, from what I've heard, a lot of Aboriginal people involved in government are really heavily tied up in all sorts of committees anyway. So that could be it. Probably, but I don't know if there's other issues there or not.*

*It seems like a very different approach needs to be taken for Aboriginal people because there's a whole lot of issues that are interconnected and different from the mainstream community. So things about the Stolen Generation, a lot of housing issues, drug issues, different cultural connections. Different forms of kinship that makes the family wider so that more people can be involved in this mistreatment.*

*(non-Aboriginal aged care advocate)*

### **Aboriginal politics and the politics between Aboriginal and non-Aboriginal organizations and between Federal/ State and Local levels of government**

*Western Australia is very conservative and Indigenous initiatives here are controlled by money, or have been, and the threat of losing that money if you step outside of the guidelines.*

*(male Aboriginal health worker)*

*I think in specific areas you can spot Aboriginal abuse, not just elderly abuse.*

*(Aboriginal health care educator)*

*Keeping it within the Aboriginal community so it's not imposed by the wider society or whatever, so it's more likely to have a chance of altering. It's really about building a strong community in the first place. Which will then build stronger families, which then can start turning things around?*

*(non-Aboriginal aged care advocate)*

*Aboriginal health workers pretty much have the highest turnover rate in all departments. Why? The stress. The wage, the award and the constant struggle of trying to get through culturally appropriate programs. The barriers the health workers have to face are often kept from the community. We often like to defend our agency but we cop the flack from our community. They say why aren't youse doing this, why aren't youse doing that? Because we are not allowed to. Well why can't you, that's what you are there for, isn't it? Well we can't do anything about it; every time we ask them we get knocked down at the knees. The community don't understand the politics behind it back in the office. You just get sick of repeating yourself and you start getting burnt out and you say, Na! No time for this.*

*You are sort of the meat in the sandwich. The community will come and approach you because they don't want to approach management because they are intimidated by management because most are non-Aboriginal people. And most of management have credibility because*

*they have degrees of some sort so academically the community are disadvantaged because they don't know what they are up against. Anybody can state something in the policy but the Aboriginal community don't know what the policy is because some of them are not that literate. So when someone says 'Well this is what the policy says', they will go: 'Oh right!' So it is a dead stop. But if it is someone like me I'll say well you show me the policy and then we will talk a little bit more or otherwise I will go and research the policy. I will start asking questions and then they will say, 'Well I don't have to answer to you anyway because I am the manager here.'* (male Aboriginal health worker)

*There are significant power dynamics to be aware of amongst service providers, both Aboriginal and non-Aboriginal service providers. These dynamics affect how services are provided – there are often vested interests in how programs/ activities are run.* (Aboriginal researcher & policy officer)

### **Initiatives that work**

A strong theme to emerge as to what works was community based supports where practitioner worked alongside and with older people and their families rather than in delivering predetermined programs and services from a centrally managed agency.

*We've ended up getting a Fremantle doctor out here every Friday. So then if they've got something and they can't get into the doctors or they don't have their own doctors, they can come here and also we've now, through the Fremantle GP network, we've also set up counsellors, so it's locally based. They know they can come and get counselling. I mean we haven't got any Indigenous counsellors because they're very hard to find and keep. They're in such high demand. So we've got other resources and avenues. You can come anytime of the day and just sit here, and just to get away for a moment. We've got a TV, there's a spare room if you want to just sit back, watch TV and have a cuppa. We also have a community kitchen on Wednesdays, which is if you can make a gold coin donation, if not then, oh well, that's life. Not everyone can afford a feed, and it's just mainly having somewhere safe to come and we make phone calls. A lot of the times they come in and they want, can you ring this, can you ring this person, and we'll do that on their behalf as well. There's a lot of them don't understand what these (mainstream service) people are talking about as well, so it's just really being there for them.* (Aboriginal community worker)

*The great example I've seen of services really helping the Aboriginal people is in the Kimberley because they are run by the local Aboriginal people helping the community. Whereas a lot of other places it is non-Aboriginal people trying to supply a service to Aboriginal people. I mean like Marr Mooditj for example is an Aboriginal College and very strongly developed as a Noongar organisation founded by a Noongar.*

(Aboriginal health care educator)

Interviewee 1:

*I worked out in the desert there and for the elderly people we had a HACC program. This was run by Aboriginal people so that wasn't just Meals on Wheels though it was often called that. But it also had a group where they could go and so it was often around the arts centre. But the elderly people could go there and be fed, men and women could go there and that would be their kind of outreach. They would get their feed every day but also the social interaction between each other. So I think that's important, but like I said it was run by Aboriginal people and they used different resources.*

Interviewee 2:

*Some of them sessions with the elderly and just getting together and talking amongst themselves. It's counselling in itself. And you know they're helping one another by doing that. The health worker might have set it all up and got it all running and then they can back out, because (older people) are helping each another.*

(Focus group with Aboriginal & non-Aboriginal health worker educators)

*Nanas building 6-foot gate around the house with barbwire on top for safety. The reason being so that drunken family members cannot come in after 6pm for example.*

(Aboriginal aged care advocate)

*I know with a lot of the Aboriginal organizations and agencies or wherever there are Aboriginal people connected, they do try and include the elderly people wherever they can. It is that sign of respect. So when we have things like the traditional welcome to country we make sure that elderly people do that. You know we have a couple of Aboriginal people that still talk fluent Aboriginal language. So they get brought in and involved in ceremonies. Cultural stuff like the reburials are done by elderly people. Like book launches they get picked up. So on certain events at certain times of the year the elderly are still valued. You got things like the Harmony Days and Sorry Days and things like that. The elderly all come along and where they sit as far as the hierarchy in Aboriginal society goes, they are at that high level. Respect, they are treated with respect for that day. They feel happy. You see them, they are laughing, you know they get up and they dance and they are talking language and have fun and all that sort of thing. So there are times when they feel included with whatever is happening but there could be more done.*

(male Aboriginal health worker)

*Worry affects people's health – humbugging, money, safety, utilities being cut off is a big stress. Health workers are able to ask/ check these sort of issues are taken care of and it is sometimes possible to quarantine money for bills or book-up. Where this is structured at the local level by the service provider it works.*

*The same where services build in recognition of a lot of issues being around the lack of basics – no towels, no food, no fridge etc, or too many kids in the house, tough to keep on top of the mess. There can be very stressful issues. Where the health worker comes equipped and prepared to start ‘where people are at’ this works.*

*Another initiative that works is where health workers are prepared to listen to people discuss the hard issues – or getting someone else to do it. An example is dealing with incontinence and the practicalities involved in addressing this in a chaotic household.*

*(Aboriginal research and policy officer)*

*A Kimberley ACAT team brought it to attention that a woman was being mistreated. This client was living in a hostel. The client has serious health issues, such as starting to lose mental capacity and early dementia. The defacto would take her out to the community. Alcohol, lack of food and neglect became recurring incidents. The client's daughter wanted to do something about the situation her mother was in. Advocare consulted by cultural health centre and Office of Public Advocate (OPA) contacted on the daughter's behalf. The response on 24h hotline was unhelpful. Said need a lawyer. Actually don't need a lawyer. A social worker dealt with the matter. Daughter is now looking after her elderly mother. People up that way don't use OPA often.*

*(Aboriginal aged care advocate)*

*We've managed to get a couple of banks for a couple of our elderly, to make sure that if certain people are the only ones with the elderly when they come in for money to refuse them and also the elderly have asked us to limit the amount they can take out at a time. A couple of banks have agreed to do that, but it's got to get the authority and letters signed and so on. And then it falls down if they change tellers.*

*(Aboriginal aged care advocate)*

*Advocare at this stage has got people in the office that promote awareness of mistreatment of elders and disabilities people and the Office of the Public Advocate has someone. What people can do is concentrate on an area at a time. In particular I'm organising a workshop on mistreatment in partnership with Advocare and just focusing on the South-East corridor at this stage.*

*Only this week there was a forum and that was a good outcome for clients of agencies. Because elders themselves and people that got disabilities were given instruction on what to do if you've been mistreated. Points you have to look for. So they became slowly aware. Advocare ran that and also Office of Public Advocate.*

*They didn't speak up when the person was up in the front standing up but I guess they did talk in general discussion or when they were having their meal. And the comments I received was ‘yes we do get that kind of abuse’ and ‘yes it is our family’ and ‘how can we be more aware?’. But*

*on the same token they the other family members need to be in the room. And there were some people that were carers and family members that came in, so it's slowly starting to move.*

*(male Aboriginal community coordinator)*

*We've managed to change one son regarding the mistreatment of his mother, an elderly lady. A grandson was (physically abusing her); he's changed, because we had a family meeting and made his father realise what he was doing.*

*We had to have the son in to Royal Perth Hospital with the social worker. He didn't believe his mother, he believed his son. So we had to prove to him that this was happening. (Aboriginal aged care advocate)*

