

# GROWING OLD IN KEMPSEY:

ABORIGINAL PEOPLE TALK ABOUT THEIR AGEING NEEDS

 **MORETON**CONSULTING  
WORKING TOGETHER TO MAKE A DIFFERENCE



With permission



***Moreton Consulting sincerely thanks the people who participated in this project for being honest and willing to talk about the reality of their lives as Aboriginal people. This report is their story.***

***We pay our respects to the Dhungutti<sup>1</sup> People and Elders past and present. We also pay our respects to all of the Aboriginal and Torres Strait Islander peoples living in the Kempsey area and the many people who are working together for change.***

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This report was authored by Kerry Pearse, Sandra Avuri and Ken Craig of Moreton Consulting Pty Ltd in June 2016, in collaboration with the local Kempsey project advisory group including: Uncle Bob Mumbler; Uncle Bluey (Harold Smith); Ngaire Matthews; Uncle Ken Dickson; Tim Agius; Richard Campbell; Deby Dunn-Lloyd; Narelle Cochrane; Ro Stirling-Kelly; Alex Webb; John Clancy; Kelly Stronell; Deb Thompson; Robyn Sealy and Faith March.

It was funded by the NSW Department of Family and Community Services and commissioned by the North Coast Ageing Strategy Task Group.

July 2016

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<sup>1</sup> Dhungutti spelling as requested by the Dhungutti Elders Council

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# EXECUTIVE SUMMARY

The NSW Government North Coast Ageing Strategy was finalised in February 2014. The aim of the Strategy is to identify population ageing issues impacting upon the North Coast of NSW and agree a joint plan of action.

The North Coast Ageing Strategy Task Group oversees the implementation of the Strategy and is responsible for the development of action plans to deliver the Strategy. One of the early priorities of the Task Group was to seek more information about the ageing needs of Aboriginal people on the North Coast. For this reason, the Task Group decided to commission a small pilot consultation with Aboriginal people living in Kempsey.

This project is timely. A report recently released by Dr Andrew Taylor, a demographer at Charles Darwin University indicates that improvements in Aboriginal and Torres Strait Islander life expectancy is expected to significantly increase the number of Indigenous seniors over the next ten years. There are currently 51,303 Indigenous Australians aged over 60. By 2026 it is expected that this figure will read 89,495.<sup>2</sup>

The Task Group engaged Moreton Consulting Pty Ltd, a small Aboriginal majority owned consulting company, through the NSW Department of Family and Community Services (NSW FACS) to explore these issues and undertake the consultation.

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<sup>2</sup> Growth in aged Indigenous populations ‘unprecedented’, care system ‘faces challenges’. ABC News 3/7/2016

## What we did

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A local advisory group of Aboriginal people, mainly from relevant services, was set up to co-design and oversee the consultation. 30 Aboriginal people were interviewed across nine locations in the Kempsey district. In addition, 14 people from the 9 services on the advisory group were interviewed.

The interviews were analysed and the issues raised by participants have been reflected in this report.

*Some of the people at the Advisory Group Meeting in Kempsey on 9 April 2016*



# The headlines

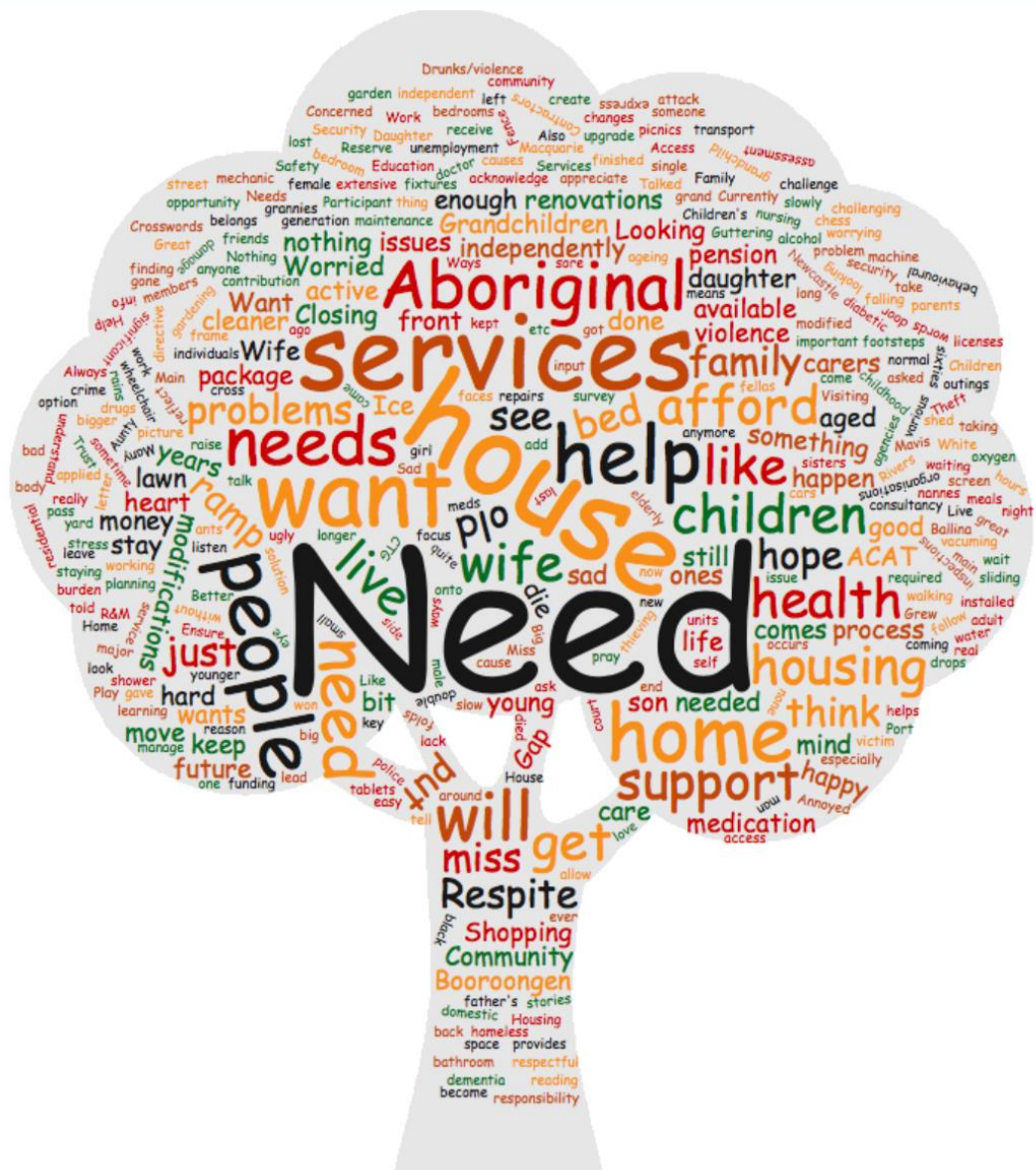
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The main headlines are that:

- Most people started to feel and identify as old during their 40s through to the mid-50s;
- Most people are living under significant financial pressure;
- Most people are concerned about their health yet seem to be accessing few services;
- Housing is a major concern in relation to the need for modifications to create healthy homes for older tenants. A number of participants also raised the need for urgent repairs and maintenance;
- Lack of transport is a major challenge – particularly for those living in coastal or inland areas;
- One half of participants are raising their grandchildren and/or other young family members and they worry about the impact on these children as they age; and
- Community safety and the impact of drugs, alcohol and violence are all a concern.

The women and men who participated in this project are truly inspiring. The stories of peoples' lives were often full of trauma, disadvantage, chronic illness and hardship. Yet nearly all demonstrated enormous resilience, tremendous achievements, positivity and an absolute joy of life.

This word tree is a summary of the words frequently used by the interview participants. It gives a good sense of the themes and issues discussed.



# BACKGROUND

## Purpose of this project

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This project is intended to inform the North Coast Ageing Strategy about the lived experience of Aboriginal people in Kempsey as they age.

This report plays back the experiences of 30 Aboriginal people living in the Kempsey area, providing a rich and local overview of the issues. It will help the North Coast Ageing Strategy Task Group develop a deeper understanding of the issues impacting on Aboriginal ageing and help inform service delivery planning. The report is also being provided to agencies that participated in the project and it is hoped that they will also find it a useful tool for planning and advocacy.

This small consultation was intended to seek the views directly from Aboriginal people living in the Kempsey region and its focus is on qualitative data. Analysing quantitative population, health and service data was not in-scope for this project although some references to supporting documents have been made. Similarly, the point of this project was to reflect back the experience of Aboriginal people living in Kempsey rather than making recommendations for the future.

## RELEVANT RESEARCH

A web-based review of academic databases indicated that there is only a small body of research on Aboriginal ageing nationally and no publicly available relevant local information.

The research most frequently referenced in the desktop review is the Koori Growing Old Well Study (Neuroscience Research Australia, n/d) which is led by Professor Tony Broe. The Koori Growing Old Well Study aims to determine: the prevalence and potential risk factors for dementia in urban Aboriginal settings

and to build capacity in dementia knowledge in Aboriginal communities and researchers.

The study is funded by the NHMRC and it commenced in July 2008 following consultation with Aboriginal communities and Community Controlled Organisations across NSW. Partnerships were developed with five city and regional NSW Aboriginal communities (La Perouse, Campbelltown, Kempsey, Nambucca, Coffs Harbour) to undertake a rolling census of all Aboriginal people aged 60 years and over currently living in each participating community within defined local government areas. Durri Aboriginal Medical Service in Kempsey is one of the partners in the study.

This significant research project has started to publish findings which make a major contribution to the emerging knowledge about Aboriginal ageing. The Koori Growing Old Well Study is an important reference for the North Coast Ageing Strategy Task Group and local Kempsey services.

## The consultation methodology

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The consultation approach drew on elements of Participative Action Research and Phenomenology – both qualitative research methodologies which prioritise the lived experience and knowledge of participants. The process was also informed by the Australian Institute of Aboriginal and Torres Strait Islander Studies Guidelines for Ethical Research in Australian Indigenous Studies. Framework analysis was used to make sense of the data.

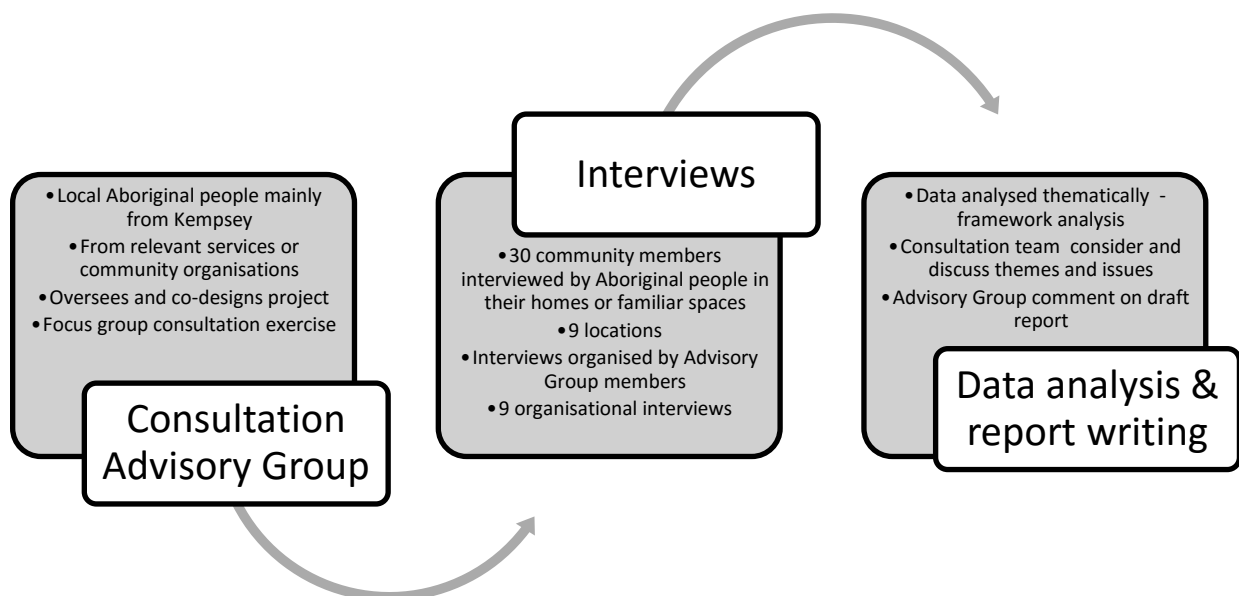
A cross cultural team of Ken Craig, Gumbainggirr man, Sandra Avuri, a Murri woman who has been living on the north coast for many years, and Kerry Pearse, a founding Director of Moreton Consulting was established. The team had one round of individual meetings with 9 Aboriginal people from relevant agencies in Kempsey to brief them about the project and invite them to join a local advisory group.

