



Australian Government

**Australian Institute of
Health and Welfare**

Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over

2019

in-brief



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Contents

Acknowledgments iv

Introduction..... 1

1 Adding to the evidence base 2

2 Indigenous Australians aged 50 and over 6

3 Health and functioning 16

4 Social and emotional wellbeing 24

5 Housing circumstances 32

6 Education, employment and financial security 40

7 Alcohol and substance use 44

8 Safety 48

9 Drawing the data together 52

References..... 55

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The Australian Government Attorney-General's Department commissioned the AIHW to report on potential measures of abuse and hardship experienced by Aboriginal and Torres Strait Islander people aged 50 and over, using both administrative and survey data from AIHW collections and relevant external collections. The AIHW also acknowledges the funding contribution provided by the New South Wales Department of Family and Community Services. The authors also thank the expertise of those who reviewed earlier drafts of this report, including members of the Department of Health, the Department of Social Services and the Department of the Prime Minister and Cabinet.

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Introduction

In 2017, the Australian Law Reform Commission (ALRC) completed the report *Elder abuse—a national legal response* (ALRC 2017). It had 43 recommendations, including developing a national plan to combat elder abuse (recommendations 3.1–3.4) and conducting a national study into the prevalence of elder abuse (recommendation 3.5).

The ALRC called for governments to consider the different experiences and needs of older people, including those of Aboriginal and Torres Strait Islander people.

The Australian Government Attorney-General's Department has commissioned research to improve understanding of the dynamics and drivers of elder abuse, focused on estimating the prevalence of elder abuse in Australia.

In addition to this publication, other research activities include the design of the National Elder Abuse Prevalence Study (led by the Australian Institute of Family Studies), and insights into abuse of older people based on analysis of the Australian Bureau of Statistics data sets (Hill & Katz, 2019).

What is elder abuse?

The World Health Organization defines elder abuse as: a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (WHO 2014).

Commonly recognised categories of elder abuse include physical, psychological, financial and sexual abuse, as well as neglect (ALRC 2017). Older people can experience one specific type of abuse but can also experience multiple forms concurrently.



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Adding to the evidence base

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Vulnerabilities among Indigenous Australians aged 50 and over, can be understood through a social-ecological framework that recognises that outcomes arise from a complex interaction of risk factors (which can allow) and protective factors (which can inhibit) the abuse of older people.

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There is limited research available in relation to the abuse of older Aboriginal and Torres Strait Islander people. The Australian Law Reform Commission identified the importance of undertaking research on risk factors, protective factors and needs of particular groups, including older Aboriginal and Torres Strait Islander people.

In the first instance, the Australian Government Attorney-General's Department asked the AIHW to review data already routinely collected to identify potential measures of factors which may be associated with vulnerability to abuse. This is consistent with international approaches—for example, the US National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect considered that data on vulnerability should be routinely collected and analysed, since diminished capacity for self-care or self-protection is a key feature of elder abuse (Bonnie and Wallace 2003).

Risk or protective factors can arise at the individual, community and societal level (Day et al. 2016). The 2018 National Ageing Research Institute framework theorises that factors associated with abuse can be understood through an applied ecological framework:

- individual level factors—relate to the circumstances of the 'older' person or the 'person of trust', including demographics, living situation, health and wellbeing, risk taking behaviours, as well as personal relationships
- community level factors—relate to broad level factors, for example those associated with living in aged care and service availability
- society level factors—encompass beliefs and cultural norms at a society level around, discrimination, ageism and family violence.

Society-wide factors such as ageism and discrimination affect both Indigenous and non-Indigenous Australians. However, the experiences of older Aboriginal and Torres Strait Islander people reflect a unique cultural and historical context. Aboriginal and Torres Strait Islander people represent the oldest, living continuous culture. The health and wellbeing of Aboriginal and Torres Strait Islander communities continue to be affected by the legacy of colonisation and intergenerational trauma.