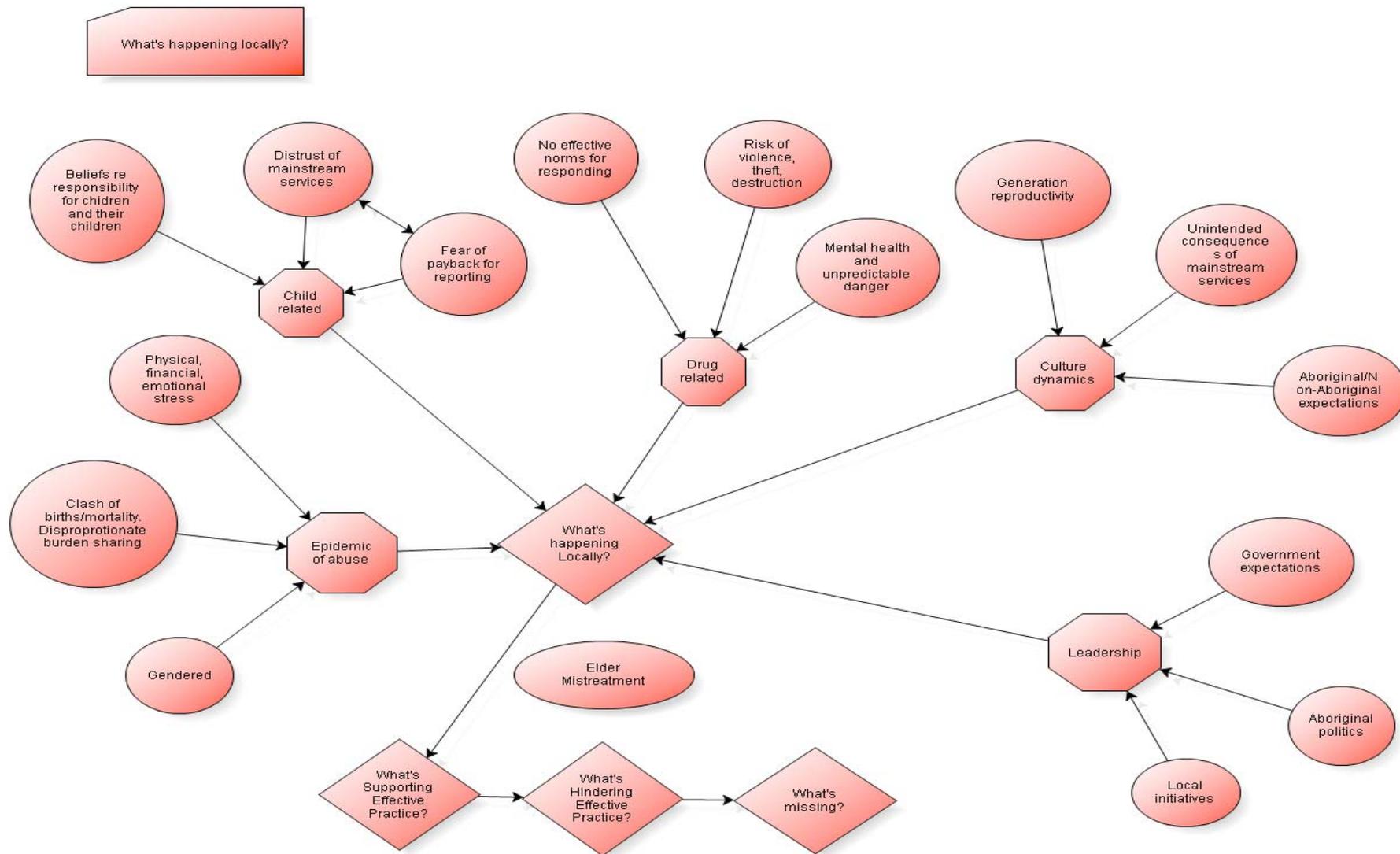


Figure 4: What's happening locally?

## WHAT'S SUPPORTING EFFECTIVE PRACTICE?

### ***Opportunities to work with older people and families***

#### **Start where people 'are at'**

*(Drop-in centre) they spend the day here doing activities. It may be going out for a drive in the afternoon on the bus. They heard about the Mandurah rail. Well let's go for a drive and have a look at it. We might take them up to Hillary's Boat Harbour you know places that older people can't get to but they've seen it on the news. Places that the clients say they like to go and do these activities. Aboriginal ladies usually say things like it gives them a break away from the grannies (grandchildren) and people being at them.* (Non-Aboriginal HACC Coordinator)

*Spending time with the old women in the community I got to know them and after a while they were coming to the clinic and having breakfast. Because I would have weetbix, milk and porridge. They would come to the clinic and then they would talk to me about other things as well. Just by letting it all out they felt better about it, not that they wanted me to act on it. Just to be able to talk to someone, it was good enough for them, you know they went away and they were happy.*

(Aboriginal health worker educator)

*There is an Indigenous lady that lives locally, who sort of comes on and off the books. But I think the biggest service we provide her is because I have known her for quite a few years. She rings up for support and information. We have put in help with house cleaning, but it never works out, and that's ok. But she still uses us quite a bit for general support and someone to talk to and listen.* (Non-Aboriginal HACC Coordinator)

*They don't want to invite a friend over 'cause they're not quite sure what they are going to walk into to. So they are really keen to come out to you know whatever group, craft groups or just get togethers.*

(Non-Aboriginal HACC Coordinator)

#### **Be culturally aware**

*We've also got to be aware of the (cultural) issue, particularly with the elders. Because, they was brought up with those white western Christian principles.* (Non-Aboriginal HACC Coordinator)

*There are also issues of cultural sensitivity for Aboriginal people working with Aboriginal people, because of the kinship barriers. It is an issue here, but even more so in more traditional areas.*

(non-Aboriginal aged care advocate)

*The gender issue, especially in the Kimberley and the Pilbara, would be a big hinder for us to go up and talk to a male client. We have to have a male person with us, because we can't talk directly to a man, so we have to talk through someone else.* (Aboriginal aged care advocate)

*Sometimes it's not culturally appropriate: say young females going out to an older person visiting them in their house. For instance personal care.* (male Aboriginal community coordinator)

*The need to have someone willing to go into the home who is not going to react. Because it's not the way they think a home should be. Who is good at gaining confidence so that people can tell them and work with people one on one.* (non-Aboriginal HACC Coordinator)

*(A major non-government agency) got given a big pot of money to help Aboriginal carers, and they ring up to say 'But where are they? I got all this money but how do I find them?'*(non-Aboriginal HACC Coordinator)

*The problem is that the demand of the system to meet the funding criteria, doesn't allow for cultural sensitivity. You got your two hours get out there and do the assessment and come back. Because that's all we're funding you for. Nobody is going to fund you to drop in and say hello for the next six weeks.* (non-Aboriginal HACC Coordinator)

*Aboriginal employees taking time off for sorry business. How do you maintain it? If you take off too much time it is just not cost effective to maintain an employee who is going to do that.* (Aboriginal aged care advocate)

*(Who) will support those older Aboriginal people, who are caring for all those people that they shouldn't be caring for. I don't say shouldn't be caring for in a cultural sense, I just say they shouldn't in terms of their own health and wellbeing.*

*There's this resignation that this is their lot in life. But I get that they're very angry.*

*And they're not angry at their 'grannies', They're angry at their own kids. They would say it's just the Aboriginal way, it's just what we do, we take care of our grannies. The more I know them the angrier I see them.* (male non-Aboriginal mental health professional)

## **Be aware of impact of past policies on current mistreatment experiences**

### **Networks**

#### **Family**

As many of the quotes illustrate, family is incredibly important to Aboriginal people and this is an extended concept of family connected to the Aboriginal importance of kin. Before the disruption of Aboriginal culture it was not possible to be in relationship other than a kin-based one. This cultural belief is still strong in communities such as Balgo in the Kimberley. Here service providers living in the community are likely to be given a skin name so that they can be fitted within the community pattern of interaction based on kinship (Crawford et al, 2007).