The role of the advisory group was to oversee the consultation and co-design the consultation approach. Terms of Reference were developed and agreed.

17 Aboriginal people from 11 relevant services and community organisations joined the advisory group. The Kempsey Local Decision Making Network being established through OCHRE (the NSW Government's Plan for Aboriginal Affairs) would have been approached to guide this project, however it had not yet been set up.

The consultation was co-designed with Aboriginal community members through their involvement in the advisory group, to ensure that the project would benefit community members as well as provide quality information for the North Coast Ageing Strategy Task Group. The community benefit is in the form of making this report available to participating organisations as a useful planning and advocacy tool. A report summary has been prepared and provided to project participants. Interview participants were also provided with a list of services to contact if they wanted to seek services and support following the discussions. In a small number of cases issues raised by participants were followed up directly with the service provider with the participant's consent.

### Consultation Approach



## DATA ANALYSIS

A framework approach was used to analyse the data. All community members were interviewed by an Aboriginal consultant, following a semi-structured interview approach with agreed questions. Interview notes were taken on a standard template. These notes were then analysed for issues which were identified and grouped into themes. A framework of issues and themes was then developed. If a participant identified a particular issue it was noted under the relevant theme. The frequency of references to issues was not documented – the intent was to capture thematically the breadth of issues raised and the number of interview participants who raised them. This information was then converted into graphs.

Much consideration has been given as to how to present the data while maintaining the privacy and anonymity of the interview participants. The report is being provided to organisations and individuals who participated in the consultation. Many families and social groups across the community are connected and presenting the data in a way that protects individual privacy is critical. The use of framework analysis and presenting the issues raised in graph form, rather than through the use of case studies, is intended to ensure that participants' privacy is protected.

## Who participated?

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The advisory group members decided that the consultation should be based on a series of semi-structured interviews with individual community members across the nine key communities throughout the Kempsey region. In order to maintain privacy and confidentiality the data from these locations has been grouped according to town, coastal and inland locations. Although every effort was made to enable a gender balance, 63% of the participants were female.

### Consultation participants by location and gender

Location	Grouping	Male	Female	Total
South Kempsey	Town	4	5	9
West Kempsey	Town	2	2	4
Booroongen Djugun	Town	1		1
Bellbrook	Inland	1	2	3
Burnt Bridge	Inland	0	2	2
South West Rocks	Coastal	0	3	3
Hat Head	Coastal	0	3	3
Stuarts Point	Coastal	0	1	1
Crescent Head	Coastal	3	1	4
<b>Total</b>		<b>11 (37%)</b>	<b>19 (63%)</b>	<b>30 (100%)</b>

In summary, 14 participants were from town; 5 participants were from inland locations and 11 participants were from coastal locations. Moreton Consulting is deeply grateful to the interview participants for telling their stories and hopes that in the telling these stories, change will come.

## PARTICIPATING ORGANISATIONS

The members of the advisory group also participated in interviews to provide additional insights from an organisational perspective. The following 9 organisations were interviewed:

Booroongen Djugun Ltd, the Dhungutti Elders Council; Durri Aboriginal Medical Service; Kempsey Local Aboriginal Land Council; Mid Coast Communities Ltd; NSW Mid North Coast Local Health District; Thunghutti LALC and Many Rivers Regional Housing Services.

## Informed consent

The advisory group members coordinated interviews locally and briefed people who were interested in participating. Interview participants were fully briefed about the project before the interview as well as being provided with a leaflet describing the project and a consent form. All participants signed a consent form.

## Interview Questions

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The interview questions were largely informed by the work of the advisory group who workshopped key issues and possible questions. Ageing is sensitive and the questions were carefully structured to provide opportunity for discussion by participants in a way that was culturally safe and respectful. **The list of the questions are at the end of this report.**

## Recognition

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The advisory group members co-designed and actively supported this project by contributing their time, knowledge, advice, insights and networks. Their involvement has been fundamental to the success of the project. We cannot thank them enough for their generosity and active participation. We hope that this report will be useful in their own planning, service delivery design and advocacy.

We recognise and thank the following people and organisations for their involvement in the Advisory Group:

Uncle Bob Mumbler, Uncle Bluey (Harold Smith) and Ngaire Matthews – Dhungutti Elder’s Council; Uncle Ken Dickson – Dhungutti Elders and Kempsey LALC; Tim Agius – A/g CEO Durri AMS; Richard Campbell – Thungutti LALC; Deby Dunn-Lloyd, Narelle Cochrane and Ro Stirling-Kelly – Mid North Coast Local Health District; Alex Webb, John Clancy and Kelly Stronell – Many Rivers Regional Aboriginal Housing Management Services; Robyn Sealy and Faith March – Booroongen Djugun; and Deb Thompson – Mid Coast Communities.

We also thank Mavis Symonds from the South Kempsey Family and Community Centre for her participation, advice and for organising interviews in South Kempsey.

## Structure of this report

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There is very little information available about the ageing needs of Aboriginal and Torres Strait Islander people. This is surprising given that Aboriginal people's health and lifespan today is much the same as it was for non-Indigenous Australians 60 years ago (Broe, et al., 2015).

It is hoped that this report will help policy makers and service providers develop a deeper understanding of the lived experience of Aboriginal people in Kempsey as they age and continue to work towards closing the ageing gap.

This report is structured around five key sections. The first section looks at how age in an Aboriginal context, the second looks at how things are now. The third section looks at the hopes and fears that participants have now and for the future. The fourth section is a discussion about services and the last section reports on organisational perspectives.

# 1. HOW OLD IS OLD?

## Age and Kempsey

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*‘Commonly, Aboriginal communities have a lower proportion of people aged over 65, due in part to a shorter average life-span.*

*This is an indication of poverty and ill-health. Having fewer elders has many effects on a community and its development.’*

(NSW Government Education: Aboriginal Affairs, 2015)

The NSW life expectancy for Aboriginal males is 70.5 years – 9.3 years less than non-Aboriginal males in NSW. The life expectancy for NSW Aboriginal females is 74.6 years – 8.5 years less than non-Aboriginal females. (North Coast Primary Health Network, 2016)

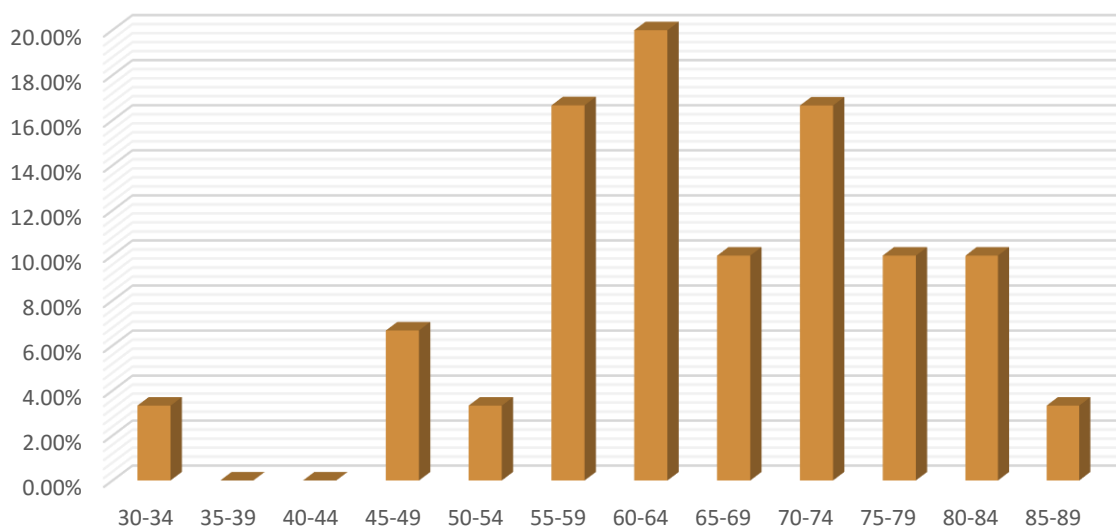
There were 3,116 Aboriginal and Torres Strait Islanders in Kempsey counted in the 2011 Census – 11% of the population. The median age of the Aboriginal population was 21 years versus 38 years for the broader community. At the time of the census, only 122 people were aged 65 years or above and there were significantly more females than males among those aged 50 years and older. (NSW Government Education: Aboriginal Affairs, 2015)

# The age of consultation participants

The project did not specify an age to determine who could participate in the interviews. This was because Aboriginal people age younger than the general population. It was for this reason that the advisory group wanted people to self-select to participate based on their own sense of ageing and their needs.

29 out of the 30 participants identified as older, with the remaining participant being the carer of an aged person.

**Graph 1: Age of participants**

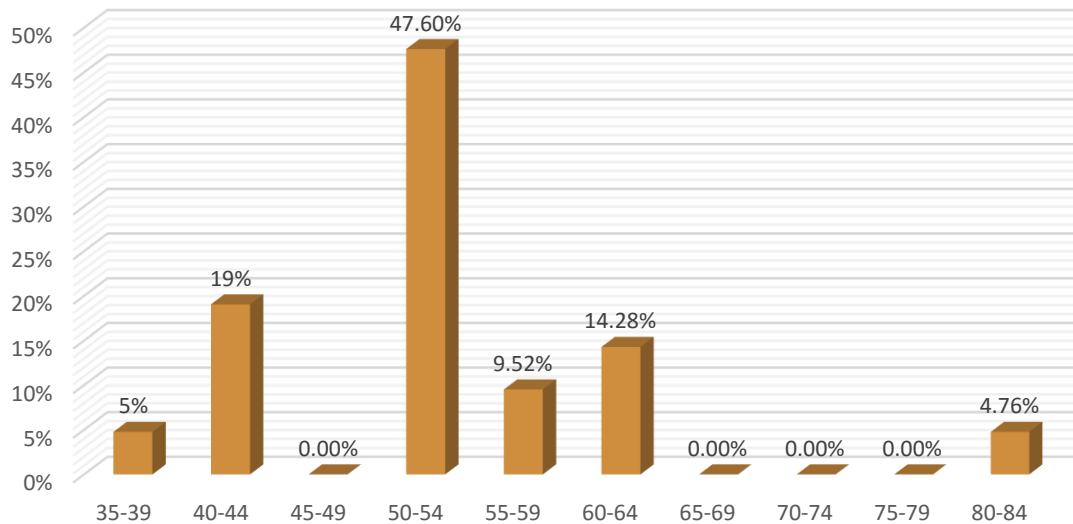


*Note the 33-year-old carer is included in this graph.*

The people who self-selected to participate in the consultation range from 45 to 86 years of age (not including the carer), with half of the participants being over 65 years of age. Of those under 65, most were between 55 and 64 years of age.

