Before I begin I’d like to recognise that the land we meet on is the traditional lands of the Kaurna people. I pay my respects to their Elders both past and present and their current and future generations. I also extend my respect to Aboriginal people from other language groups present here today.

The Aged Care system in South Australia is performing a crucial role in our society. The system has credibility and the general support of the community.

But sadly, there are many Aboriginal people in our community who are not connected to or accessing services, receiving ad hoc services, or ONLY parts of the services they are entitled and eligible for. We need to understand why this is occurring, and what we can do about it.

I'll speak to this in a moment, but I want to draw your attention to what the data tells us about older Aboriginal people in South Australia.

In South Australia we have an ageing population. This data is 2006 Census Data, but visually, there's not much difference between the data for the purposes I'm referring to.

**Figure 2: Age and Sex Profile of Non-Aboriginal South Australians (ABS 2006 Census)**
But what does this look like for the Aboriginal population in South Australia?

![Figure 1: Age and Sex Profile of Aboriginal South Australians (ABS 2006 Census)](image)

As you can see in this slide the **ageing demographic for Aboriginal people in South Australia is in stark contrast** to the previous slide. We have a much younger population and sadly, very few older persons.

Last year, at this forum, I used the metaphor of **AAMI Stadium** to **visually demonstrate** the population of Aboriginal people in South Australia. Some of you may remember this. For those of you who weren’t here– I’ll run through it very quickly.
This is AAMI Stadium – at maximum capacity it holds approximately 50,515 people.

Using the 2011 Census Data, the total population of South Australia was approx 1.6 Million persons. If we were to place all of our States population into AAMI Stadium – we’d require approx 33 stadiums.

Of these 1.6 Million South Australians - 30,432 people identified as being Aboriginal and/or Torres Strait Islander peoples.
That equates to **ONLY 59%** of one AAMI Stadium.

When we think about older people, we generally think 65-years and over.

So I'll use this same metaphor for older people aged 65 years and over:

Based on the 2011 Census Data again, there are **257,547** persons in South Australia aged 65 years and over – requiring approximately **five** AAMI stadiums.

Sadly, of these **257,000** older people, only **1,259** of these are **Aboriginal people** - That’s **0.5 per cent** (or **HALF** a per cent) of that age cohort or – our older folk, would take up only **2.5%** of one AAMI Stadium. **That’s just one of these blocks here.**

**So why am I drawing this picture in your minds?**

Because **I truly believe that no older Aboriginal people should be falling through the cracks** – with such a very small population group - we should know our older Aboriginal folk in South Australia **intimately.**

I stand before you today, as the Director of Aboriginal Services for Anglicare SA, but I also stand before you as an Aboriginal woman – an **Aboriginal woman deeply concerned** about the health and wellbeing of our older people.

I am most fortunate to **ALSO** be able to stand before you today and say my Mum and my Mother-in-Law (both Aboriginal) are in that half a per cent.
But, like many of our people, my Mum had early onset chronic disease. She lives with [Details of health conditions removed for privacy reasons]. Whilst she's made it to 65 years of age, her years of healthy life lost is about 25 years. Sadly, this too is very common for our people. We need to ensure services are reaching our people much earlier than the standard 65 years of age.

Mums sight has been poor for some time and has been eroding due to the effects of diabetes, and dense cataracts. She’s now lost most of her sight, which flows on to the loss of her independence and this has exacerbated her depression, her anxiety and compounded her social isolation.

She’s regressing a lot back to her childhood, her early years. She often can’t remember what I told her 5 minutes ago, but she can remember the most intimate details of her childhood – like many of our older folk who were forcibly removed from their families and placed in institutions; cycling through welfare, foster care and juvenile justice centres – it’s a childhood steeped in trauma – and hers is very painful. I can only hope and pray that it’s not early onset dementia – yet another condition that is spiking in our community, and creeping in much earlier than for other Australians.

I helplessly watch her health deteriorating, and watch that social withdrawal creep in. This strong, black woman, black mother, our family’s matriarch and my rock, my guardian angel - now like a little bird that’s struggling to fly.