#### **Interagency**

*I'm trying to resurrect the actual network to come together and have some kind of communication just general discussion. Just to have that networking structure. So they all can come together and have a chit-chat and hopefully build a relationship.*

*Have a bit of a chit-chat in ways that they can talk about issues and also just that support. And also working along with the Health Department to have a men's workshop with ourselves.*

(male Aboriginal community coordinator)

*Resources are out there but people don't know how to access them. The emphasis should be on establishing a brokage model that provides general information on service providers and their roles and responsibilities to clients and their families who may need their help and will not get passed on from one organisation to another.*

(Aboriginal health care advocate)

#### **Key leverage points**

Involving Aboriginal people as consultants, employees and advisors:

*Ultimately it's (older people's) decision and I think they need to be able to still have that dignity on whether they should or shouldn't. Can't, don't want to take that away from them.*

(Aboriginal community worker)

*Four years ago before I came here, this agency had had five Aboriginal clients. Within two weeks of my starting we had 10 clients. Now I think we are closing in on 300. It's not so much they want to talk to me. They just want to talk to an advocate, but knowing I'm there tells them that the organisation is ok.*

(Aboriginal aged care advocate)

*Breaking down barriers for individuals and raising awareness of issues within the health services is important. The issue of trying to look after Aboriginal elders and Noongar people and get them accessing mainstream services for elderly people is vital.*

*(Aboriginal aged care advocate)*

*Dob-ins are effective. Centrelink do follow it up and people follow it up.*

*(Aboriginal community worker)*

## **Advocacy**

### **Community advocates**

*It's such a huge load for the few. There are a lot of strong Aboriginal people who are professional people and are willing to stand up and speak, but it is a huge load for a few. They encounter resistance a lot from the broader community; it's a systemic resistance.*

*(non-Aboriginal aged care advocate).*

### **Agencies**

*Yes, they come to us, we tell them their options, we take them along to Centrelink and get things they might need. We mainly would try to get them housing. Often they stop and the case breaks down when it needs to be signing papers and stuff like that. *(Aboriginal aged care advocate)**

### **Media**

*There really needs to be a great big media exercise around a forum for elder abuse prevention, and making the community aware that it does exist. And do it such a way where that these older fellas feeling proud enough to talk about the issue, you know impress upon them that their names are not going to be run on the TV and throughout the paper. They're there to lend their support and bring the expertise and experiences you know like to the table.*

*We have enough Indigenous media around this country - invite them along to cover this forum. Hold it at a nice place to start with to make elders feel special about who they are and their importance to this thing. You know if you take them to a dump somewhere they might think, they don't care about us; they are just like anybody else who wants something off us people you know for nothing. I mean those fellas are experts in life our elders. They wouldn't be where they are today if they hadn't survived all the obstacles that have been thrown at them in their lives. And elders are interested in knowing and talking about what's important to them.*

*(male Aboriginal health worker)*

Interviewee 1:

*There's a need for a very powerful kind of health promotion message.*

Interviewee 2:

*Targeting it to individuals thinking about me, myself and I. That I don't want to be in that situation (of being older and abused).*

Interviewee 3:

*A message that says treat others the way you would like to be treated.*

Interviewee 2:

*In the Kimberley they did those sorts of plays and they went around to different schools and they were really powerful, pulled out a lot of things. I agreed with that they were like a health promotion message.*

Interviewee 1:

*And yes they used role-playing.*

Interviewee 2:

*And it got the children involved. They used it for more like child abuse. But I'm sure you can do it (in regards to the abuse of older people).*

Interviewee c:

*I think the issue (just using a case by case approach) while changing the individual who are doing it, you've still got children around watching the behaviour and that needs to be addressed also. They would be going through their own emotions of seeing Nana and Pop who they love being hurt. This message through schools would make it very open to them that this isn't good behaviour. It is naughty behaviour.*

*(Focus group with Aboriginal & non-Aboriginal health worker educators)*

## **Safety**

### **Guaranteed/ places of safety**

#### **Long and short term healing programs of support for family and community**

*It was sort of like a little bit of a healing thing between the grandparents and the grannies. (The Noongar elder facilitator) said the majority of the stories and what I'm going to teach you is going to be Noongar. Because they picked I think every second or third week, they picked somebody to tell a little bit about their family. And say what was good about you know somebody in their family and things like that. And it made the kids like, who do I pick? Who do I pick? Who do you have good things off? Everybody, you know. And it got to the point where they say well why don't you show it? Some of the grandparents would come along and they'd say, why don't you tell me that, I tell you every day that I love you but you never tell me so how do I know? It's just, so they get to know, the grandparents get to say what they feel. (Aboriginal community worker)*

## **Safety for older people and workers who intervene**

*(It depends) what knowledge and support they've got in the community as well. If you don't have any support, say one person there and you can see this happening. But you don't have any support to change, you're not going to go anywhere are you.* (Aboriginal community worker)

## **Resources**

### **Leadership**

#### **Options**

*The place we refer everyone to is that, it is an Aboriginal person I refer. I tell them to talk to Doris Hill at Advocare. Because Doris is gorgeous and you know, knows the places to go. But also I suggest people go to Derbal Yerrigan. (And there is a community worker in the suburbs who) is a very genuine woman and very caring and a lot of contacts. So sometimes I'll give her phone number and say look. I don't know where you can get any help but this lady if any one does she does. Or I tell them to talk to um the (named) Community Centre. (A particular local government) do a lot of work with Aboriginal people and have a lot of good contacts. And know where to get monetary help. Help with food, help with clothes and help with all sorts of things.*

(non-Aboriginal HACC Coordinator)

*There's more Aboriginal HACC services providers south of the river than what there is north of the river. There is Derbal Yerrigan and obviously with the number of Aboriginal people north of the river. I guess some slip through the rails so to say and also within some southern HACC service providers there are people who are kind of like unaware of where these particular agencies are: transport is another issue and family disruption.*

(non-Aboriginal HACC Coordinator)

### **Local Knowledge (Flexibility and responsiveness at local level)**

*One of the frustrating thing for me as a HACC service provider we have got absolutely no way of supporting those people. Beyond referring them on to places who might or might not be able to help them out with food, clothes what ever. Sometimes really it's not a lot of money they need but they need it then and there. There is nothing in the HACC program that allows you um to support that. We just don't give financial support.*

(non-Aboriginal HACC Coordinator)

*We like to get services to come here where it's local and where (older people) feel comfortable, but a lot of them say they won't.*

(Aboriginal community worker)

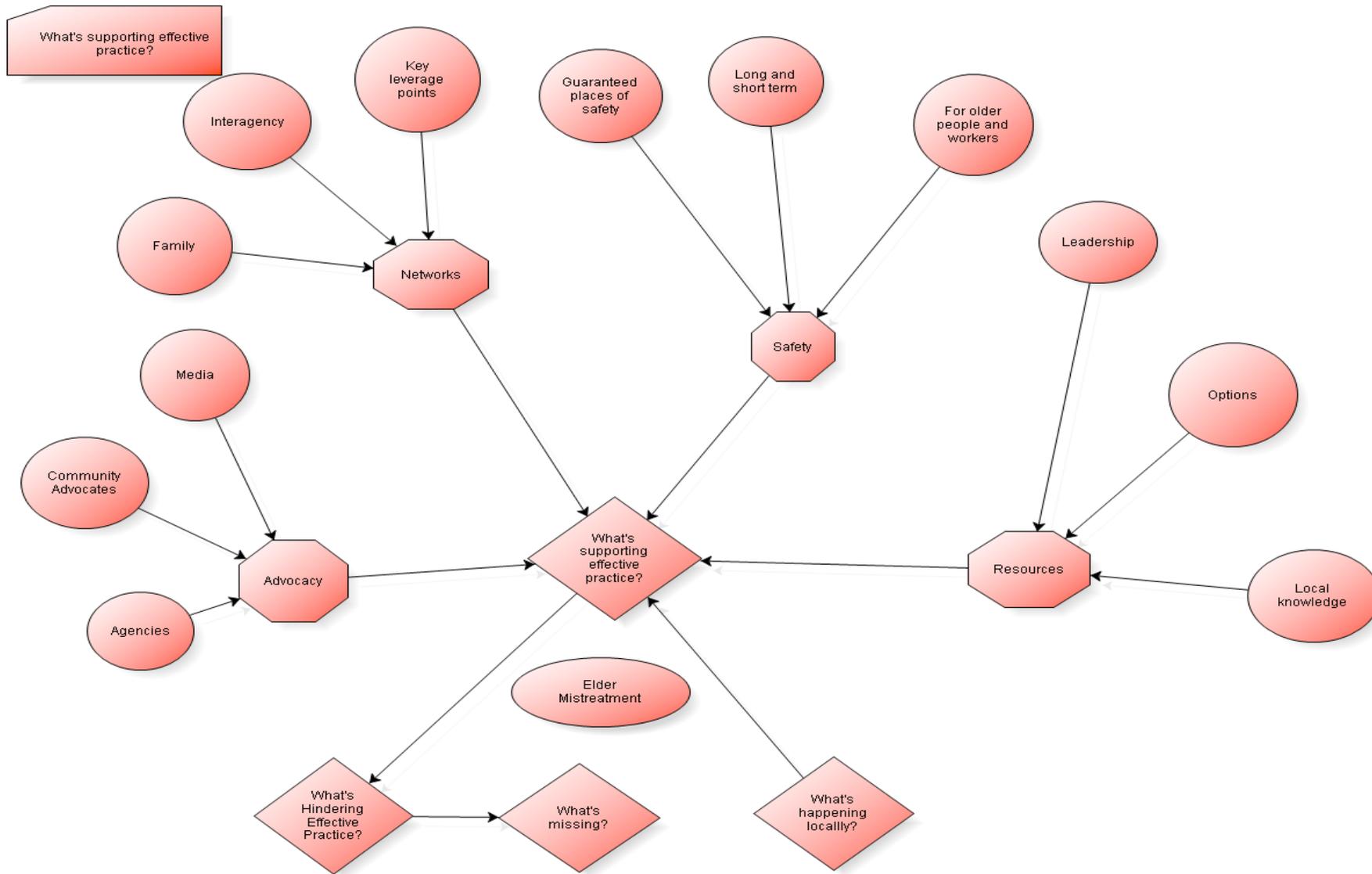


Figure 5: What's supporting effective practice?