Perhaps even more compelling is that most participants first felt old before they were 55 years of age as shown in the graph below.

**Graph 2: When Participants First Felt Old**



Being old at such a young age compared to the rest of the general community raises service delivery and policy challenges. The early ageing of Aboriginal people is partly recognised by Government. For example, the Australian Institute of Health and Welfare defines older Aboriginal and Torres Strait Islander people as being 50+ (Australian Institute of Health and Welfare, 2011) and people aged 50+ are eligible for Aboriginal home care services and Aged Care Assessment Team (ACAT) packages. However Aboriginal people remain eligible for the aged pension at 65.

Closing the life expectancy gap within a generation (2031) is also a key target in the Closing the Gap reforms <sup>3</sup>

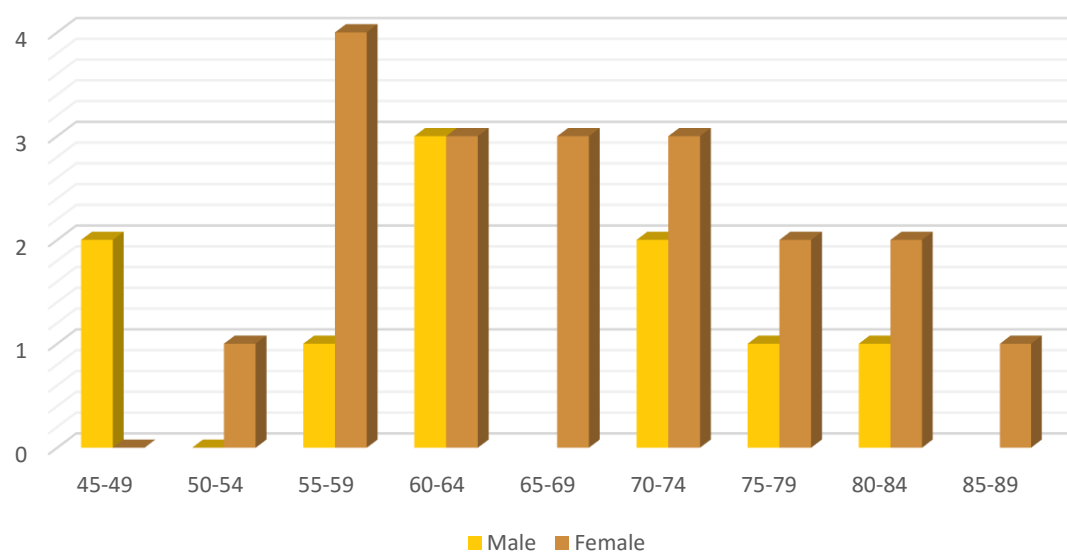
It is anticipated nationally that the number of older Indigenous people (age 55+) will more than double between 2006 and 2021 (Broe, et al., 2015). This has significant implications for the provision of culturally safe and competent services and support for Aboriginal people both now and into the future.

<sup>3</sup> Council of Australian Governments (2009) National Indigenous Reform Agreement (Closing the Gap). Canberra. COAG.

On a hopeful note, Aboriginal people who do reach old age such as those 75+ have a life expectancy close to that of non-Indigenous Australians. (Broe, et al., 2015)

There were more women than men in most of the age groups as shown in the graph below. Interestingly this is consistent with the age demographics from the 2011 Census.

**Graph 3: Participants by Age and Gender**



## UNCONSCIOUS BIAS

It is important that non-Aboriginal readers are aware of their own mental models in relation to ageing. For many people, reading about older people often is considered in the context of thinking about people in their late 70s, 80s and 90s. For this reason, the report mainly refers to participants and Aboriginal people, rather than older Aboriginal people. This reflects the reality that many Aboriginal people age young.

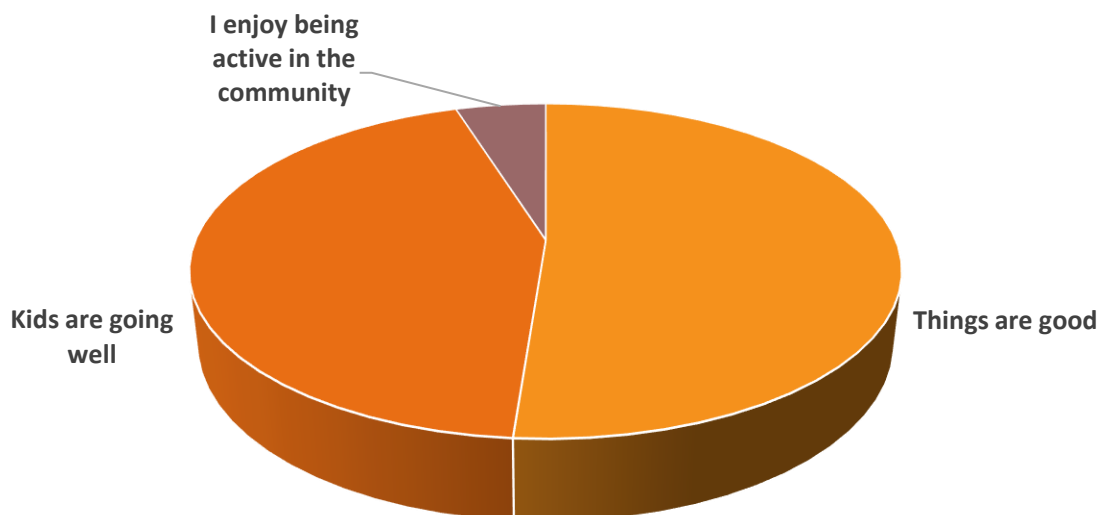
## 2. HOW THINGS ARE NOW

### It's not about me it's about us

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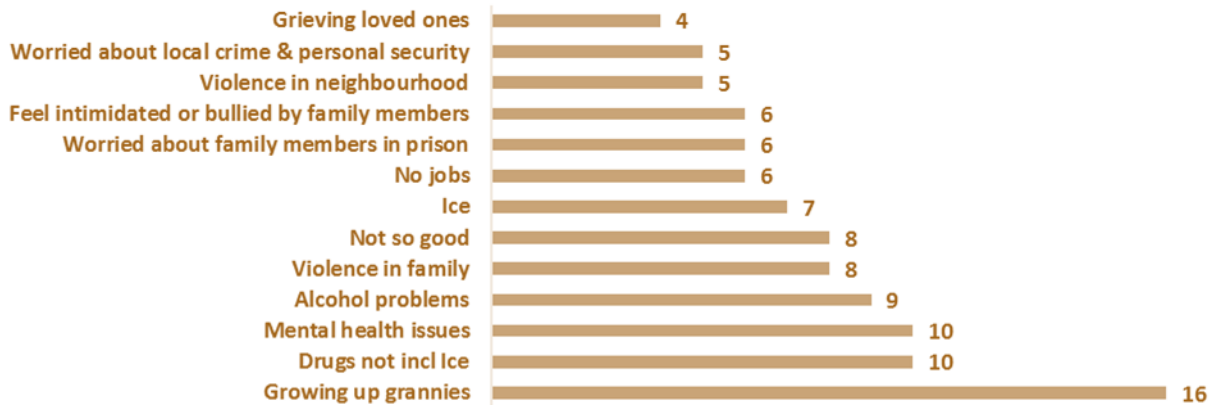
One of the common themes across the interviews was the importance of family. Many participants reported that what is happening in the family is of critical importance and shapes their day to day lives. When asked about how their families are going, most people said that things are good.

***Graph 4: How is your family going? (Strengths)***



Yet many went on to describe the significant challenges they and their families are facing.

**Graph 5: How is your family going now? (Challenges)**



Family relationships are critically important to Aboriginal people and they extend beyond a nuclear family focus. They are broad and complex with many mutual responsibilities across the generations and between parents, grandparents, siblings, cousins, nieces and nephews and aunts and uncles. Mutual responsibilities extend to financial and non-financial resources and the responsibility for caring for and growing up children. Sometimes grandparents step in to grow up the grandchildren, for example as a result of the impact of drugs, alcohol, violence and mental health issues on the parents.

17 (57%) participants mentioned the impact of drugs on their families, with frequent references to Ice. Mental health concerns and alcohol problems were also raised by one third of participants. 6 (20%) of participants talked about situations in which they feel intimidated by family members.

The day to day lives of Aboriginal people need to be understood through the lenses of dispossession, loss of culture and language, racism, poverty, social disadvantage and the ongoing impact of intergenerational and current grief and trauma. These pressures and traumas are the day to day impact of the social, health and economic realities experienced by Aboriginal families. Despite this Aboriginal families and communities, language and culture survive and thrive.

## The importance of culture

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Some participants talked about their commitment to supporting young people and sharing their knowledge and cultural pride. Two organisations also discussed these issues during their interviews. This included the link between involvement with culture and social and emotional wellbeing. They spoke about the need for a greater focus on cultural programs to strengthen whole of community wellbeing and involve Elders and older people to share their knowledge and lived experience.

The importance of older people as custodians of knowledge and experience that will help the community and organisation to continue to develop was also discussed.

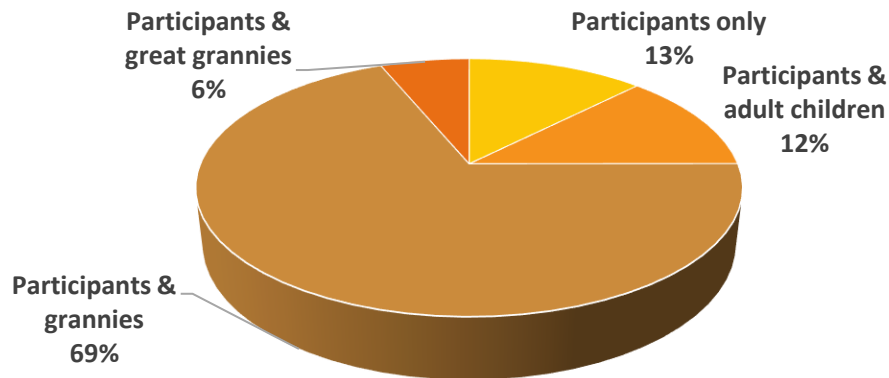
## Growing up children

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16 (53%) of participants talked about their responsibilities as carers for young children, usually grandchildren, great grandchildren or nieces and nephews, referred to in this paper as 'grannies'. ('Grannies' is the term often used to describe these children.) Participants discussed a variety of caring arrangements that are in place.

Sometimes the children are living with their grandparents, as are their parents. In these situations, there are three and sometimes four generations of people living in the same house. Other times the children live with the grandparents without their parents. In other situations, the grandparents have a high level of responsibility for parenting without living with the children.

**Graph 6: Household Profile by Generation - 16 participants**



Questions about relationships were not directly asked and the information was volunteered during discussion. However, the role of the child protection system was only mentioned once and it seemed that many of these arrangements are informal. Some participants talked about their feeling that their adult children were lost to them through the impact of drugs, alcohol, violence and sometimes prison. They wanted to do everything that they could to give their grandchildren the best possible start in life.

The significant financial and health impacts of caring for grannies was also frequently mentioned.

The impact on older Aboriginal people of growing up young children was also raised during the organisational interviews. One of the hidden impacts is the lack of carers for older people in those families where the adult children are not able to actively contribute to family life. In many of these situations the grandparents are bringing up the grannies at a time when they need additional carer and/or caring support themselves.