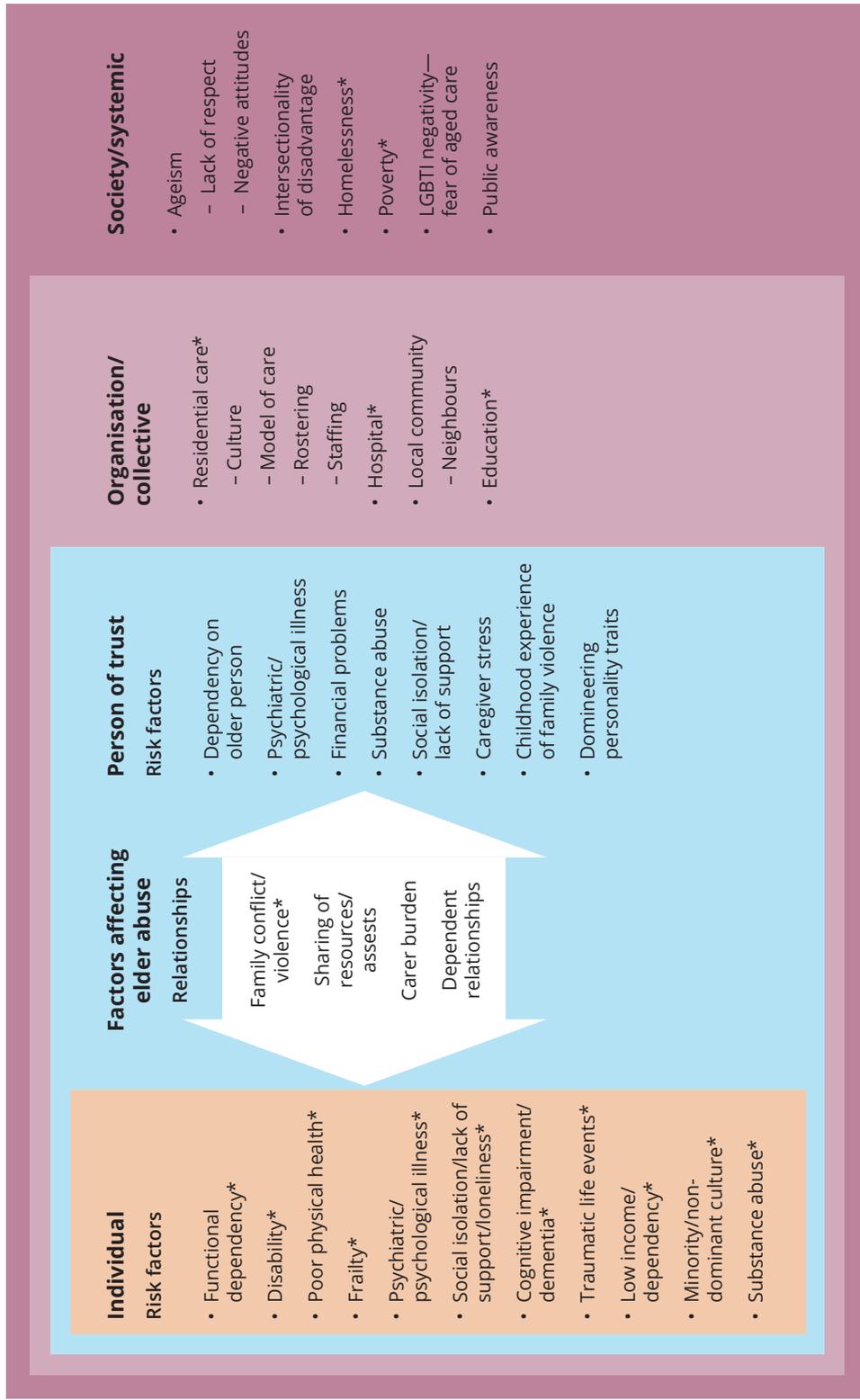


Much is yet to be understood on how individual, relational, community and societal factors may protect against abuse, or contribute to the risk of abuse. This applies to both Indigenous and non-Indigenous Australians. Potential risks or protective factors need to be considered with this in mind (Kaspiew et al. 2016).

This *In brief* provides key information from the forthcoming detailed AIHW report: *Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over*.

The detailed report presents data mapped to a number of factors identified in the applied ecological framework presented in Figure 1.1. The focus is on descriptive information on Indigenous Australians aged 50 and over covering demographics, health and functioning, social and emotional wellbeing, socioeconomic determinants and safety.

Figure 1.1: Applied ecological approach to elder abuse at the population level



* Indicates factors that are reported on for Aboriginal and Torres Strait Islander Australian aged 50 and over in the AIHW detailed report. Source: Amended with permission from Joosten et al. 2017.



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Indigenous Australians aged 50 and over

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In 2016, there were around 124,000 Indigenous Australians aged 50 and over, representing 16% of the total Indigenous Australian population.

Population

In 2016 Indigenous Australians aged 50 and over represented 1.5% of the total population aged 50 and over. In comparison, among Australians of all ages, 3.3% identified as being Indigenous (Figure 2.1). There is a higher proportion of Indigenous women in the older age groups compared to men—with women representing 66% of those aged 85 and over.