## WHAT'S HINDERING EFFECTIVE PRACTICE?

### **Representation of the Issue**

#### **Media**

##### **'Othered'**

Older Aboriginal people were seen to suffer a double 'othering' from society in that there was a general devaluing of the aged and that many older people were not aware of their rights as older people because of their marginalisation and dependence on family who themselves were marginalised. In bridging this Aboriginal health workers were seen to be in key positions to mediate and raise awareness.

*It's society abusing the elderly. I think our society does mistreat our elders.*

(non-Aboriginal HACC Coordinator)

*The biggest problem in society is this absolute lack of respect. Lack of respect for other people, lack of respect of the elderly, lack of respect for the people with disability or who are a bit different.*

(non-Aboriginal HACC Coordinator)

*(Older Aboriginal people) are not aware of their rights. They're not made aware of them. The Aboriginal health worker does home visits so they could sit down with the family and talk with the family about it because they might not be aware that it is wrong.*

(Aboriginal health worker educator)

#### **Shame**

##### **Of Aboriginal people**

*I don't think we ever had any Aboriginal people on the books for personal care. Just never had a referral, never had a request and that could be you know for all sorts of shame issues to start with. If you thought your bathroom, your house, your towels weren't quite; if I was in those shoes I wouldn't like to be judged by somebody else. I can understand why people could be battling on and really putting themselves at risk, well and truly. And I think Aboriginal elders miss out on things like if they need shower rails or you know the hand grips.*

(non-Aboriginal HACC Coordinator)

*The worker might come into the house and tell the person he or she needs to have a wash. And they tend to feel shame, where it's different if*

*they're in the hospital. The nurse comes in and showers you, dresses you and dries you, whereas in the home it's different. Maybe there are some other relations outside the house or in other rooms and you feel ashamed because of a young person coming in. So that's an issue that need to be addressed and having more Aboriginal health workers is another issue.*

Researcher:

*Is that a big issue?*

*Yes because there's not many male health workers that deliver personal care, they might have carers, but whether they have been trained in that area? I guess Marr Mooditj would be the best agency.*

*(male Aboriginal community coordinator)*

*It is a stressful thing: all of a sudden someone will say, oh it's 2.30 and back to that tension. 'The kids will be coming home'. I don't know whether it's the government's fault or the parents'. You can't really put your finger on it, because some of these kids are really smart and if they just had the encouragement and support to go further through school or something like that. Then they would be able to really just excel in everything. And it's a shame that they get stuck. I think a lot of these pregnancies are also because they don't know really what they're doing. And it's sad because it's a shame factor once again. I'm talking about sex, and protection and contraception and things like that.*

*(Aboriginal community worker)*

Sometimes the issue is the absence of shame and respect for older people.

*You can't say what are you doing using your grandmothers card and pension? It doesn't work. The training should be talking about that. It's not as easy as that.*

*(Aboriginal aged care advocate)*

*The family needs to address it. Make that person a shame thing. Back before white fellas came here, the key people in a family were the oldies, everyone looked up to the elders. That's what they really need to go back to. Go back to the basics; the basic was to respect your older person, the grey head person the one that's got wisdom you know. The one that's been around longer than you, don't go around abusing them, its back to the basic.*

*(male Aboriginal community coordinator)*

But another participant thought there was potential in tapping into this aspect of Aboriginal ways and beliefs.

*You could develop strategies around shame as abusive as a lot of these young fellas are. If you are able to determine a strategy in the right way, you could tap into their shame. Aboriginal people are very smart people, you know just as long as you get them talking about how you go about stuff.*

*(male Aboriginal health worker)*

The comment below as to the way Aboriginal children and young people are feeling can be connected to that sense of untapped potential within the Aboriginal community to address this issue.

*I think they are quite neglected and then they become angry because of that neglect, neglect in terms of not being allowed to comment on how they feel. About this happening to their Nana and Pop, and then the cycle just starts and I think that's where we can probably start to break it. Start talking about how does this make you feel, do you know that's wrong behaviour?* (Aboriginal health worker educator)

*Direct shame is culturally inappropriate for Aboriginal people.* (Aboriginal student health worker at workshop)

### **Within older people**

*It's shame. They don't want the shame.* (non-Aboriginal HACC coordinator)

*There's a shame factor in that too. They don't want people to know that their grannies are abusing them.* (male Aboriginal health worker)

*Feeling so ashamed. Nobody wants to admit their children is a toe-rag at times because it makes you feel like a failure as a parent and I would imagine for Aboriginal people that would be even heavier.* (non-Aboriginal HACC coordinator)

### **Fear**

#### **Of 'payback' to both older person and worker**

*And it's like they're afraid of the come back on them if they try to get help. Afraid of violence from their own family members if they tell anybody else what's really going on at home.* (non-Aboriginal HACC Coordinator)

*I'd say probably quite a few people do dob-ins, anonymous dob-ins because it takes away from them.* (Aboriginal community worker)

#### **Of worsening the situation**

*You will find cases where health workers can't do much or are being abused themselves. (You have to) just walk away. When they have done all that they can and the older person not willing. Because we don't want our workers to get in too much trouble. Because we are into holistic health which is everything but they keep on plodding on.* (Aboriginal male health worker)

*You've got to negotiate. Like they say they spear the messenger from both sides.*  
(Aboriginal community worker)

*In the rural and remote areas (Centrelink agents/ Aboriginal health workers) often live with communities and in the small towns. It's always very hard for them as well if they see or hear about something happening in the community. Do they go to the health department or the AMS or whatever because of the repercussions that could be had upon them (and the person being mistreated).*

(non-Aboriginal government social worker)

## **Lack of Trust**

### **Of and between agencies and family**

*I actually asked the Aboriginal ladies one day, why do you come over here instead of going to the one near you. And they said you mob just treat us like one of the mob. But one of the programs they were going to ladies felt they were expected to be that person's version of an Aboriginal person.*  
(non-Aboriginal HACC Coordinator)

*There's a lot fewer (Aboriginal community workers) now than there used to be but people would tell these guys things they would never tell me. Even though I've been there (a long time) and I know lots of people, I mean I do get told some things, I get told gambling and drugs and stuff, but things like carer and a nominee situation. I'm sure (Aboriginal community workers) would hear it long before I ever would.*

(Non-Aboriginal government social worker)

### **Because of lack of relationship**

*(As regards mistreatment) they will talk one on one with the people they know over time. Because it's all got to be about we'll just sit here and chew the fat and when you check out my vibes and decided its ok. And that I think is also a barrier. Because the white western system says 'OK I'm here Mrs Jones, what's your problem? Now tell me in great detail'. And the Indigenous person is sitting there looking at you horrified.*

(non-Aboriginal HACC Coordinator)

Interviewee 1:

*(Aboriginal health workers) could address abuse if they build a relationship with that family.*

Interviewee 2:

*You wouldn't just go in there and starts telling them about their finance you know you would have to build up a relationship, a rapport with them.*

*(Focus group with Aboriginal & non-Aboriginal health worker educators)*

*For you to help you got to be happy you got a relationship. For some older people a chance to have a bit of a yak and then go home is therapeutic in its self.* (Aboriginal health worker educator)

## **Building trust**

Tension between the forensic and the developmental approach.

*Building this trust is about making people really accountable for confidentiality. If you breach it criminally take them or something because this is personal information. I mean if I had a problem and I shared it with the health worker, I don't want anyone else to know. I don't want everybody's sympathy.* (male Aboriginal health worker)

Interviewee 1:

*(Important that the health worker works in ways) that respects that older person as well that they show respect for others. And I think these things act as an incentive so you don't have to intervene in any sort of direct form.*

Interviewee 2:

*Because you can do things like have a day out for the elderly. Have a nice picnic and you could bring breakfast.*

Interviewee 3:

*Yes and talk to them that way too. They would enjoy that.*

Interviewee 1:

*And certainly the people I work I find those indirect ways have better results than humiliation and embarrassment.*

Interviewee 4:

*(And in terms of preparing student Aboriginal health workers for this) let's not forget the health workers are a part of the community also and they could be in the same situation. We do have older students. Making them aware of their rights would be a start I think. As well as making our younger students who may be doing it also aware it is wrong.*

*(Focus group with Aboriginal & non-Aboriginal health worker educators)*

*Also taking the time to build that trust with the clients.*

*(male Aboriginal community coordinator)*

*Once you got the trust with that person then ask the question how's things going are you getting three meals a day, whose buying you clothes, do you spend much money on clothes, are you giving a lot of*

*money away? Those sorts of questions you know. Health workers can see the signs and if they do hear from these oldies hopefully they can be referred to other agencies, that this is not allowed to happen.*

*Is there any scars or bruises look for those signs, because once you are doing personal care you can have some kind of judgement or some assessment on people who are being mistreated. Do they cringe when they see that particular person when they come into the room. Or are they scared, those sorts of signs you know, body language.*

Researcher:

*This is only going to be a small package, just a small part of the whole health worker training?*

*All small things go into big things. What's that song called?*

*(male Aboriginal community coordinator)*

*It takes a long time to be able to get their trust and it's taken a long time for them to even sort of mention that this is happening. And it's like, where we sort of acknowledge the situation. Where it's like, do we act now or do we wait? You'll find, because we've got so many Indigenous workers that they'll walk off and talk to somebody. And then, 'oh well can you tell x' and then that's how we sort of work around it. Because our boss here is actually a counsellor and she's always willing to put something on hold to talk to whomever needs it.*