**However, it was clear that the relationship with their grannies was extremely important to the participants. Most participants said that these relationships add meaning to their lives and that it is these relationships that keep them going. Although it was clear that raising grannies puts a lot of pressure on older**

**people, this was also seen by participants as a joy and strength. Some said that it makes life worth living.**

The immediate question for policy makers and service providers is how can Aboriginal people be best supported to care for their grannies without jeopardising their own health and wellbeing.

The longer term challenge is for Aboriginal communities and society more broadly, to jointly invest in healing and trauma-informed early intervention and prevention support, to tackle the social and economic disadvantage which leads to these family care arrangements.

## Safety and wellbeing

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***“Need something for young ones to do – not follow in big fellas footsteps – drugs and alcohol etc. It's really sad.”***

Some participants raised a number of safety and wellbeing concerns both in relation to their family and the nearby community (Graph 5). The impact of drugs was discussed by 10 (33%) people. The drug Ice was also mentioned separately by 7 (30%) people as being a major concern. Some participants were concerned about violence in the community and sometimes the family. Others were also worried about family members in prison.

6 people talked about feeling intimidated or bullied by family members, often in the context of the impact of drugs on the family. 2 participants talked extensively about previously being the victims of domestic violence and how this has affected their health and wellbeing as they age.

Organisational participants also raised concerns about the impact of drugs and alcohol. Damage to rental houses as a result of Ice related incidents has been raised as a serious concern by one organisational participant.

Dispossession, intergenerational trauma and ongoing grief and loss as well as lack of opportunity, poor education outcomes and unemployment can lead to the breakdown of healthy family and community relationships. Some participants are navigating these tensions and traumas every day.

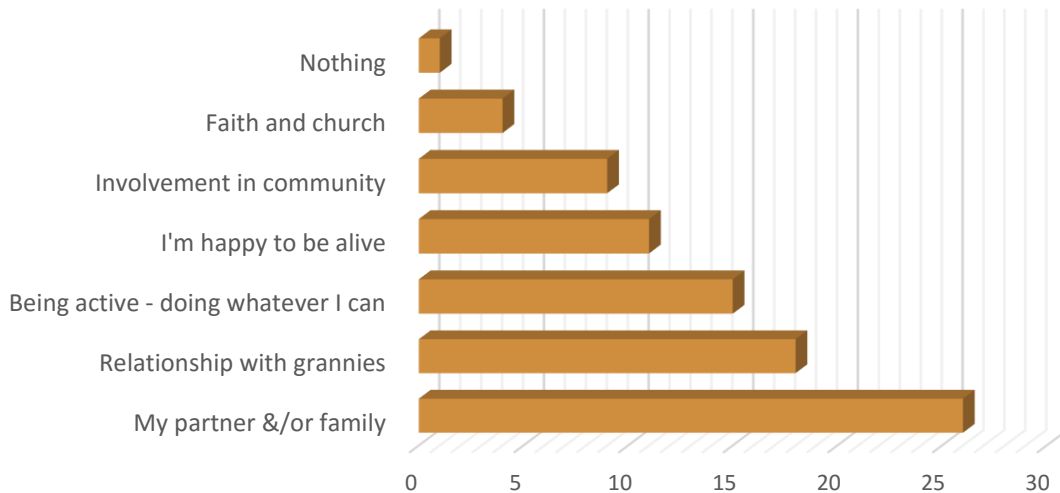
## Resilience and Strength

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The people we spoke with described periods of significant chronic illness, family hardship, ongoing grief and trauma, including the impact of youth suicide, violence, community safety concerns and financial, housing and transport issues. Yet most maintained optimistic and positive outlooks and engagement with life, their families and community.

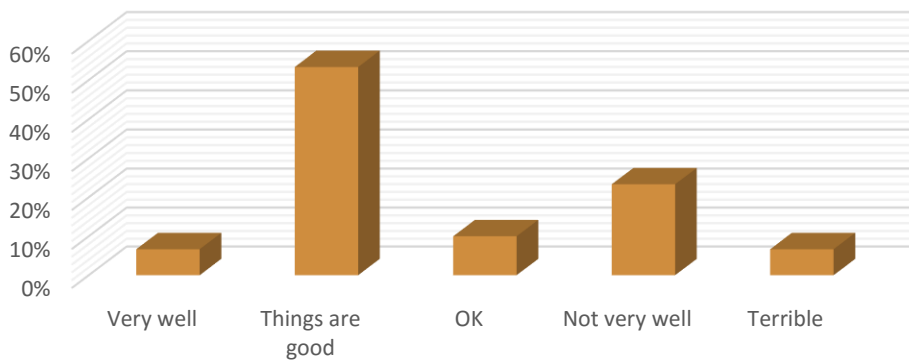
***I like to keep my mind active. I do a bit of reading and cross words. Crosswords challenge the mind. I keep active. I play chess. I work on cars for an old man – I am a bit of a mechanic.”***

**Graph 7: What makes your day meaningful / what's good about life?**



Given the pressures and issues canvassed in this section of the report, it is interesting that when first asked, overall most participants said that things are going ok. This largely reflects the resilience and strength of these inspiring participants.

**Graph 8: How are you coping?**



Most people said that things are good, with 21 (70%) participants coping ok or above. The remaining 30% who were not coping very well were mainly living in coastal areas. Overall men indicated that they were coping better than women.

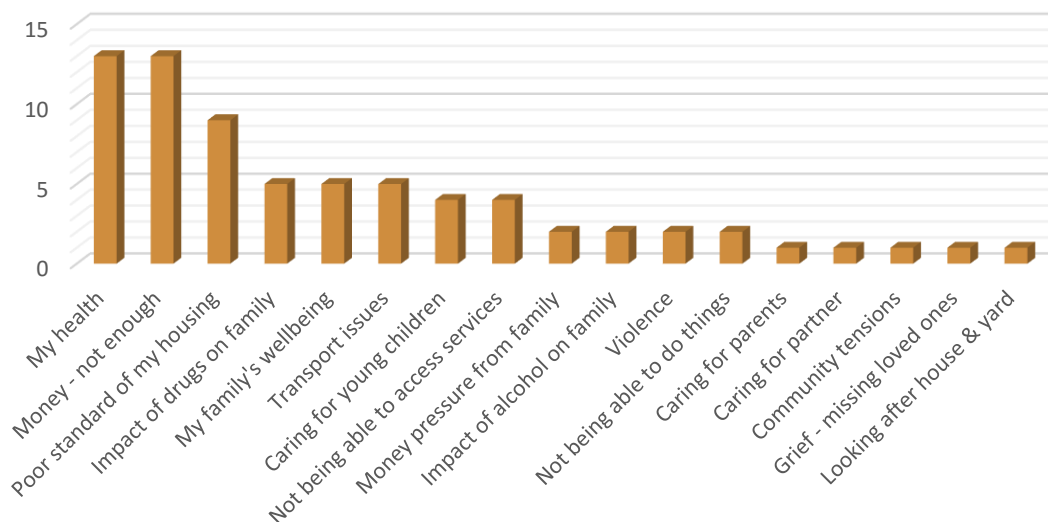
However, as discussions continued participants raised a number of concerns and issues that indicated that they were facing significant pressures, notwithstanding their resilience and positive outlook. It is very unlikely that these concerns would have been raised if the interviewer had been non-Aboriginal or if the interview had been rushed.

### 3. HOPES AND FEARS NOW AND FOR THE FUTURE

*Health, money and poor standard of housing were the three top themes identified by participants as concerns for the future.*

Participants were asked to prioritise their top three worries for the future, following a free ranging discussion on what about getting older worried them. The following graph shows the range of issues identified during the interviews, prioritised according to the top three priorities. The graph shows that 12 people rated health and money as their top two priorities. With 9 people rating housing in the top three. There was little agreement on the remaining issues with responses being scattered across them. The graph gives a good overview of the concerns facing the participants now and as they look into their futures.

**Graph 9: Top three worries for the future**



# Health

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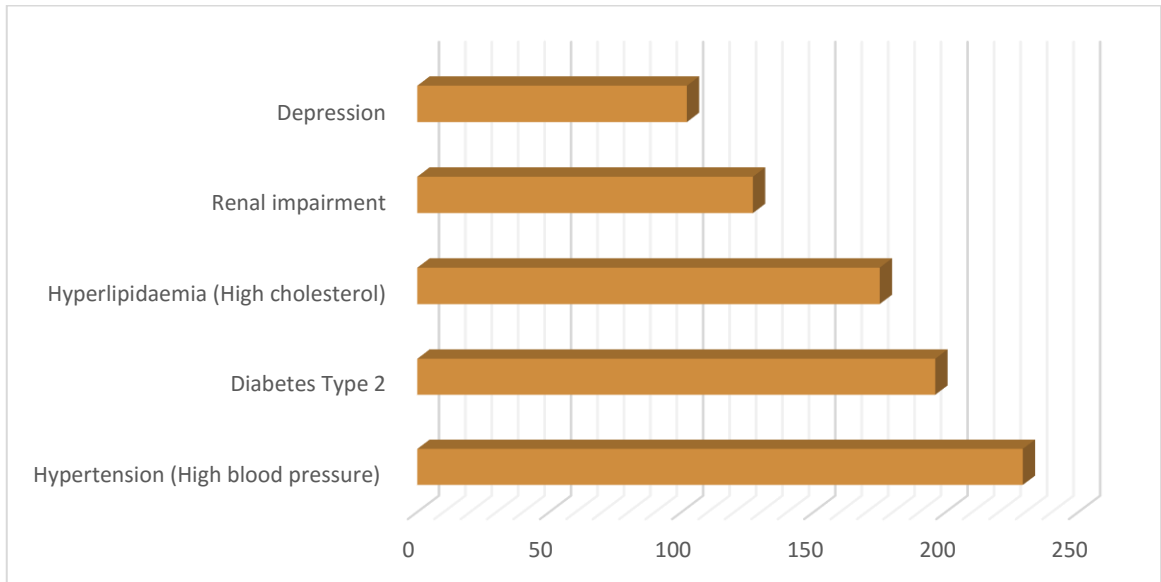
A number of the participants discussed chronic health conditions which is not surprising given the poor health outcomes of Aboriginal people on the North Coast (North Coast Primary Health Network, 2016) and the chronic burden of disease experienced by many Aboriginal people. 9 (31%) participants mentioned that they suffered from heart disease and 4 (14%) mentioned that they are diabetics. For many people the time when they first felt old related to a serious medical event, such as a heart attack.