I offer her to come and live with us – but she refuses – she wants to maintain her independence for as long as she can; and like most – she wants her own space, space for her friends, her grandchildren, and of course, her pets. I respect that, but I know that she’s at risk without the right supports. I tell her about CAP packages and Consumer Directed Care etc … and its sparks her attention. Not that she comprehends all the details, but she understands the need for her to consider these as options. But then when I tell her she has to get an ACAT Assessment to access these, she’s told by her friends and practitioners 'Oh Sandy, you don't need that … you only need one of those if you’re going into Residential Aged Care!'.

As a child of the Stolen Generation – forcibly removed and institutionalised, my Mum (like many of this generation and beyond) has spent the best part of her life – deinstitutionalising herself. There is NO WAY that she would consider going into Residential Aged Care. So that was the last thing I needed people to be saying to her.

Fortunately, for me, I work in Anglicare SA and I also have pretty good navigating skills and networks. I have people in my office that have helped me to navigate and negotiate the Aged Care system for my Mum, and I've also got Northern Adelaide Medicare Locals and Closing the Gap Teams and I've pulled together other integrated service responses that are now working with her so she’s getting integrated supports that are culturally respectful, and inclusive of her in the decision-making, delivered by the right people, at the right times and most importantly, at her pace.

Without the broad networks of support I have, Mum would have had to negotiate her own supports through the various 'brochures' she has either collected at events, or had sent to her home address – she would have come very close to falling through the cracks – like many of our people.

There is another group, that I would like to mention, who, most are falling right through – and need us to pay attention and act!

They are older Aboriginal people from very remote communities who are sent to or relocating to Adelaide (some 14 – 1700km’s from home) for long-term tertiary health care.
Many who are coming down have very debilitating health conditions – primarily end stage renal failure, heart conditions and cancer(s). Very little resettlement support is afforded to these frail elderly folk, and without it, they are becoming very vulnerable, very fast! Access to Aged Care supports is a critical component of the integrated supports they require. We must reach out, we must be part of their integrated service responses.

As you can see in this slide the preferred service centre for Aboriginal people from very remote communities is Alice Springs, about 3-4 hours’ drive from home. But unfortunately, the health system in Alice Springs cannot always meet the long-term demands – people are forced to make decisions; either remain in their communities very unwell, or relocate to major service centres such as Adelaide. And, we in Adelaide, are not as equipped support their cultural needs, as centres such as Alice Springs are. This must be addressed!

Journey to Service Centre from discrete Indigenous communities in remote Australia (Taylor, 2006). Clearly indicates Alice Springs as service centre of choice for APY communities

I’ve worked and volunteer my time with a number of elderly Anangu women who are here long-term for medical needs. There are a lot of concerns I have about their transition, and resettlement in a major city, such as Adelaide.

When they become housed, the tenant is generally the older, unwell person. Their extended family often come and stay – including teenagers, children, and little ones. Their properties can also be a refuge for other Anangu people who are homeless in Adelaide – and through obligation, the women do not turn them away – despite some placing the tenancy at risk. It is not uncommon to have up to 20 people residing at one 3br property and frequent visitors. When situations of eviction have occurred, Anangu just relocate to another extended family’s property, they become homeless or are forced to go home. And so the cycle continues.

This over-crowding has impacted on service provision to the elderly person AND at times has led to services retreating (walking away), when the person needing the care needs the services to walk closer to them. Anangu are crying out for what they describe as ‘proper help’. Without this proper help and integrated service responses from transition to resettlement, this population group are extremely vulnerable.
We need a concrete position on tertiary health care in the APY Lands, particularly treatment services such as dialysis. And, we need to make certain that supports are in place, including Aged Care Supports for when people are relocated to major services centres, such as Adelaide.

Time doesn’t permit me to speak in more detail about other cohorts of our older people who are falling through the cracks. But I want to leave you with the picture that I drew in your minds earlier – we have a very small population group, AND even smaller ‘older’ population group – as agencies we work well together here in South Australia – I don’t want to minimise the complexity of some of our families, and elderly folk, but we can Close the Gap and Cracks where our people are falling through AND we must!

Thank you

Sonia Waters
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