*(Aboriginal community worker)*

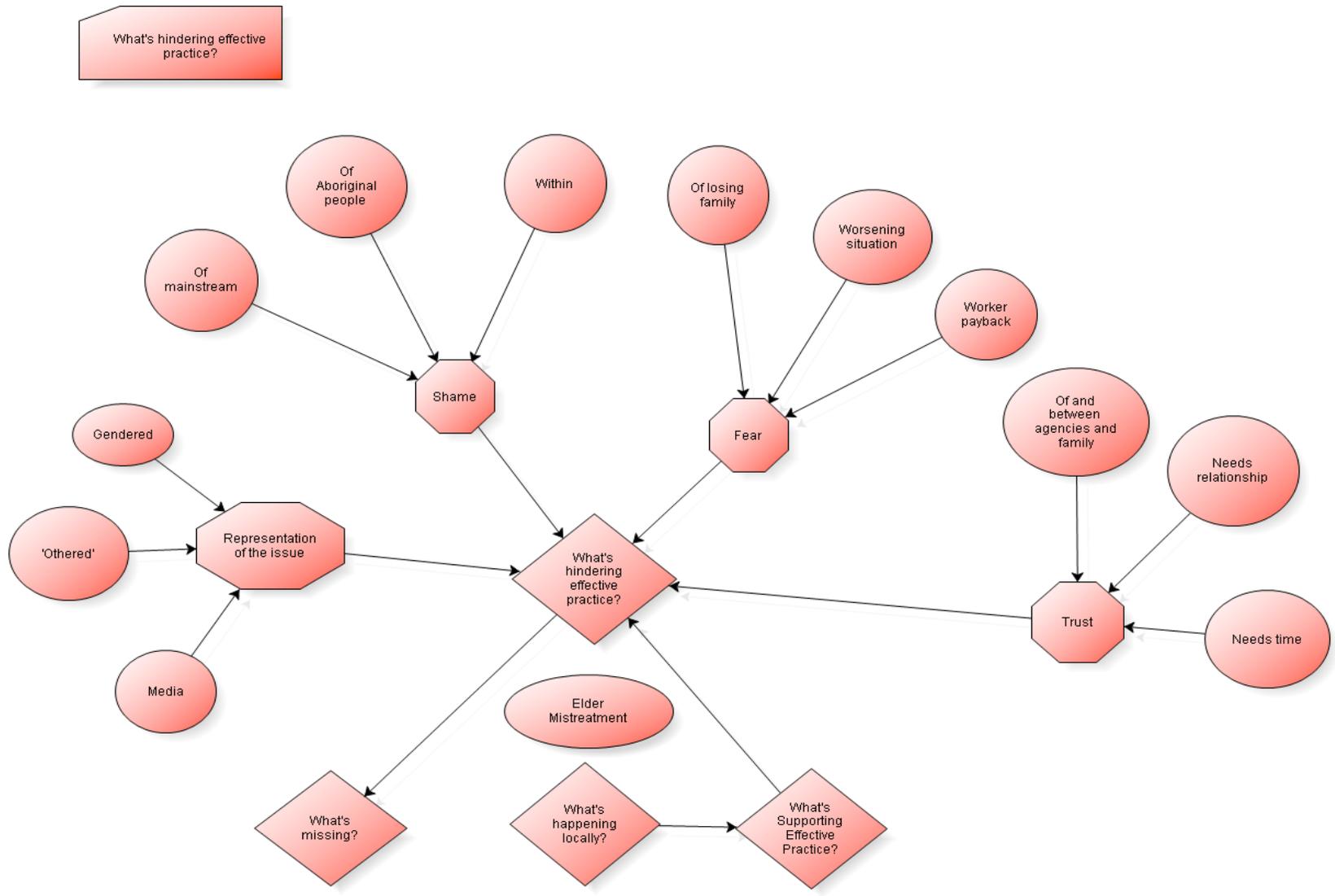


Figure 6: What's hindering effective practice?

## WHAT'S MISSING WITH REGARD TO ADDRESSING THE MISTREATMENT OF OLDER ABORIGINAL PEOPLE?

*There were fourteen forums last year speaking to Aboriginal folks mostly elders across the State and what we heard in a loud and clear voice from those folks was you need to get us resources when we need them for things like, 'taking care of grannies', 'mental illness', 'health' issues, 'housing'.* (male non-Aboriginal mental health professional)

### ***Housing for Elderly***

A specific housing program and village for Indigenous elders is vital for addressing vulnerability, safety and mistreatment.

*What is missing is a broader community willingness to come to the party in terms of supporting what Aboriginal people are already attempting to do to help themselves. For example trying to get an age care facility off the ground and not being able to find a council willing to accommodate such a service.*

*We've had money for two to three years but can't find the premises. I've approached many places but always been knocked back.*  
(Aboriginal aged care advocate)

*We need to start with housing because that's the biggest problems with most of our elderly. When the elderly have got their own house family members come to live with them, make a whole lot of problems for them like damages and they get evicted. Also getting into financial straits because the family aren't helping with the financial running of the house and are just living off the elderly parents.*

(Aboriginal aged care advocate)

Interviewee 1:

*Another issue is to remember a lot of elderly live with their kids and if they rock the boat then they may not have anywhere to live, so they have to say nothing about it.*

Researcher:

*If there was somewhere else to live, do you think they would?*

Interviewee 2:

*Well I don't think they would want to, because you know how they want be with their family.*

Interviewee 3:

*It makes it hard.*

Interviewee 2:

*And if they did get a house then others would follow anyway you know. I think as an Aboriginal person you don't move into retirement villages, you stay with your family and that's just the way it is. Though that shouldn't come at a price where you don't have rights of your own.*

*(Focus Group with Aboriginal & non-Aboriginal health worker educators)*

*If you had a place I would push more, that's why not much pushing is done, nowhere to send them.*

*(Aboriginal community worker)*

*Then there is housing. There are no specific residential services for Aboriginal people: not in the metro area. For instance in particular in (suburb). There are units there for the oldies, and it's just the same old rigmarole. The oldies are in these flats the kids come and stay with them because they haven't paid the rent in their other house. So they get thrown out because of arrears, but they then come and stay with the oldies and then their kids come. And it's just an ongoing saga and it happens.*

*(male Aboriginal community coordinator)*

## **Employment of Aboriginal Health workers**

### **At community level**

*I actually applied for a position with (a residential care home) and I was knocked back. As much skill as I had in administration and I was HACC qualified, I was knocked back. They just said, No sorry you are unsuccessful. I've worked for government agencies and I've got extensive administration skills. My public relations and communications skills are highly effective but I was knocked back. So that is one of the private age-care facilities. And I am just thinking, 'OK Interesting!' Sometimes it is the racial thing. I have tried to steer away from that but it is an underlying issue. It will always be looked at when you are competing in the labour market.*

*(male Aboriginal health worker)*

*(Speaking of the four Aboriginal older people in four different residential homes in a country town where no Aboriginal people are employed) It would be better if they were all together and if we had an Aboriginal worker there too.*

*(Aboriginal male health worker)*

*I'm just touching the waters out in the Wheatbelt because I know if I do obviously too much I will get snowed under. A bloke will get crook – there is too much work. You got to keep on top of it. So my main area is now the metro just trickling over to the Wheatbelt.*

*(male Aboriginal community coordinator)*

*I think where they're bringing out Aboriginal health workers, they need to drop the Aboriginal word. Just call them health workers so that they can get jobs anywhere, not just with Aboriginal people. Aboriginal clients not necessarily wanting an Aboriginal care worker unfortunately raises*

*continuing difficulties but we need to be able to work with this. You go to nursing homes and they don't have any Aboriginal staff and then you wonder why. They say we haven't got any Aboriginal clients, but if they are health workers they should be able to work there.*

*(Aboriginal aged care advocate)*

## **In mainstream services**

*There's that catch 22, of being willing to employ Aboriginal people but because of the barriers to maintaining that as well. Where there is good will and a desire to bring change there is just not the tools to do it.*

*(non-Aboriginal aged care advocate)*

*How do we get them into employment? Do we look at an application process, do we say it is going to be this standard, which is correct by public sector standards it has got to be the same for everybody so everybody has a right of appeal and whatever else, so it is all fair. But to get Aboriginal people into the service would be a big advantage. Say redeveloping the application process to just an expression of interest saying what your skills are. You can do that in a letter format but it is harder when you are writing to a selection criteria. I mean there are people who have got the skills so obviously they have got a certain degree of education. Not everybody uses Australian standard English so that's where the interpretation of what someone is writing in response to a selection criteria is not exactly what their skills are. It has just been interpreted differently but the people that are assessing the applications run from Australian standard English. How do you get them to understand? Maybe involve more Aboriginal people on the selection panel.*