There was also some discussion about dementia, the challenge of caring for partners with dementia and the impact that this has on the family. The rate of dementia in Aboriginal Australians is three times as likely as that of the non-Indigenous population. There is emerging research which suggests that dementia may be related to social determinants, that is, the lived experience of people earlier in life. (Neuroscience Research Australia, 2013)

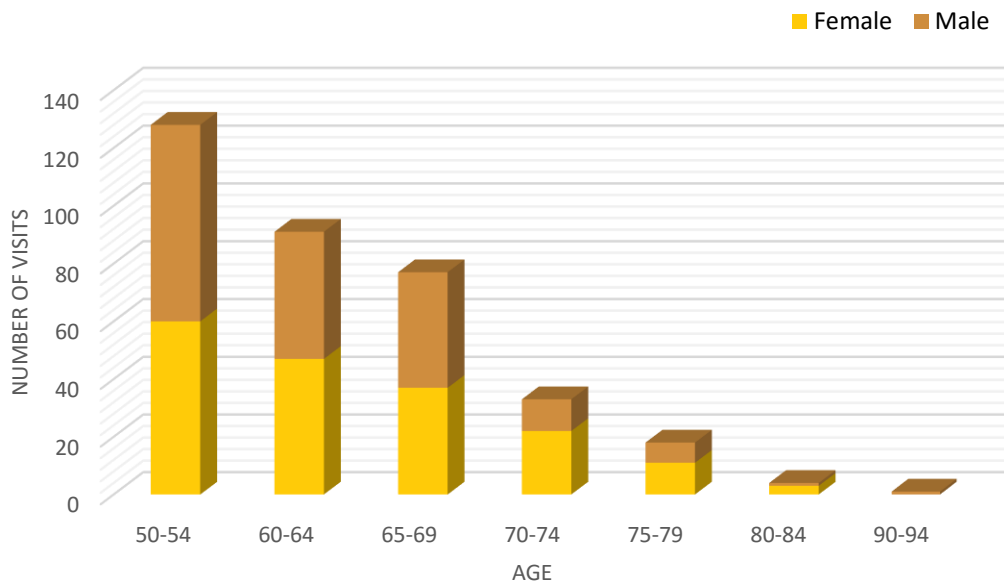
10 (33%) participants also raised social and emotional wellbeing concerns, including mental health issues, on their families. (Refer Graph 5)

Durri Aboriginal Corporation Medical Service (Durri AMS) is a member of the project Advisory Group. They have provided the following data for this report which gives an overview of the top disease cases for people 50+ using Durri AMS over 12 months, as well as a gender and age breakdown from May 2015 to May 2016.

**Graph 10: Count of disease cases for people 50+ – Top 5. Durri AMS. 12 months to May 2016**



**Graph 11: Durri AMS Visits 50+ 12 months to May 2016**



Health concerns were often mentioned in the context of housing. Three participants described maintenance issues related to their homes, such as extensive white ant damage, and the health and safety risks that this causes, given specific medical conditions such as arthritis.

Aboriginal health workers raised concerns about increased hospital readmissions because Aboriginal people are sent home to situations that are not suitable – for example damaged flyscreens which enable mosquito and fly infestations which then infect wounds.

## CLOSING THE GAP CO-PAYMENT SCHEME

***If Closing the Gap folds, how will we afford our medication cause I'm on 5 tablets to slow down my heart and I can't afford it.***

A number of participants mentioned the Closing the Gap PBS Co-Payment Scheme which subsidises the cost of medicines for Aboriginal people living with, or at risk of chronic disease. They talked about how they rely on this scheme and how concerned they are that it could be withdrawn.

## Money worries

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Discussions about money were not specific, although overall money worries were an equal top priority with health concerns. This is not surprising given the poverty experienced by many Aboriginal Australians.

In 2011 the average income of Kempsey's Aboriginal households was about \$904 a week. This was 27% less than the average for Aboriginal householders in NSW and 9% less than the average of Kempsey's non-Aboriginal householders. Half

the Aboriginal householders in Kempsey received less than \$700 per week. (NSW Government Education: Aboriginal Affairs, 2015)

3 people spoke about work and being employed, either in full time or part time roles. The remainder of the participants are most likely to be receiving some type of Centrelink benefit.

The sense of mutual responsibility to family members combined with the high proportion of Aboriginal people who are raising their grannies creates additional financial pressures. As previously mentioned, just over 50% of participants indicated that they have significant involvement in raising their grandchildren, or other young family members and 69% of participants indicated that there are 3<sup>rd</sup> generation family members living with them.

It is possible that many of these caring relationships are informal and it is unclear what the financial implications of this is. For example, it is not clear how many people were receiving financial contributions from the children's parents or if the responsible carer is always receiving Family Tax Benefit and other relevant allowances. Additionally, 7 (23%) of participants talked about financial pressure from families as an issue that worries them. Further, 79% of participants are either the head tenant (72%) or home owner (7%) which means that they are legally responsible for rent and related housing costs.

Difficulty paying water and power bills was raised by one of the organisational participants who indicated that they had seen a number of households struggle to pay off large electricity bills. As mentioned previously, a number of participants mentioned how much they rely on the Closing the Gap Co-Payment for PBS medications.

## Housing

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Housing related issues were raised by most participants at some point during the interviews. In 2011 65% of Aboriginal households in Kempsey were living in rented dwellings; and 30% were either buying or owned their own homes. This

compares with 74% of non-Aboriginal households in Kempsey who were buying or owned their own home.

243 (23%) Aboriginal households were living in public housing in 2011 and the median weekly rent paid by Aboriginal households in 2011 was \$178. (NSW Government Education: Aboriginal Affairs, 2015)

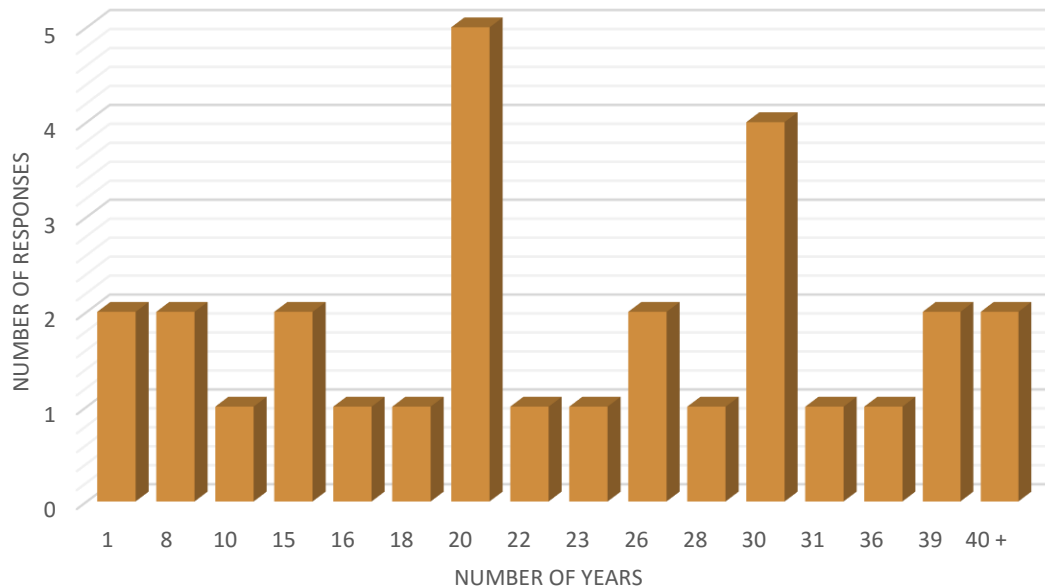
## HOUSING CHARACTERISTICS OF PARTICIPANTS

27 (90%) of the participants are living in social housing with 2 (6.6%) being home purchasers or owners. 1 participant is homeless, moving between relatives while waiting for public housing over the previous five years.

20 (72%) people living in social housing said that they are the main tenant. This means that two thirds of the people who participated in the consultation are responsible for rent and housing related costs, despite the size of the household.

Most of the participants have been living in their homes for long periods of time. Of the 27 social housing tenants, **20 (74%) people have been living in their current home for 20+ years**. At least two people have been living in their homes for their whole lives – 59 and 72 years respectively.

**Graph 12: How many years have you been living in your house?**

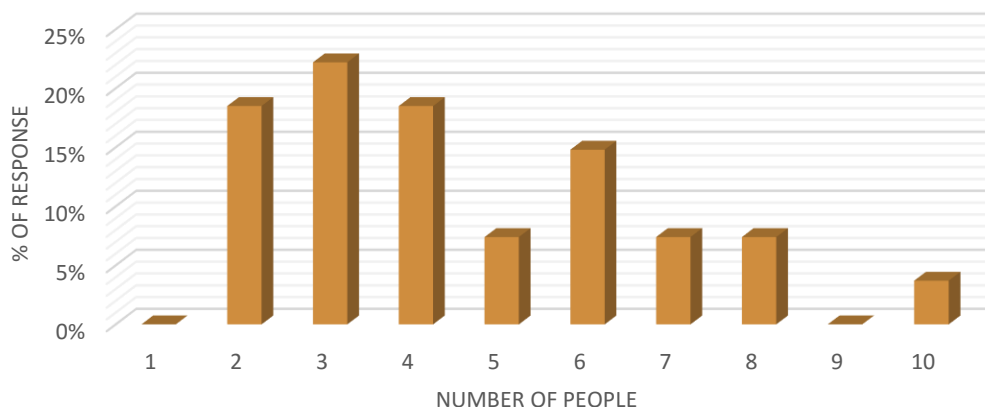


As discussed previously, half of the participants care for their grannies and of the 16 participants who discussed intergenerational living arrangements, 12 (75%) people had grandchildren and/or great grandchildren living with them.

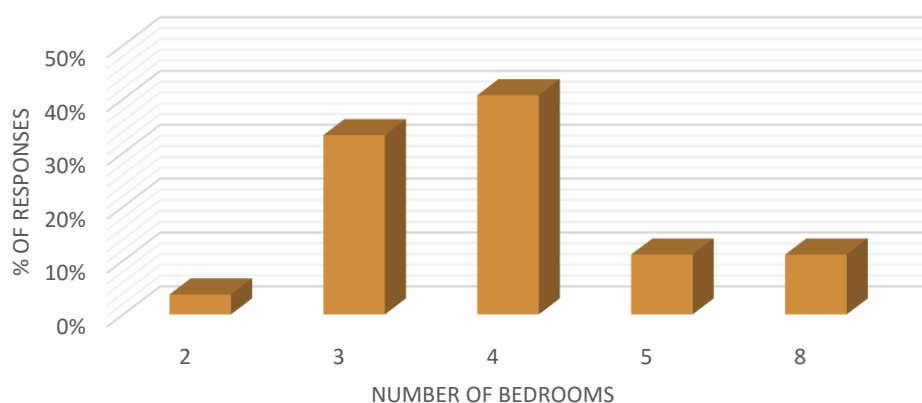
The informal nature of the caring relationships that have been agreed between the parents of the children and the grandparents, as well as other social and economic factors, are likely to influence under-reported overcrowding in some households.

The following two graphs give a sense of likely occupancy.

**Graph 13: Number of people usually staying in my house (27 responses)**



**Graph 14: Number of bedrooms in house (27 responses)**



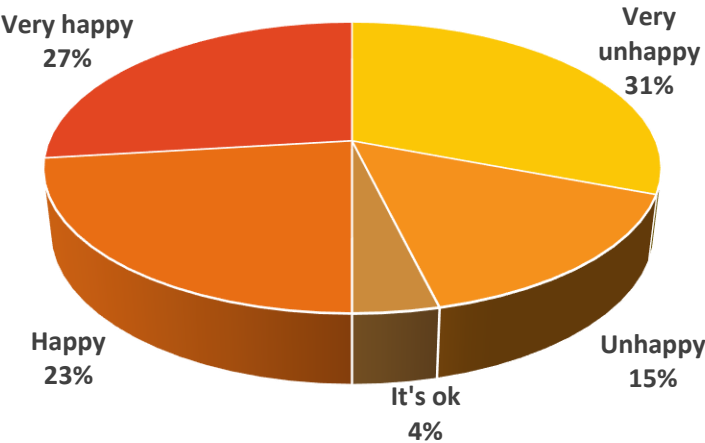
It was clear from the discussions with participants that overcrowding is a problem for some, although it isn't possible from the data available to quantify this. A range of temporary arrangements were described such as people sleeping on verandahs and in outdoor sheds. One of the organisational participants described situations where people with chronic illnesses are living in poor, overcrowded conditions which continues to compromise their health. They gave an example of someone with a serious illness living in a house with 8 or 9 other people without having their own bed.

