

## **On the role of Aged and Disability Advocacy in the NT**

**Presented by Gail Marsh and Lorraine Gibbs, advocates in the Aged and Disability Rights Team (ADRT), part of Darwin Community Legal Service (DCLS)**

- Unique challenges, experiences, opportunities as shown in NT's nicknames: Nature Territory, Nuclear Territory, Not Today: It's a laidback life style.
- We are the advocacy service for older people and people with a disability right across Top End of the NT. Our service includes Darwin urban, regional and remote areas extending from Katherine Region (Jawoyn) in the South to East Arnhem Shire in the East (including Groote Eylandt and Wadeye). We also go to Jabiru, near Kakadu. Jabiru and Kakadu are three hours from Darwin. Katherine and Mataranka are 400 kms. from Darwin. Tiwi is accessible only by ferry/plane
- Recently funded by Commonwealth Department of Families, Communities, Housing and Indigenous Affairs to provide Disability Advocacy for the East Arnhem Shire. The Shire is around 33,000 sq kms with predominantly indigenous population. We hope to employ an indigenous advocate. East Arnhem is two hour plane ride, or a drive, but not in the rain. In the Dry we are busy trying to get to as many places as possible (generally May to October). Once the wet comes we're limited. We can't get to remote places because of flooding. The NT government is aware, but not forthcoming with funds.
- ABS statistics (2005) note 25% of NT population are indigenous. We need to be respectful and sensitive to cultural issues. It's important to visit communities more than once, or you are not seen as credible. It takes time to establish communication and respect which is what we aim to do.
- DCLS and ADRT do not receive any specific funding relating to service provision around abuse of older people. Within our current framework we will work with service providers and other health professionals if we suspect abuse.
- There is no particular service in Darwin that's funded to provide service related to abuse of older people. Our workers cover a range of things, we look at anyone who has a disability, older or younger, anyone receiving commonwealth aged care packages. We do come across abuse of older people.
- We don't have specific funding to work with other agencies. But we do within the limited framework we have, work on issues of abuse of older people, along with the ACAT team and anyone else who is under legislation is

mandated to report any suspicion of abuse, abuse of anyone. We are currently researching the legal needs of older people including issues of financial abuse, advance directives, tenancy, housing etc.

- That's the framework we work in without a whole lot of other services to draw on.
- The Non-Indigenous population of the NT is aging. Dementia, especially in Indigenous communities, hasn't been very well understood.
- The life expectancy of Indigenous people is around 15/20 yrs less than Non-Indigenous people. Health status is a lot worse than the white population.
- Some of the challenges we face are similar in some ways to WA and QLD, but different to the bottom states. Challenges we face are based in community care, both in Darwin and in communities. In the Southern States, if someone goes onto assess a person for a community aged care package, you ask "what do you want done?" And the person says "I'd like my floor vacuumed, I'd like my kitchen cleaned once a week." Up there, we tend to use pictures (showed the Forum pictures of people living in communities) to explain to the person that there is help available.
- They try and get Indigenous workers on their own communities to do the work. It's better received.
- Getting people to provide the service and get consistency around the service is hard. Staff recruitment and retention is an issue for the NT because of the transitory nature of the NT population. In October, the work force is diminishing considerably. As soon as the wet comes and Christmas, everyone goes south. If a person is assessed for an age care package and that might be 7 or 15 hours a week, in reality they might get 4 or 8.
- It leads to carers having to do more work, which can lead to that carer abusing that older person. Not necessarily intentionally, or realising that they're abusing them. For example, a care worker of an older man with a disability got really frustrated because she'd been doing three lots of caring. The other workers hadn't turned up. So she verbally abused him. She came and apologised to us and apologised to him but it was very upsetting.
- The DV services in the NT tell us that they mostly see younger people. Usually women, aged forty and less with children. They don't see a lot of older people. They don't have the resources to provide for the level of care. There are lots of gaps in the NT, in Darwin and beyond in services used to identify and then address issues of abuse of older people.

- For those in Indigenous communities we have to be very mindful of the cultural aspects of what's happening there. What we may consider abuse, they may not. We often have elders in communities saying they want to give their granddaughter \$150 and they want to take it out of their pension. The grandchildren and the children expect that they'll get assistance and help. It's a cultural issue. So we might consider that financial abuse, whilst quite often they don't see it as financial abuse. So, it's a bit of a double edged sword, trying to meet those cultural challenges for people.
- We're involved in a project called the Kimberly Indigenous Cognitive Assessment Tool. The first study was done in WA. 50 Indigenous people were assessed from different communities across the territory. Gail trialled the KICA tool, which is a series of questions and pictures which are identifiable by Indigenous people. And then Dr. Mahajani, the geriatrician for the NT, did her mini mental state exam that she would normally do on non-Indigenous people. It's now being used by ACAT teams right across the territory, the Kimberly's and WA.
- The previous questions used on the mini-mentals exam were questions like "what's your date of birth" and a lot of Indigenous people don't know their DOB. Or "who's the prime minister?" Well, if you're living 647km south west of Alice, you're probably not going to care who the PM is. It was an inappropriate instrument.
- Indigenous people were being diagnosed with dementia that they didn't actually have. And so, that again brings its own challenges. There is a big role in education to be done with Indigenous people because a lot of them don't know what Alzheimer's is. People are likely to get annoyed and mistreat family members because they don't know what they are behaving the way they are.
- Alzheimer's Australia in 2005 conducted study into validation of the Kimberley Indigenous Cognitive Assessment Tool (developed in WA), for use in the NT. Tool was developed because of the inappropriateness of existing screening tools to identify dementia in the indigenous populations. Findings indicated its usefulness for assessment of older indigenous people living in the NT.
- In 2003, we did a Remote Area Advocacy Training Project in Wadeye, Grute Island and Alingula, the purpose was to better equip indigenous community members to advocate for themselves (report available from our office).
- A lot of the people we worked with were older, very strong and empowered women. So we weren't going in as the expert and telling them how to identify issues. They can understand the causes of things and then identify issues of abuse, harm, whatever else came up.

- In 2006, we did some training on Bathurst Island for Cert 3 in aged care. 5 of 6 students are still working in the facility, looking after their own people. Their elders are really happy.

It's much more culturally appropriate for them to have people from their own communities working with them. We would like the information about abuse, older people or otherwise, to come through that channel, rather than us making an assessment which might not fit with what's been happening for them.

**Questions: Is the third person on your team of three an Indigenous person?**

- No, we've been trying to attract an Indigenous person. The two other advocates were Indigenous but they've since left and moved on. As they've gotten skilled up they've moved onto bigger and better things. We're hoping in the East Arnhem project we'll be able to attract someone because of the larger population over there. That's where the worker would be based.

**Does mandatory reporting of DV cover the people that you work with?**

- NT recently enacted legislation to introduce mandatory reporting of domestic violence. It's not specifically elder abuse.-It's only very new legislation, so we are yet to see how people are responding to it. Time will tell as to the effectiveness.
- How it will affect people who want to manage the violent situation they are in. Whether or not they want someone else to say someone's being beaten up when that might not be the case. They may already have a strategy in place that mandatory reporting doesn't take into account.