*(male Aboriginal health worker)*

## **With adequate pay and career structure**

*As a health worker you need to have the support first of your employer. Of your manager. When I worked for them, I made suggestions, we tried to implement different programs, to support different strategies and we were chopped down at the knees every time. Because if our manager didn't want it then maybe the Director at the top didn't want it. This is the mainstream government Aboriginal Health Service. Why would health workers considering their award want to go over and above their job description. I certainly wouldn't not for a starting wage of \$36,000 with the amount of work that they are expected to do. You know that is so poor. How do you live? You can say that is a permanent position but it is not going to benefit you is it?*

*(male Aboriginal health worker)*

## **Education**

### **Of Aboriginal older people and family**

*When I sat down with the ladies one on one and they talked about these things. And they talked about the fact that they feel there is no place to go, nowhere to get help.* (non-Aboriginal HACC Coordinator)

*You can never alleviate it. Because these folks are good people who will take this responsibility, what they need to do is they need to have supports. Health workers and their communities need to know about things like enduring powers of attorney, they have to understand what their options are in the Guardianship and the Administration Act. They have to be able to talk clearly to doctors about what they're dealing with, with drug and drug-induced psychosis, with their children and sometimes the grannies that they're watching.*

*Aboriginal audiences, they're thirsty for that kind of knowledge.* (Male non-Aboriginal mental health professional)

*People to actually go into the home, to give practical support. A lot of people get in those sorts of problems because, nobody has ever told them how to budget. And for that 20 bucks, you can have several large meals worth of really good tucker. Meat and veg tucker.* (non-Aboriginal HACC Coordinator)

*Awareness, people have to be aware that they are doing the wrong thing and how they make that awareness is promotion. Just like they promote no smoking on TV whether there is money to be put aside for ads on TV and poster on the side of the road and more workshops creating packages like this (Marr Mooditj) kit. So people can be trained or train the trainer.* (Male Aboriginal community coordinator)

*People don't know what's available and if you did know what's available you're up with the same issues of having those people coming to your house.* (non-Aboriginal HACC Coordinator)

*You have to put it in (older peoples') head that it's their decision; you have to somehow work around it to make it their decision. Just subtle ways of, then they will actually be able to say, "Well no, I don't have to look after these kid. There is somebody younger and it's my time to go out today or tomorrow." I'd say it took us a year before actually a lot of the grandparents that come here felt good about coming. They were actually coming late because 'I couldn't find somebody to look after the kids.' I mean we had money put aside for crèche but I didn't let them know that. That was a very last resort and I said 'no I'm not going to have*

*these kids, if I can avoid it, I will'. I wanted them to just be able just to get away. To give them a little bit of incentive to tell the parents "this is my day, and I'm going. I'm coming back" and then they can come back all rejuvenated and be able to say "well I've had a nice relaxing day". And even, I still haven't told them either that there's crèche available because it's like 'no. It's one or two days out of a week and it's not going to hurt the parents to look after their own kids.'* (Aboriginal community worker)

## **Of Aboriginal health workers**

*We need to take into account the issues of today. Not back then or a standard approach. It needs to be developed to suit the Aboriginal clientele, to be responsive. What is happening in mainstream is not what is happening in Aboriginal community. So it needs to be a culturally appropriate curriculum. And in implementing these programs they also need to be culturally appropriate but that is sort of at an operational level. But I mean how more culturally appropriate can you have a health worker than that they are Aboriginal.* (male Aboriginal health worker)

*More training in carers looking after old people too. You could be a health worker but you got to have something special to be a carer too. So more on caring for old people and knowing what the rights are, going to services and asking for assistance and stuff like that. More about the legal side and health side because that is where they can do so much. The health worker has to know when to take a step back. They also need more training on how far can a health worker go. Because they've got limits.* (male Aboriginal health worker)

*Counselling needs to be put into the training as well, if people do come to the point of saying yes I do need some counselling because I'm mistreating my family member.*

*Where do they go, that's the other side of the coin as well. Ok we do focus on the one being abused but also we need to keep in the back of our mind the one that's doing the abusing. Because there is some issues that person has as well obviously. So counselling is another thing for the person or the people who are abusing. Look at the two sides of the coin.* (male Aboriginal community coordinator)

*But I also think with the Aboriginal health worker if they are going to go into a specific area like dealing with this in their community, they need very special skills. Not just the health worker skills that we give them to work in a clinic. This is a specialised field and they need to know how to advocate properly in a family situation where it could become volatile. And knowing when to get out you know, when enough is enough. I can't do this. And when someone else has to step in, where do I go for that?*

*I think more resources into those other back-up services really because there are not a lot of resources there.*

*(Focus group with Aboriginal & non-Aboriginal health worker educators)*

*You really have to strongly train the Aboriginal health workers in how to deal with family repercussions, privacy issues and how to look after themselves also. Because don't forget the person who may be doing it, may be a physical strong angry person and they find out and say 'oh, they're talking to my mum and dad about what I'm doing. You look out!' So they could find themselves in a very violent situation. They need to know how to deal with the worst situation. Would the health worker be equipped to do the counselling? It would have to be very clear that you had an inroad to discuss stuff.*

*(Focus group with Aboriginal & non-Aboriginal health worker educators)*

*Since the working environment will be chaos, the curriculum should reflect this in order to empower. There should be a degree of ethical content a well. Health workers need to be given an understanding of systems and why/ how these systems fail and issues around mismanagement from the top – in order to be able to voice concerns and make suggestions. They need to build an understanding of community development and 'how things work'.*

*They need to believe it is possible to work towards social order, equality and equity. We can start with the knowledge that people's motivation to engage in health worker training is positive and that you are working with caring people. It is important that training encourages hope and faith that their actions will make a difference.*

*A serious issue is around the lack of health worker supervision and mentoring. Things they say may be taken out of context as criticism – health workers need support and upskilling to deal with what they are being faced on a daily basis. They often do not know how to deal with disclosures.*

*In health workers mediating with others they are often just as vulnerable as the client. Health workers need clear supervision and guidelines around their role, boundaries get blurred in the community context but they must be contained to some extent for the protection of the health worker.*

*Encourage people to understand where their funding is coming from to be able to engage with the system to voice issues around what they need. Give the health workers a structure to work with.*

*Communications skills are key for both health workers and for them to be able to encourage their development in families. The workshop should have space to reflect on family relationships and unpacking the difference between the real and the ideal and ways to change this.*

*It is important to carefully structure any workshops on addressing elder mistreatment and in this to be aware of community dynamics and bullying. Workshop everyday issues, don't soapbox – be meaningful and purposeful. Get people's participation and interaction. Map up the issues they will be dealing with.*

*One major issue is education – people don't know how to look after the elderly, and the elders don't like to/ are afraid to complain, especially where they are completely dependent.*

*As to handling financial abuse issues, health workers are often asked for advice/ help. This could be a possible training component with training input from banks and from Centrelink on their Family Income Management (FIMS) (Aboriginal research and policy officer)*

*Your greatest curriculum challenge is to get the services, to get the contacts, to get the ability to speak to older Aboriginal people in a meaningful way into your curriculum. For those workers so they can take out to their community.*

*This is a gendered issues as well. And I think you need to teach, excuse me for being so forthright with this, I don't mean to be pushy or anything, but I think there needs to be a gender discussion. About just because we are women doesn't mean we have to carry the load.*

*There needs to be a capacity building. For the people who are taken care of everybody else's problems if they don't get that in terms of resource. How to get resources, how to access resources, how to advocate for themselves, how to speak up for themselves and who to contact. When to contact, that's the kind of stuff I see these workers doing for their community.*

*I love that you're doing it in a cultural sensitive way, by educating folks who are Aboriginal and so that they can go back into their community. I love that capacity building. So as much as you can do to support those workers and they have to not see themselves as fireman and firewoman- to recognise that you're a conduit and not a carrier. When they become carriers of the problems and burn out and then they leave they're jobs.*

*We need to teach these folks to move it out and move it beyond what they have been doing. And they don't know how to do it, nobody teaches them, the capacity, nobody give them that capacity building stuff. What kind of advocacy training you are giving them in this curriculum? I think you have to actually train the individuals so that they can be successful upon their return. Curriculum is not just what happens in the classroom.*

*We still teach it like it's a classroom event. And that's the problem we need to teach it like a community event.*

*Do it like graduate education, so they're adult thinkers and their problem solving and thinking in an environment. You cannot give them solutions and this is the problem.*

*So what is effective? I know that what's been effective in all of our training has been to provide a forum to practice problem solving.*

*To practice skills development. To obtain information and then to transfer that information into their own particular issue and then to come back. A one-off kind of workshop that people do, and say ok we all up-to-speed with elder abuse now. If they are going to do elder abuse, let me be specific here. What would work and what would be effective. I would go in and I would say our topic is elder abuse; I give them a whole bunch of pamphlets. And I would say none of them would be probably would be valuable to the community. Imagining that you are working in some place like Wangkajanka and I would say take that and turn that into a program. And let's spend the next day or two turn that into a program. I'm your worker, I'm your social worker. Put the right words on it, do a poster, where should it go, should it sit outside of the store where kids just tear it down. How do we do that?*