Overcrowding exists to some extent across the three locations although the extent of the problem is not known. In addition, overcrowding has been raised specifically as a significant concern in the inland locations.

Raising grannies is only one of a number of drivers that contribute to overcrowding. There has been ongoing debate about the quality of housing design and the need for houses that are fit for purpose and are designed to meet the housing and lifestyle needs of Aboriginal families in Australia for decades.

## SATISFACTION WITH HOUSING PROVIDER

**Graph 15: Participation satisfaction with housing provider (26 responses)**



Just over half of the participants indicated that they are satisfied or more than satisfied with their housing provider, with people living in inland locations being the happiest. Conversely, 46% of participants indicated that they are unhappy or very unhappy.

One of the housing providers interviewed spoke about their concerns about their capacity to provide suitable housing for older tenants. They are concerned that the housing profile will not meet the needs of Aboriginal people as they age and that this will become an increasing problem that they cannot address. They also spoke about the need for cooperative arrangements to be developed between

Aboriginal housing providers and social housing agencies so that older tenants can be relocated into more suitable accommodation when they wish to move.

## CONCERNS REGARDING REPAIRS AND MAINTENANCE

***“My house has white ants. They know about it and haven’t done anything for 7 months. I’m a very sick woman. I don’t want to move cause my sister lives next door and helps and supports me. I know where things are in my place. The windows are wind up ones. I can’t open them. If a fire started I can’t get out through the window.”***

The connection between quality of housing and health should not be underestimated. Significant work has been done on environmental health and healthy housing across Australia, including in the Kempsey area through the Aboriginal Environmental Health Unit in the NSW Department of Health.<sup>4</sup>

A number of Aboriginal health and housing workers talked about how concerned they are at the poor quality of housing maintenance and the impact that this has on the health of elderly tenants. Four Aboriginal health workers raised their concern that poor quality housing was leading to increased hospital readmissions.

11 (39%) people indicated serious concerns about their housing. One person said that she only participated in the consultation so that she could raise her concerns about her housing and three people asked for follow up help which has been provided.

Examples of concerns include three people talking about extensive white ant infestations with two of these people having serious medical conditions. Two other

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<sup>4</sup> NSW Health: Housing For Health  
<http://www.health.nsw.gov.au/environment/aboriginal/Pages/housing-for-health.aspx>

people with severe arthritis raised concerns about lack of waterproofing and damp and swelling during rain. One of these cannot open her front door in the wet.

5 (38%) people living in town said that they were unhappy and 75% of people living in coastal locations were unhappy with their housing provider. 1 (20%) person living in an inland location was unhappy.

## Future housing intentions and support needs

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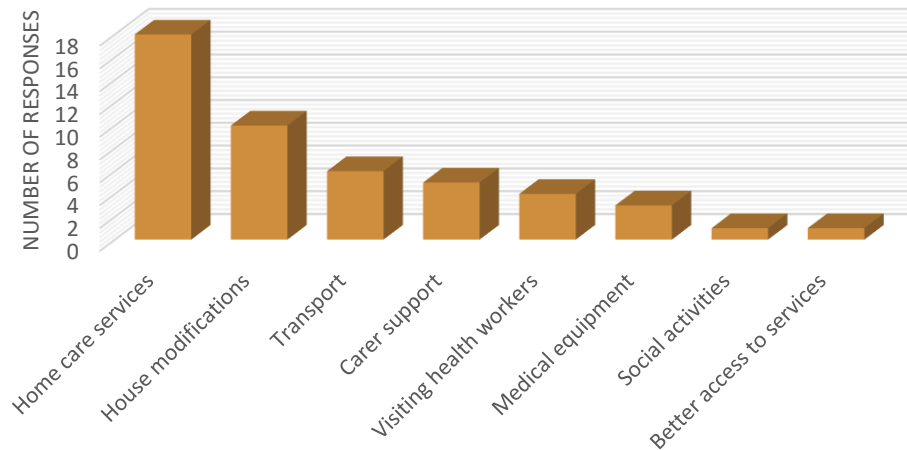
*“Aboriginal people might be even more unwilling to lose their independence than others because of the impact of ongoing trauma and successive losses.”*

*‘Living on country is an integral part of the Aboriginal cultural identity, and reports of older Aboriginal people sometimes choosing conditions of extreme hardship rather than relocating to residential care away from country are not uncommon’ (Lindeman, et al., 2016)*

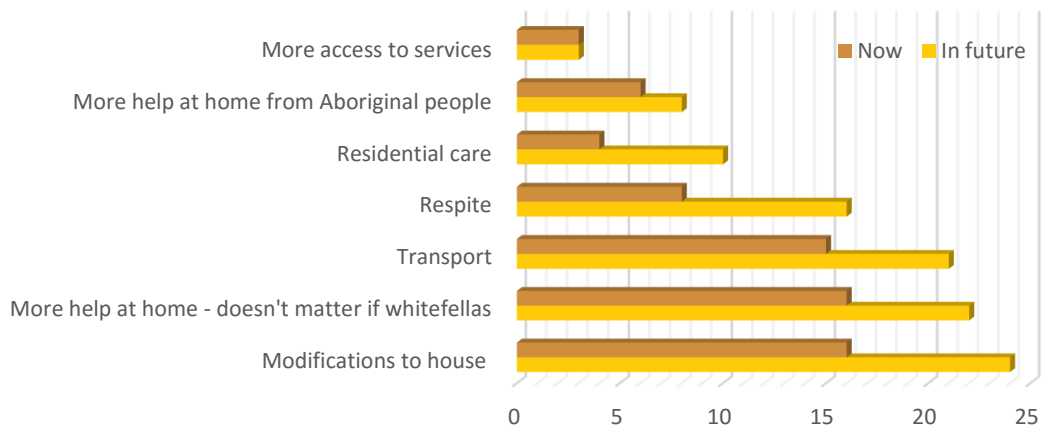
Given the importance of place and the length of time that people have been living in their homes it is not surprising that 21 (73%) of participants said that they wanted to stay at home as they age. 8 (27%) people said that they wanted to move into some sort of aged care accommodation at some point in the future. Most people living in town and coastal areas wanted to stay at home. Conversely, most people living in inland areas were looking to move into aged accommodation.

Participants discussed two inter-related questions about their future intentions and their current and anticipated support needs. The following two graphs summarise the issues discussed.

**Graph 16: Help to stay at home**



**Graph 17: Support needs - now and in the future**



(Note – residential care was nominated by those who indicated that they didn't want to stay at home into the future, with four people indicating that they would like to move to into some type of aged care accommodation now.)

## NEED FOR MODIFICATIONS AND AGE APPROPRIATE HOUSING

***“ I need modifications and changes to my house. I need a screen door for security. My fence falling down. I need bathroom modifications and ramp. ”***

The need for modifications for people as they age and/or become sick and disabled was raised throughout the interviews by many participants. This is not surprising when the length of time that people have been living in the same house is considered.

Participants talked about the need for better access through ramps, accessible bathrooms, and kitchens. Some people also talked about the need for extra rooms to be built. One person said that she had been told that she needed to use a machine at night for her sleep but she didn't have anywhere to put it. Another person with severe arthritis said that she doesn't have a dedicated bedroom and that she sleeps on a built-in verandah.

One participant described how she and her family spent her early life in a tin shack with a dirt floor. She had seven children in the shack and didn't move into a house with regular amenities until the early 1980s. She said that this house has had little or no work done to it since then and badly needs repairs and modifications.

***“ Main thing is shower is too small and needs to be modified to allow easy access for self and wife. My wife is on walking frame but she will be in a wheelchair sometime in future. ”***

We also heard a story about a bathroom that had been modified for someone with limited mobility. However, the shower had been placed over the bath and the tenant can't use it.

Participants living in coastal and town areas identified modifications as a high priority while those living in inland areas did not. This is likely to be because most of the 5 people who participated in this project in inland areas indicated that they are looking to residential aged care in the future.

## AGE-APPROPRIATE HOUSING

Some participants also spoke about their interest into moving into smaller, age appropriate housing, while remaining in their community. This was particularly so for people in coastal areas. This could in turn free up existing stock for other family members and new tenants. However, there is little flexibility across existing housing portfolios and no funding for new growth.

The need for new age-appropriate housing as well as modifications to existing stock will increase given the demographics, length of tenure and preference for people to stay at home or at least to stay in their communities on country. However, there is little capacity for most housing providers to fund modifications or to provide re-housing options, perhaps with the exception of public housing. Most Aboriginal housing providers, such as Local Aboriginal Land Councils, have limited budgets and rely on subsidies even to meet baseline repairs and maintenance. Aboriginal tenants and housing providers need advocacy support to access funding available for modifications through aged care funding arrangements. There is significant unfunded unmet need for new Aboriginal housing, including appropriate aged housing. This need will only continue to increase.

One housing provider interviewed said that they know there is a great need for modifications for their tenants as they age and that they find it very difficult to do modifications mainly because the funds aren't available. They are very concerned about the future demand and see this as a significant policy priority for government.

The link between poor health and poor housing is clear. A serious investment in age appropriate housing and modifications to existing stock as well as greater flexibility and responsiveness across the whole social housing system is critical.

## HOME CARE

During the interviews, only four people mentioned that they are currently receiving some sort of home care support. This may be under-reported as participants were not asked about this directly. However, the need for access to

home care help was raised in a number of contexts. People talked about wanting help cleaning, cooking, shopping and also with yard work.

Most (76%) people who want more home help said that they don't mind if these services are delivered by non-Aboriginal people, as long as they are treated with respect. 7 (23%) of participants said that they wanted more help at home from Aboriginal people.

## LACK OF TRANSPORT

*There's nothing here for young people. There's no one with licenses - there's no transport for outings and picnics*

The need for better access to transport was raised consistently during the interviews. There was concern that many people in outlying communities are unlicensed and don't have access to cars. There was also heavy reliance on the community transport services provided by Durri AMS and Boorongon Djugun. The need for transport to out of town medical appointments, e.g. Port Macquarie or Newcastle, was also raised as a concern.

15 (50%) of people indicated that they need better access to transport now with 14 indicating it as a priority in the future. Transport was a priority for people living in town, coastal and inland areas.

Transport is the issue that was raised most frequently during the organisational interviews. Participants talked about the difficulty people face getting to medical appointments out of town. They also talked about the extra pressure that the lack of transport places on Aboriginal workers who often pick people up in their own time.

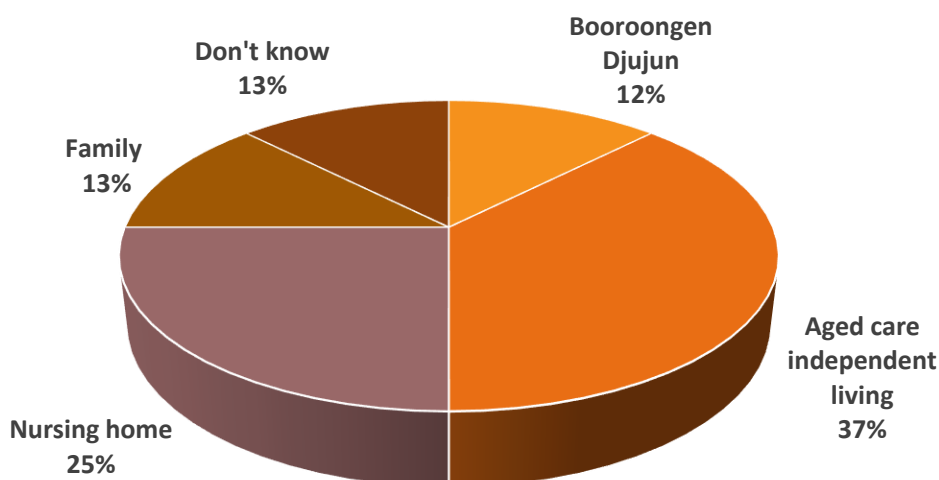
## Moving into aged care

Of the 8 (27%) people who indicated that they will be looking to move in the

*I'll need residential care when I get real old in my sixties and there's nothing left in my body.*

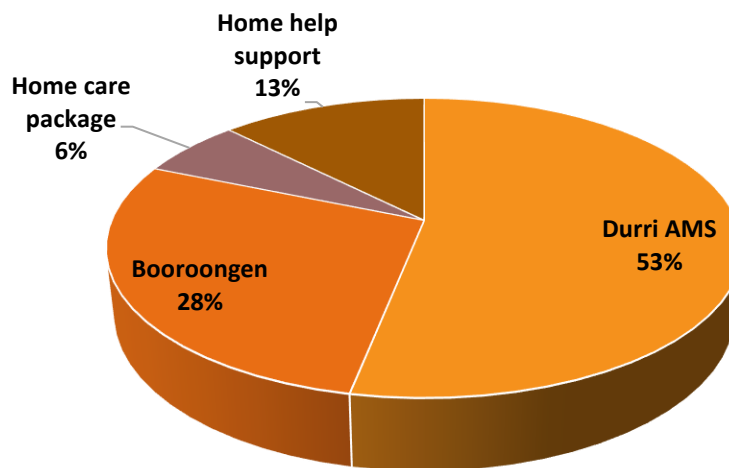
future, most wanted to still live independently in accommodation for the aged. Most of these people said that they did not really know what their options were or how to go about finding out.

**Graph 18: Preference if not at home**



## 4. ABOUT SERVICES

**Graph 19: Services used by participants mentioned during interviews (23 responses)**



23 (77%) people of the 30 people interviewed mentioned services that they are receiving. Of these, 12 (53%) people indicated that they go to the Durri AMS for medical assistance and 6 (28%) people receive services from Booroongen Djugun, including participating in outings and activities on site. There were 2 references to people receiving ACAT packages and 3 separate references to receiving home help services such as cleaning, cooking etc. 6 people indicated that they rely on Durri AMS and Booroongen for community transport.

It seemed likely that many of the participants were unaware of services and support that is available. No one mentioned the My Aged Care gateway and discussion about potential services was almost entirely focussed on Booroongen, Durri AMS and the relevant housing provider such as Local Aboriginal Land Councils, Many Rivers and NSW FACS, known as Housing. Some people also talked about Dhungutti Elders Council as being a place which provides support and friendship.

The lack of awareness of other services is concerning and raises questions about the cultural safety, competency and accessibility of mainstream services. Further it was difficult to find information directed to Aboriginal and Torres Strait Islander on the My Aged Care website. There was no Indigenous branding or signposts although a page of information was retrieved from a search of the site. It was also unclear if the 1800 phone service was free to mobiles.

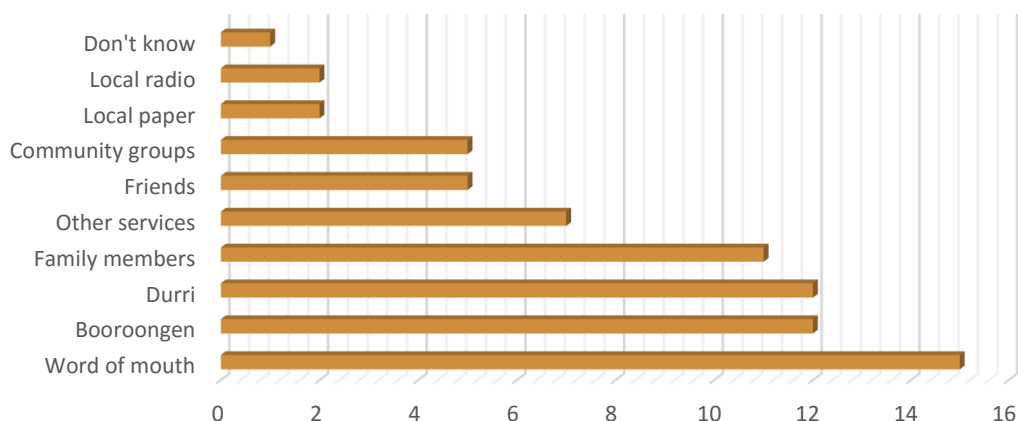
The heavy reliance on web based information introduced through recent reforms to the aged care sector is concerning given the large numbers of Aboriginal households in Kempsey who don't have internet access. In 2011, 50% of Aboriginal householder in Kempsey had an internet connection while 45% (470) households did not. (NSW Government Education: Aboriginal Affairs, 2015)

The interviewers' observations were that many of the participants did not seem to have access to the internet although this question was not specifically asked. Thungutti LALC raised concerns about lack of internet access at Bellbrook.

## HOW PEOPLE FIND OUT ABOUT SERVICES

Participants were asked how they find out information about services.

**Graph 20: How do you find out about services available to you?**



As can be seen from the graph, the most common way that participants find out service information is from word of mouth. Whilst this is potentially an untapped resource for services seeking to promote their services, it is also a closed system. People don't know what they don't know. Similarly, responses to this question indicate a high reliance on Durri and Booroongen in this regard. It was also interesting that four people indicated that they received information through their grannies' school.

## 5. ORGANISATIONAL PERSPECTIVES

The members of the Advisory Group, or nominated staff, were also interviewed to provide input into the consultation from an organisational perspective. These discussions covered similar ground to the issues raised through the individual interviews. There were also some new issues which are discussed more fully.

Nine organisations were interviewed. Most of the people interviewed were also the members of the Advisory Group, however two agencies included other staff to contribute additional expertise. Overall fourteen people were interviewed across the following nine agencies:

Booroongen Djugun Aged Care

Dhungutti Elders Council

Durri Aboriginal Medical Service

Kempsey Local Aboriginal Land Council

Many Rivers Regional Housing Services

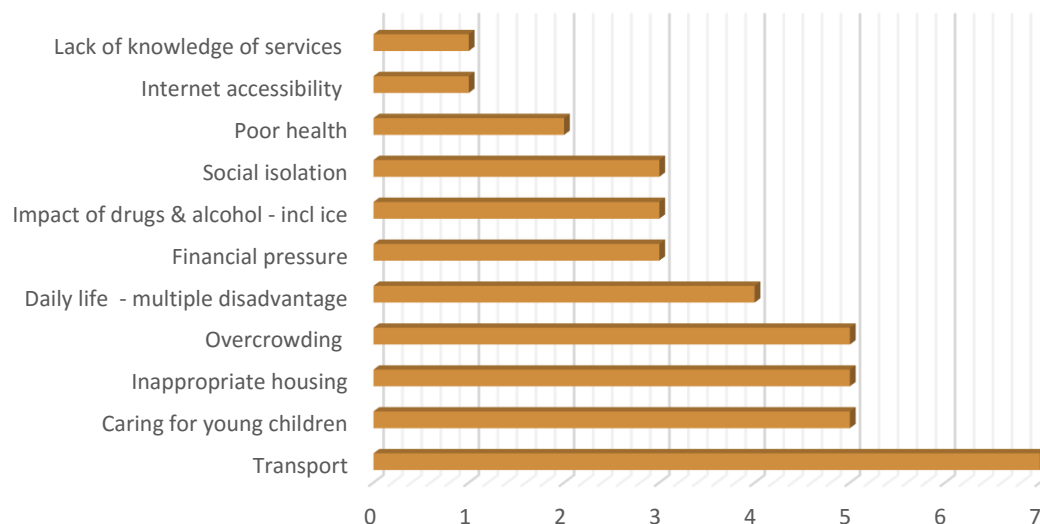
Mid Coast Communities

NSW North Coast Area Health Service – Kempsey District Hospital

NSW North Coast Area Health Service – Aboriginal Health

Thungutti Local Aboriginal Land Council

**Graph 21: Organisational views – issues impacting on older individuals**



As shown above, there is a high level of consistency between the issues raised by individual participants and the organisations that were interviewed (refer Graphs 5 and 9). Organisational comments about these issues have been integrated throughout the report.

Organisational participants also spoke about the challenges that they face in providing services for older Aboriginal people living in Kempsey. These included:

- Mainstreaming of services and cultural competency
- Concerns about the implementation of reforms to aged care
- Workforce issues
- Need for greater collaboration across services
- Community politics

## MAINSTREAMING SERVICE DELIVERY

The move away from Aboriginal controlled organisations towards mainstreaming service delivery was raised by three participating organisations. Tender based processes often have a bias towards bigger organisations. Aboriginal controlled services reported being approached by mainstream agencies to form cooperative relationships just for the sake of tenders. These organisations were concerned that they should be supported to strengthen and grow their services, rather than compete with large mainstream agencies, given the unique contribution that Aboriginal controlled services can offer.

There was also a concern raised that mainstream agencies find it very difficult to develop services and community trust if they have been awarded tenders over existing Aboriginal controlled services.

Concerns about the cultural safety and competency of mainstream agencies in providing services to older Aboriginal people were also raised. The need for mainstream agencies to ensure that their staff are not only are culturally competent but also have skills in coping with vicarious trauma, mental health and drug and alcohol issues was also raised.

Concern about inappropriate service delivery, lack of services being delivered to outlying areas and poor communication were raised.

Work being undertaken by Kempsey District Hospital was mentioned through the Aboriginal Identification in Hospitals Quality Improvement Project. This involves the ongoing continuous improvement of practices and processes to deepen cultural proficiency across the hospital, with positive results. For example, discharges against medical advice have decreased.

This work has been ongoing for a number of years now. It is a good example of the commitment it takes to rebuild institutional relationships and trust. Older women living in Kempsey still remember when they had to have their babies on the hospital verandah and this legacy of institutional racism takes years and genuine commitment to change.

Institutional racism was raised by three organisational participants as a concern.

“  
*People don't know what they don't know*  
”

Four participating organisations spoke about their concern that many older Aboriginal people are unaware of the range of services available and so don't try to access them.

## AGED CARE REFORMS

Three agencies also raised concerns about the implementation of reforms to the funding arrangements of aged care.

They are finding the My Aged Care system difficult and also advise that Aboriginal people are finding it very difficult to engage in this new approach. The heavy reliance on the web and long phone calls is difficult for many people. This is especially so for Aboriginal people who may not have internet access or skills.

There is also a time lag between registration, assessment and the provision of services which means that people are waiting longer than previously for support.

Lastly the ongoing incremental introduction of fees for a range of aged care related services, such as home care is of significant concern. Whilst existing clients are currently grandfathered this arrangement will not be in place indefinitely and new clients will be charged a co-contribution payment. This could be a real barrier to services for many, given the financial pressures Aboriginal people face.

Overall there was real concern that little thought seems to have been given as to how to make the aged care reforms work for Aboriginal people and Aboriginal service providers.

Three organisational participants also raised concerns about the cultural safety and competency of ACAT assessments.

## WORKFORCE ISSUES

“

*I'd like to see more black faces in key service agencies. Aboriginal needs should be kept in focus.*

”

The need for a larger Aboriginal workforce in the aged care sector was raised by four organisations. There are concerns that there are not enough younger Aboriginal workers in the sector and that the criminal record check makes it very difficult to employ and train people who would otherwise be suitable.