*So we do a problem solving venture with them, with the local that are going to use it in Wangkajanka. Then have another workshop and bring them back and say what didn't work, why didn't it work, what do we do, because Aboriginal problems don't get solved in one-off lectures.*

*And Sue Gordon has written about this in her report. So we have to be really careful that we are doing ongoing services of problem solving things for that's what's effective. What's ineffective is when you go in tell them what to do, think you done it and leave. Or offer it and say you can access that because they won't. They just won't access it, you have to have them develop it, so they have ownership of it.*

*And the person that is doing that is your person who is graduating from Marr Mooditj. They have to have that capacity to take that person who is the grandma to all of those places. So every time they see themselves with a problem, they need to say, ok who are the main services, where do I go, who do I call? And they need to teach it to those folks. Don't let them hold onto capacity; let them pass it to somebody else. It doesn't count if you keep it.*

*What is missing is a local knowledge and an understanding of what they can do themselves. The temptation is to just yell out resources, but in fact many of the resources we have down here would not be appropriate anyway. I think if we are going to put resources in we have to put them in so that they're local and culturally sensitive or we have to train the workers from Marr Mooditj to adapt whatever exists locally and make that a resource. Any other solution just won't work; I think it has to be at local adaptation for local use, otherwise it will always be that dependant paternalistic view, and we have done enough of that to those folks.*

*Aboriginals can solve problems, they're great at it, they are visual learners, big picture learners, musical learners and interpersonal learners so why not teach them that way. Why not write this curriculum for their need.*

*For me how they learn how to do it is as important as what they are learning to do.* (male non-Aboriginal mental health professional)

*Need to work with the health workers from 'where they are at' in regards to mistreatment of elders. They have lots of knowledge from experience and this is the point at which to start the conversation. Asking 'what would they do' in a situation where they have seen firsthand the mistreatment of elders. Or if they are in that situation what kind of support do they have if they report any incidents. The health workers are a part of their community. In most cases there seems to be a 'protective issue' that no one wants to say anything. In my family no one would talk to other people about their lives. Many Aboriginal families do not like other people knowing their business.*

Researcher:

*If no one talks about what's happening, then how can we address the problem of mistreatment of elder Aboriginal people?*

*There are some people that will talk, and hopefully it will be able to snowball.* (Aboriginal researcher)

## **Of mainstream practitioners**

*To actually teach people techniques and strategies to help them help their clients open up about what's really going on. Because you know most people will come and talk to you about this, when this is really the problem. You know teaching people strategies to identify you know pick up on cues as to what is really the problem. A key issue is to teach skills to help people identify what the real issues are for the people they are trying to help.* (non-Aboriginal HACC Coordinator)

*But it must be hard to get help to them. Like supports or services that help, and I know for me, not really knowing a lot about Aboriginal culture. Although I've done training and stuff, you really don't know what exactly you're doing and you worry about going in the wrong way. So I think a lot of people have that fear as well about helping cause they don't want to stuff things up. They don't want to do the wrong thing and make things worse.* (non-Aboriginal aged care advocate)

*(We were contacted by) a community centre which would like to attract Aboriginal elderly people for a day centre, specifically, targeting them. They just had no idea how to start doing such a thing. I guess there is willingness and a desire to actually do something but there's a sense of*

*lacking tools for understanding how to effectively do that, so they're asking us how and what to do because they experienced trying to attract Aboriginal clients for various things, with no success at all. It's like knowing the etiquette as well.* (Aboriginal aged care advocate)

*A Government cultural awareness program is vital for all individuals who work with Aboriginal people, so an understanding of cultural differences are acknowledged and appropriate. Often Aboriginal health workers are asked to deal with other workers' prejudice. This occurs when others don't want to deal with Aboriginal people in the health sector.* (Aboriginal health care advocate)

*But point (their education) in the direction of where it has already been successfully done rather than try to reinvent the wheel. By Aboriginal people themselves, so get advice from the horse's mouth, rather than trying to impose ideas on going about it.* (Aboriginal aged care advocate)

Interviewee 1:

*Maybe that's part of the training needed – that it is not just educating the health worker but rather making a joint package for whoever the support agency and other workers are.*

Interviewee 2:

*Teaching (mainstream practitioners) to know how to work with the health worker and deal with the issue. And not to just send (health workers) out to sort it out.*

Interviewee 3:

*And ongoing education. I guess learning that learning is ongoing. You know the whole journey isn't it ongoing education in services and that's not often done very well.*

(Focus Group with Aboriginal & non-Aboriginal health worker educators)

*Need to target mainstream HACC service providers because some of these agencies have got (ACAP) packages. And some of the issues that they may be unaware of, they can be given some suggestions or some kind of awareness in how they deliver their service to people who are Aboriginal and are their clients. So put into the whole circle of having Aboriginal HACC service providers and also mainstream service providers.*

*A lot need to have awareness on communicating with Aboriginal people within the work place and also in the community on issues about mistreatment. What is culturally appropriate, what's the protocols, why is Mrs. Timbaktu not answering the door and every time I go there, they're not there? Why is that? Well maybe you need to talk an Aboriginal person that might be a relation to them, maybe is some kind of friend of the family. Is there an Aboriginal agency within that suburb or in that town that I could talk to? Maybe there has been a death in the family.*

*Or am I saying the right thing when I go. Am I wearing the right appropriate clothes. So there is a lot of issues that really need to be talked about.*  
(male Aboriginal community coordinator)

## **Holism**

### **Understanding the individual and the collective**

#### **Understanding history**

*I think history has, should have, told everybody when you get white people telling Aboriginal people what to do, the wall goes up straight away.*  
(Aboriginal health worker educator)

*A lot of them would have come from missions and they were told don't say anything. Don't do this and don't do that shut up or you'll get taken away. So there's always that big fear factor. You really have to look at removing the people from the other people and not the grandparents from their home. You know they might have lived there for 60 years or something.*  
(Aboriginal community worker)

*Maybe there were some hidden secrets that weren't told to (the abuser). Whether they were being taken away or whether they been brought up in another family circle. And not been told who they are and then when they been told, then they are all mixed up in the head. Why wasn't I told why mum and dad weren't there? So that's one area, maybe the Stolen Generation that could be an effect on some people. I guess it's like a spider web really. I guess because of the upbringing they may remember that they were being mistreated when they were kids. So who do you pick on, just like being in the wild, animals pick on the one that's more the weaker in the group?*

*Well we're not animals and some people do act like one, but the choice is theirs and they know they are making the wrong choice, by mistreating their elders or people with disabilities. Half of them think that they're not mistreating; you know that they deserve to get what they want; it's my right for you to get me some money because I'm looking after you in a certain way. I'm family, so you got to give me money, that kind of attitude.*  
(male Aboriginal community coordinator)

*And a lot of them will shut down, won't say anything because they're frightened. They're from the old school, you know where welfare will come in and take everybody away and things like that.*  
(Aboriginal community worker)

## ***Understanding the cycle of life across the generations***

Interviewee 1:

*I know instances in families where the elderly father was a very abusive father. And now he's older there's that built up anger from the children towards him. And he has become physical weaker than them. So we've got to deal with all that issue.*

Interviewee 2:

*I've seen that too where the father has abused his children and then as he's gotten older and now weaker the children have taken over and they are given it back to him. So you did it to us when we were little now it's our turn.*

Interviewee 1:

*When we were defenceless.*

Interviewee 2:

*Yes, now you're defenceless and it's our turn to get back at you. I'm not saying it's right but that's what's happening. Yes, so how you deal with it I don't know. Because you know their getting their own back. (Payback) In their mind they're right because they were defenceless children being beaten and abused.*

Interviewee 2:

*That's right.*

Researcher:

*And in that father's mind does he think that's just how the world is, that might is right?*

Interviewee 2:

*Well maybe he thinks I did wrong and now I am suffering the consequences.*

*I have also seen where families have been fighting and like different family groups have been fighting. It's been generation to generation ok. Now if the older people are still alive well the young generation from this other family are going to pick on the older people because their elders are gone you know. So it's their turn to defend their family honour. It's very complex and it happens doesn't it?*

Interviewee 3:

*Yes.*

Interviewee 2:

*I don't know what the answer is. It's just going on and it's still happening today even with the little ones.*

Interviewee 3:

*It's learnt behaviour. I think the issue like for example, the father who beat the children and as they get older the children beat him. Within the community a lot of people, older people who are aware of it happening in the family don't have a problem with it or think that he's getting what he deserves. Fair enough.*

Interviewee 2:

Yes.

Interviewee 3:

*So you've got to change their way of thinking that no it's actually wrong even though those children copped so much from him what they are doing to him is wrong. Because the cycle has to break somewhere.*

Interviewee 2:

*And two wrongs don't make a right but trying to get that message across. It's very difficult, but I'm not saying it's not possible. I believe it is possible.*

(Focus Group with Aboriginal & non-Aboriginal health worker educators)

## **Continuity**

### **Of workers**

*So there's 5 indigenous workers. And we all do different roles but we all, when it comes, we can all, the word gets out there and we don't have anyone miss out. We always give them opportunity to come in. And we also ask the community every couple of months; we'd have a sort of get together. Find out their needs and if there's a big need well we'll try and apply for funding. If we get funding, then we're going to run the programs. But if we can't, we might get half the funding, we'll cut half, which half do you want to do. We sort of leave it up to the community on what they want us to do.*

(Aboriginal community worker)

### **Of projects and services**

*That group eventually folded at the end of last year, unfortunately. But there was no funding for it. We used to beg, borrow and steal funding and put on grandma pamper day. They got kangaroo stew, damper and you know get their hair cut, and manicures and pedicures. We would also get people from Centrelink and Advocare. And lots of people would be off under a tree getting all sorts of problems solved in that non-threatening atmosphere.*

(non-Aboriginal HACC Coordinator)

*We had a lady who got a Heathway scholarship to run a health program here. That was only for 6 months like most programs. We also have a grandmother's program, but once again, funding runs out. So that would be finished this year as well. So we've got a lot of good programs - employing our local arts and crafts lady and also our resident artist. Once again, funding.* (Aboriginal community worker)

*Really there is nowhere (for Aboriginal health workers) to refer them on. It's more giving them somewhere to refer on that would help (older people) talk really.* (Aboriginal health worker educator)

## **Of commitment**

Interviewee 1:

*They put money in to fund programs, but the program only runs for a short time.*

Interviewee 2:

*(With activity centres for the elderly) need to fund those resources and give both physical and financial resources to those units to really run sustainable programs.*

*They had one in Bidyadanga but it never got off the ground. It was like a big white elephant you know. They had the building and everything and then the funds stopped.*

*No employees, you know, no funds to employ you.*

Researcher:

*So co-ordination of resources is a big issue?*

(Focus Group with Aboriginal & non-Aboriginal health worker educators)

*Funding is the biggest issue that we've got because there's either a 6 month or 3 month term and every time you put in for funding, you have to re-write the program. They will not re-fund the same program and it's like you proved that it's good it should start to become self-sufficient but nothing can become self-sufficient within the first 12 months, it's going to take longer. And because of the dynamics of the families, some of them come from the country and they always could go back. And sometimes they're stuck with the grandkids. They're worried about them, going back and forth to court, other meetings, things like that. So sometimes we just have 2 grandparents. But we still run that program because then it's like well, you know, you're here and you're special so.*

*(Funders) say "you're doing a really good job but we can't re-fund the program sorry, you have to come up with something else" Then you have to re-write something for the same people with a different spin on it.*

(Aboriginal community worker)

## **Enforcement**

### **At a societal level**

*Are the laws strong enough for that prevention and interventions. They need to be in place to actually provide that awareness and support for the older person?* (male Aboriginal health worker)

*We need a system of referrals. If someone has referred that this particular person is being mistreated have they got the power to go out there? If they haven't well maybe there need to be some legislation to come in. Whether it's from Derbal Yerrigan or whether is from police cases well this person is being mistreated. But at the end of the day it's up to the person that's being mistreated. Whether they lay a complaint or whether they go ahead.* (male Aboriginal community coordinator)

*You have this Act that protects or Criminal Code that punishes but it is not all across the board. So for the police, assault on a public officer a maximum of seven years in prison. Are we not public servants? Is attacking your health worker assault on a public officer? Well I believe it is but who enforces it?* (male Aboriginal health worker)

Interviewee 1:

*The punishment needs to be harder. If they knew the punishment was really harsh for doing that I don't reckon they would do it you know.*

Interviewee 2:

*It's also the importance of proving it.*  
(Focus group with Aboriginal & non-Aboriginal health worker educators)

### **At a community level**

*You can sit down (with the Aboriginal community) and develop a whole lot of policy and procedure and you know rules and regulations as to how you look after elderly people. They can take one step further you know and sort of looking at it legally how you could prevent this stuff from happening at home. And how you can support the elder in bringing this sort of thing in the open, because if that sort of thing was going to happen, than at least these people know that there are laws to stop them doing these things, or taking the case.* (male Aboriginal health worker)

Researcher:

*Could systems be set up that are more user friendly for the older people who are being financially mistreated?*

Interviewee 1:

*You have to be careful, because while the son and daughter can abuse their parents if Centrelink start managing their money then.*

Interviewee 2:

*It's like white people telling them what to do again you know, so you have to be very careful.*

(Focus group with Aboriginal & non-Aboriginal health worker educators)

## **At a cultural level**

*First and foremost, I believe you've got to tap into the elders themselves. You know you really should not start anything on behalf of any group in the community unless you actually consult with them.*

(male Aboriginal health worker)

*I think there is a need for a program in Aboriginal organisations like this because it's rife. It needs to be addressed and the most important, is how do we address it? What rules and procedures do we take? They are the two main issues here: you know it's there, but we need to go about it the right way.*

(Aboriginal researcher)

*If it's white health workers, they've really got to walk in our shoes. And do it our way or else they're never going to get anywhere.*

(Aboriginal community worker)

*Cultural awareness probably needs to be promoted in (the Marr Mooditj) kit, because if you know the culture you'll respect the culture, you'll respect your oldies by learning the language, you get back to country, you'll get back to who you are, who you believe in and knowing how you treat people. And by knowing your culture is one of the ways that you'll learn to respect people or you'll earn respect. What's the old saying. "You have to earn respect not buy respect" and earning it is by treating people the way you would like to be treated.*

(male Aboriginal community coordinator)

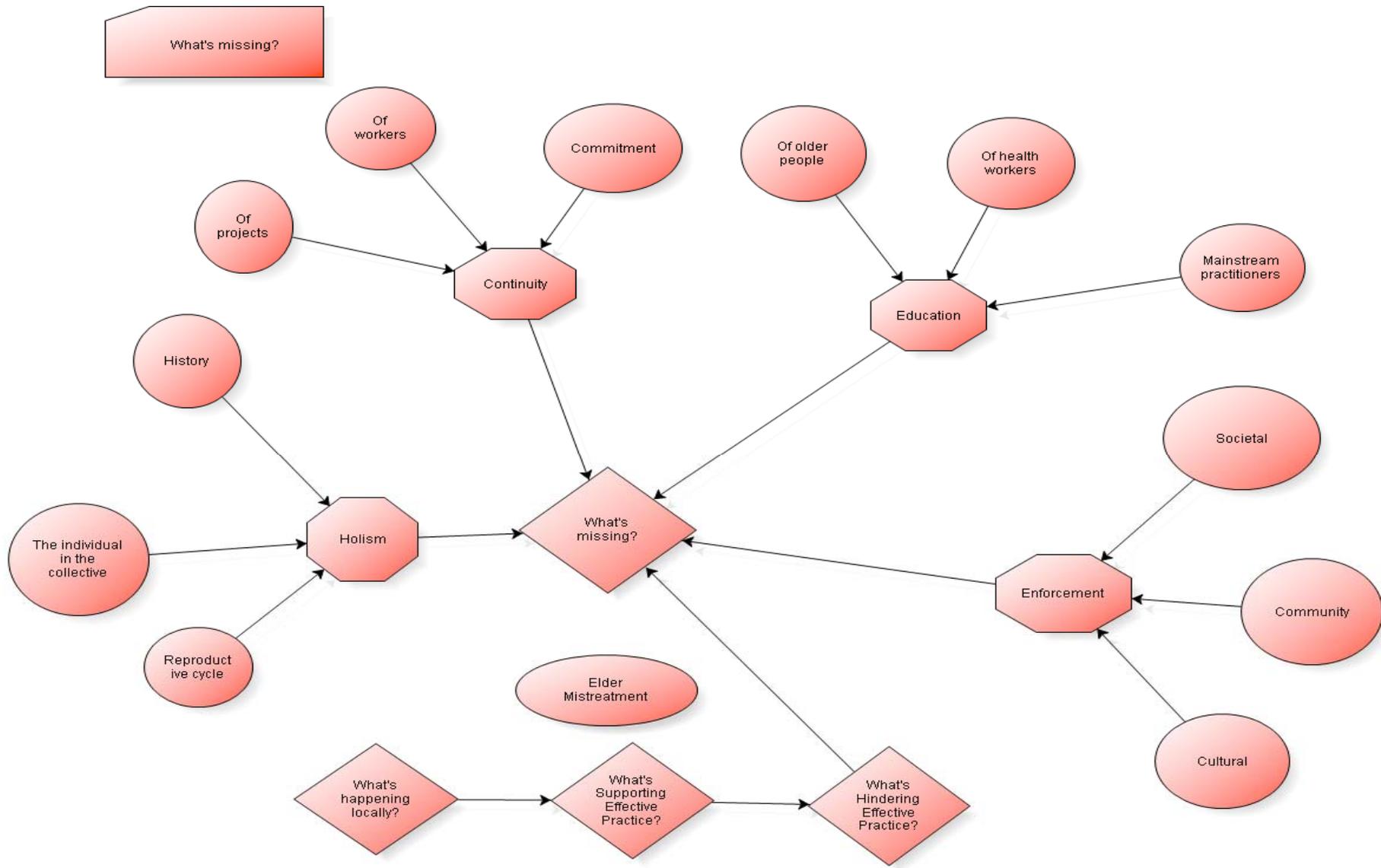


Figure 7: What's missing?

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