Some people spoke about the need to increase the number of qualified Aboriginal aged care and health workers right across the health system in both mainstream and Aboriginal controlled services. The use of cadetships and transition from school programs were also suggested as ways to enable more local Aboriginal people to take up aged care related jobs locally. Lastly given the closeness and complexity of the community, the need to recognise and value family members as carers, including in the aged care workforce was also raised.

Recent changes prohibiting Certificate Level 3 and 4 Aboriginal health workers from doing health assessments was also raised as a barrier and a significant concern.

A local Aboriginal RTO spoke about an example of systemic policy failure. They have recently been granted permission to deliver the Diploma of Nursing. However, the relevant authority won't approve additional places because of a current surplus of nurses.

## MENTAL HEALTH

The Dunghutti Elders Council raised concerns about the social and emotional wellbeing of older Aboriginal people living in the Kempsey area. They are very concerned about the extensive impact of ongoing grief and loss. There is significant trauma for older family members following suicide or the early death

of younger loved ones. Often older family members are looked to for support and guidance through these very difficult times when they are grieving and traumatised themselves. There also is increasing concern about the frequency and impact of Elder suicide.

The Dunghutti Elders Council talked about the need for older people to have access to activities which help to strengthen their own social and emotional wellbeing and resilience, such as involvement in cultural activities, oral history projects and local social gatherings.

## **COLLABORATION**

Community tensions which hamper collaboration and lead to poorer outcomes for community members were raised by three participants.

The need for services to work more closely together was also raised. For example, one of the participating housing providers has no links with aged care services or nursing homes so referrals are very difficult.

On a positive note, regular meetings between local health providers to enable a coordinated approach to care with the patient's knowledge have been in place for the last two or three years with successful outcomes.

## **KINCHELA BOYS HOME CORPORATION: EMERGING NEEDS IN KEMPSEY**

Representatives from the Kinchela Boys Home Aboriginal Corporation (KBHAC) attended the last meeting of the Advisory Group and raised some new issues which weren't covered during the interviews. This is because most of the KBHAC members live out of the Kempsey area. However the impact of the Kinchela Boys Home on the Macleay Valley has been and continues to be significant. There are also emerging needs as KBH men move back to Kempsey in their older age which need to be understood and responded to by the service system. For this reason the Advisory Group asked that the following background information about the Kinchela Boys Home and current related activities be included in the final report.

## Background

In New South Wales, under the forced removal policies that created the Stolen Generations, the former Aborigines Protection Board established the Kinchela Aboriginal Boys Training Home (Kinchela Boys Home, KBH). KBH was located in Kinchela along the Macleay River between Kempsey and South West Rocks. It was directly run and managed by both the NSW Aborigines and Protection Welfare Boards during its years of operation (1924 to 1970) and was the only Aboriginal boys specific home in NSW.

Between 400 and 600 Aboriginal boys from across NSW and interstate along the borders of QLD and VIC were taken from their families and communities and brought to KBH. Aboriginal Boys from the Mid North Coast including the local community of Kempsey were also sent to KBH.

KBH was one of the more notorious Stolen Generations' institutions in Australia.<sup>5</sup> During their time in KBH, the boys formed a strong brotherhood as a means of surviving the abusive conditions they were subjected to. This brotherhood endured after their time in KBH and the survivors came together in 2002 to establish their own organisation: Kinchela Boys Home Aboriginal Corporation (KBHAC).

KBHAC assists KBH survivors, their families and communities recover their identity, dignity and wellbeing. A strong focus of KBHAC programmes is on the healing and wellbeing of unresolved trauma and suffering. The organisation recognizes the legacy of not only the KBH survivors' experiences of removal, but also the physical, sexual, emotional and cultural abuse arising from experiences in KBH. KBHAC works to empower members to take more control of their own future and assist them to improve the quality of their lives.

Many of the KBH survivors have expressed concerns about ageing and what might happen to them. A number of these men do not have relationships with their immediate or extended families and are not likely to seek or receive

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<sup>5</sup> Refer to testimonials in the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families' Report, Bringing them Home (HREOC 1997)

support from them as they start to require more assistance. Some of the survivors who have partners are also in the situation where their partners are ageing and they too require care (some have extended family who can support them and others don't). Two other concerns that have been expressed relate to having to rely on service providers who might need to come into their homes (fear of who will provide those services and lack of trust in individuals coming into their homes and questioning them about their ageing issues) and the need for residential care. Because of what occurred in KBH (in particular the physical and sexual abuse) being placed in residential care is something some have said they will avoid at all cost even if that means suffering at home.

### **KBH survivors are moving back to the Kempsey area**

KBHAC has recently completed a 3-year strategic plan (2015 – 2018) and has a vision is to build a KBHAC Healing Centre and a KBH Museum, both with input from local Kempsey Aboriginal communities. The healing centre will be located in South West Rocks, NSW and it is intended that the museum will be at the former Kinchela Boys' Home site.

The proposed Healing Centre will become the operational centre of KBHAC and provide a safe place for the KBH men and their families to access on-site programs and services. The healing centre will have a residential component, part of which would include residential aged care support for those KBH survivors who do not have families of their own and who have expressed an interest in ageing together.

Other KBH survivors and their family members have expressed an interest in living in individual housing / group housing in South West Rocks so they can participate in the activities and work of the KBHAC Healing Centre and the KBH Museum. Together, this could mean an increase of 20 – 30 KBH survivors and family members living in the Kempsey LGA who would require aged care services.

### **Ageing Needs of KBH survivors**

There are varying ageing needs of the over 80 KBH survivors who range from 58 to 86 years of age. Some are currently able to live independent lives with minimal assistance. Others are starting to / have reached stages where they require lots of support. The main ageing issues facing the KBH survivors include dementia, Alzheimer's, mobility issues, chronic health issues and social isolation.

Some of the KBH survivors and their partners are experiencing high stress levels due to issues in their families, in particular the demands required of them (which they want to support but do not receive adequate assistance to do so) in caring for their grannies (grandchildren, great grandchildren).

Currently there are three uncles who live in the Kempsey LGA. None of these uncles receive aged care packages and none have received HACC support services. All three have chronic health issues.

The complex ageing needs of KBH survivors will need to be met through a combination of existing services and specialist services and support provided through KBHAC. It is important that KBHAC is part of this care model because it is the one organisation that KBH survivors trust. Having fellow KBH survivors and KBHAC staff work alongside specialist and other support services helps foster trust in the survivors and their willingness to work with and receive support from services and to have these services provided in a culturally safe way. All of these factors will need to be understood and factored into service delivery planning in the Kempsey area.

## **Local Advisory Group Comments**

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The Project Advisory Group met in Kempsey on 21 July 2016 to discuss the draft report. The Advisory Group approved the report on the basis that the following comments be included in the final version.

### **Rapidly increasing numbers of Aboriginal children in kinship or foster care**

The Advisory Group members are very concerned about the increasing numbers of young children who are being raised by their grandparents or other elderly family members. One member of the group said that they had been advised that there had been many removals of Aboriginal children from their families in the Kempsey area in 2016 so far. The Advisory Group noted and supported the discussion about the issues contained in this report. In addition the Advisory Group made the following observations:

#### **The nature of the care arrangements**

It seemed from the interviews that most of the extended care arrangements were informal (ref p 23). However, the Advisory Group are of the view that some of the participants may not have mentioned formal kinship care arrangements because of an underlying fear and distrust of the child protection system and of government more broadly. For this reason some Advisory Group members suggested that some of the informal care arrangements may have been formalised kinship care.

#### **Health and financial impacts**

In any case, the Advisory Group expressed significant concern about the health and social and emotional wellbeing impacts on older Aboriginal people in Kempsey who accept responsibility for raising their grandchildren, great grandchildren and other young children from their family or community. They noted that older Aboriginal people fulfilling this role usually take this responsibility on without any real support from government or non-government agencies, at significant personal cost. This is unlike foster carers who receive significant financial assistance.

#### **The need for early intervention and prevention**

The Advisory Group stressed that the need for children to be safe is critical and the highest priority. However they are concerned that little effort is directed towards early intervention and prevention support which help families to

strengthen healthy and positive parenting practices. Rather they observed significant resources being directed to crisis intervention instead of prevention.

The Advisory Group noted that in the past decade there has been major investment in a new prison in Kempsey, a new building for the State Government agency responsible for child protection matters and significant road infrastructure which bypasses the town.

They were of the view that government policy should redirect resources to early intervention and prevention responses which empower families to raise their children in healthy and culturally appropriate ways. Whilst the safety and health of children is the utmost importance, the Advisory Group are concerned that there are service providers who have a limited understanding of the range of healthy Aboriginal family practices and limited cultural competency in their service delivery practices, which can lead to increased removals.

#### **Impact of Stolen Generations forced removal policies on Kempsey**

The Advisory Group also noted the input made by Kinchela Boys Home Aboriginal Corporation (KBHAC) representatives who attended the Advisory Group meeting. They supported KBHAC's advocacy for a healing centre at South West Rocks. They also noted the importance for aged care service providers to meet the complex needs of KBH survivors and other elderly members of the Stolen Generations returning to Kempsey, by working in partnership with the KBHAC.

The Advisory Group discussed the history of forced removals throughout the Macleay Valley and noted the contemporary and recurrent whole of life impacts of this trauma on adults who were forcibly removed as children, their families and descendants.

#### **Responding to future demand**

Lastly, the Advisory Group also asked that the implications of the demographics of the Kempsey Aboriginal community again be stressed. The 2011 Census data indicated that proportionally the biggest increases in the Aboriginal population between 2006 and 2011 were of 60-64 year olds (65% more) and 45-49 year olds

(38% more). In addition, the average age was 26 years in 2011 with half the population aged under 21. <sup>6</sup> In short, there will be significant increased pressure on the aged care and human services systems to meet the needs of older Aboriginal people living in Kempsey in the near future, which will continue to rapidly increase. The Advisory Group is strongly of the view that this pressure must be properly planned for and responded to now. The circumstances that Aboriginal people find themselves living in across the Kempsey LGA as they age must be seriously addressed.

## The last words

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*It's great to have an opportunity to express the good, the bad and the ugly of services that are available. Big picture planning input is important. They need to listen to organisations and individuals.*

*This process was not hard. I just hope I am around longer. I hope something comes out of this survey.*

*I appreciate you coming to talk to us. I hope this helps us get what we need.*

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<sup>6</sup> Community Portrait Kempsey LGA NSW Education Aboriginal Affairs p 7

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# APPENDIX

## Participant interview questions

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1. Introduction discussion and Consent Form
2. Would you mind telling us how old you are?  
Could you look back and think about how old you were when you first felt like things were changing and you were older or aged.
3. How are you coping?  
When you think about everything you've just talked about can you tell me how well you think you are coping from 1 to 5?
4. What about getting older worries you?  
Of all of the things that we have just talked about, what are the three things that worry you most?
5. Could you just tell me a bit about your living situation?  
How long have you been living at your place?  
How many people usually stay in the house?  
How many bedrooms are there?  
Are you the main tenant?  
Do you want to keep living here as you get older?  
If yes – what would you need to make that happen?  
If no – where would you want to live?  
What else would you like to tell us about your living situation?
6. How is your family going right now?
7. What sort of support would you like as you get older?  
What do you feel like you need now?

8. How do you find out about what sort of services are available that could help you?
9. What makes each day meaningful for you?
10. What's good about your life right now?
11. What else would you like to tell us?

## Organisational interview questions

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1. What are the main issues facing Aboriginal people in Kempsey as they age, from your organisation's perspective?
2. What are the main issues facing your organisation in relation to providing services and support for Aboriginal people in Kempsey as they age?
3. Is there anything else you would like to say?