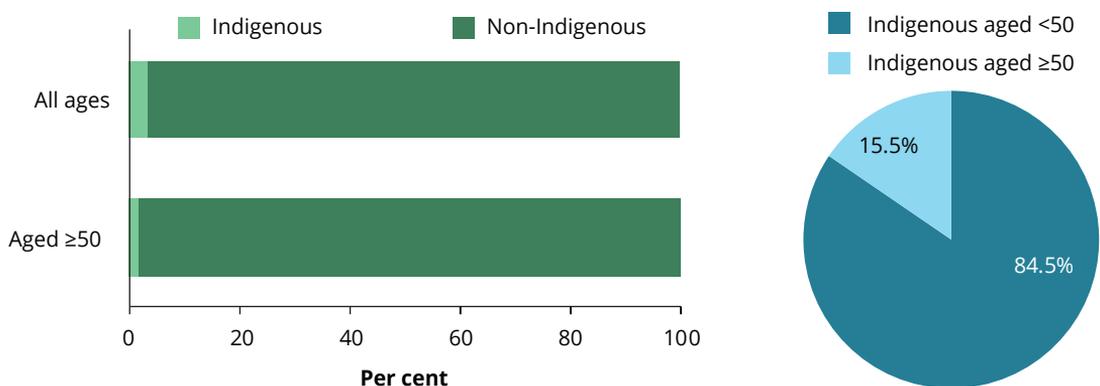
Population data are used in the report

Estimated resident population (ERP) data are the official measure of the Australian population—these estimates are counts from the ABS Census of Population and Housing with various adjustments—for example, taking into account people missed and those whose Indigenous status was not recorded.

In this chapter 2016 Census-based ERP data for 30 June 2016 are used to describe the age, sex and remoteness distribution of the Indigenous population. Unadjusted 2016 Census counts have also been used to describe other selected characteristics of the Indigenous population.

Across the report as 2016 Census based ERP were not yet available over time—rate calculations for administrative data (for example hospitals data) use 2011 Census-based projection estimates to ensure consistency of denominators.

Figure 2.1: Population as at 30 June 2016



Source: AIHW analysis of ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 (using Table Builder) (ABS 2018).

Aboriginal and/or Torres Strait Islander people

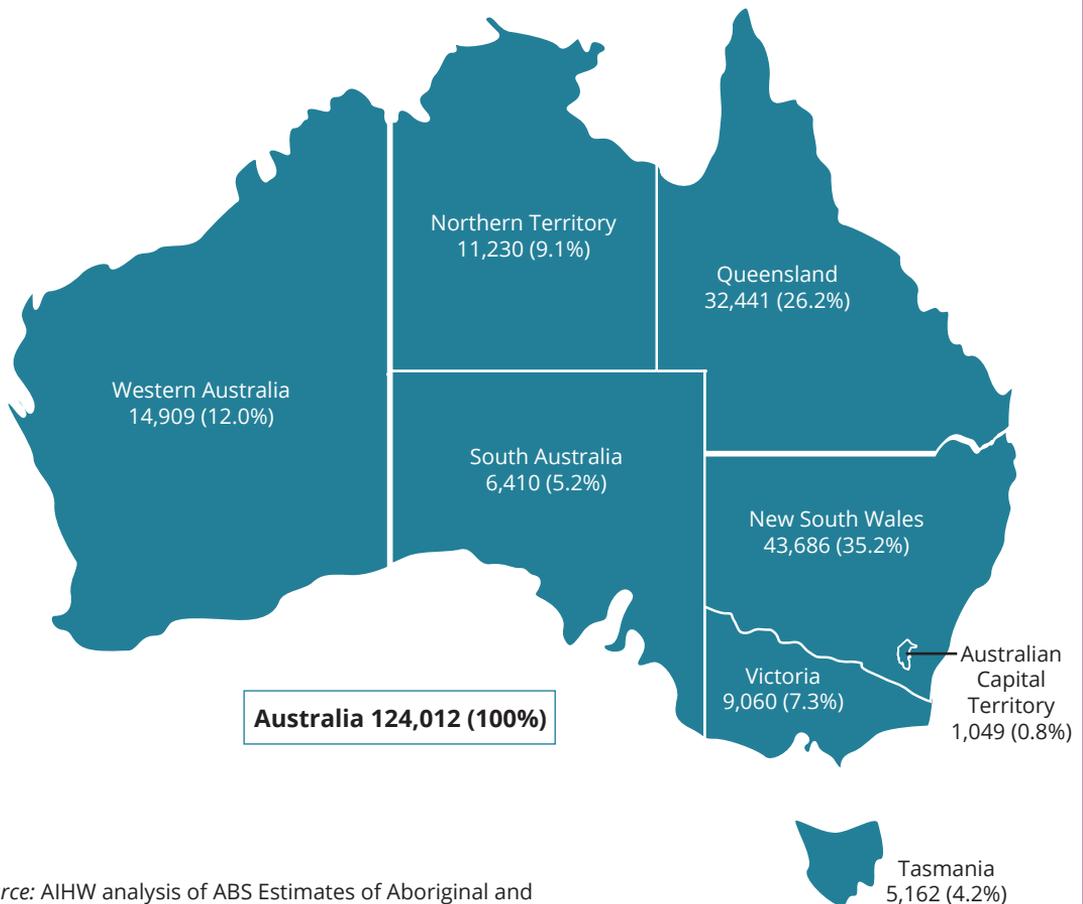
In 2016, among Indigenous Australians aged 50 and over:

- 91% (113,251) identified as being of Aboriginal origin only
- 6% (7,117) as being of Torres Strait Islander origin only
- 3% (3,644) as being of both Aboriginal and Torres Strait Islander origin (ABS 2018).

Geographic distribution

In 2016, New South Wales had the largest population of Indigenous Australians aged 50 and over—35% (43,686)—and Queensland had the second largest—26% (32,441) of the Indigenous population aged 50 and over (Figure 2.2).

Figure 2.2: Indigenous population aged 50 and over, by state and territory, 30 June 2016



Source: AIHW analysis of ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 (using Table Builder) (ABS 2018).

Indigenous Australians aged 50 and over are more likely to live in urban and regional areas than in remote areas (Table 2.1).

Table 2.1: Indigenous people aged 50 and over by remoteness area, 30 June 2016

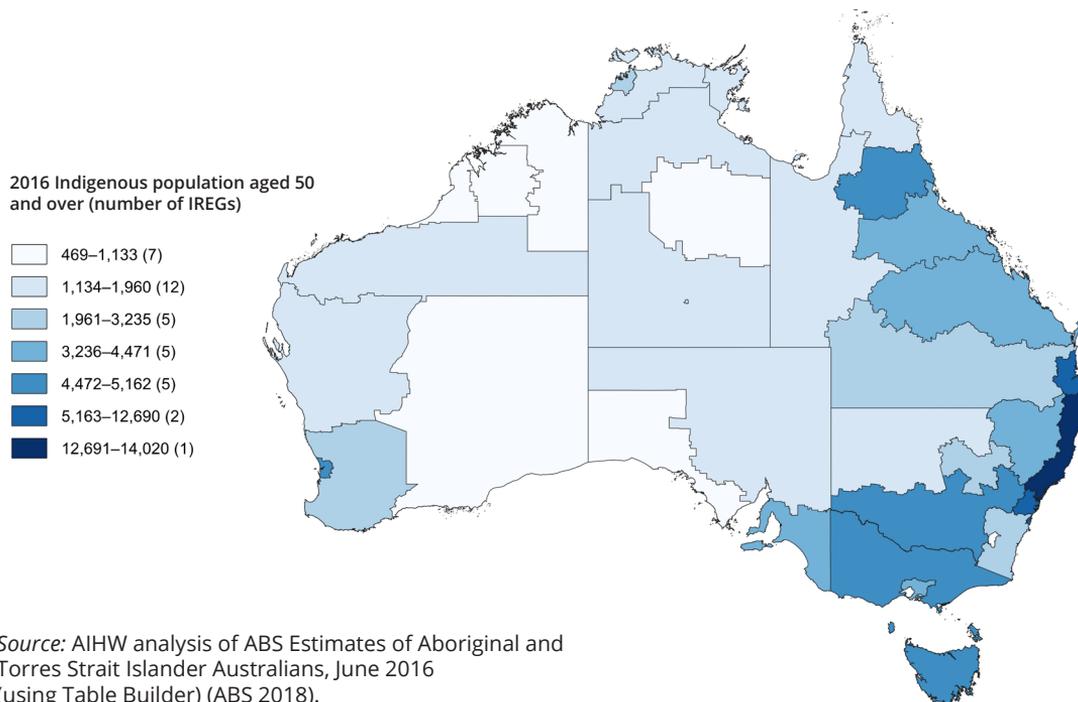
Remoteness area	Number	Per cent	% Indigenous
Major cities	43,062	34.7	0.8
Inner regional	29,477	23.8	1.7
Outer regional	27,336	22.0	3.5
Remote	9,770	7.9	10.4
Very remote	14,367	11.6	28.5
Total	124,012	100.0	1.5

Source: AIHW analysis of ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 (using Table Builder) (ABS 2018).

Indigenous regions

Estimates of the Indigenous population aged 50 and over is available by Indigenous Regions (IREGs) (Figure 2.3). Within the 37 IREGs, 51% of the total Indigenous population aged 50 and over lived in 8 IREGs.

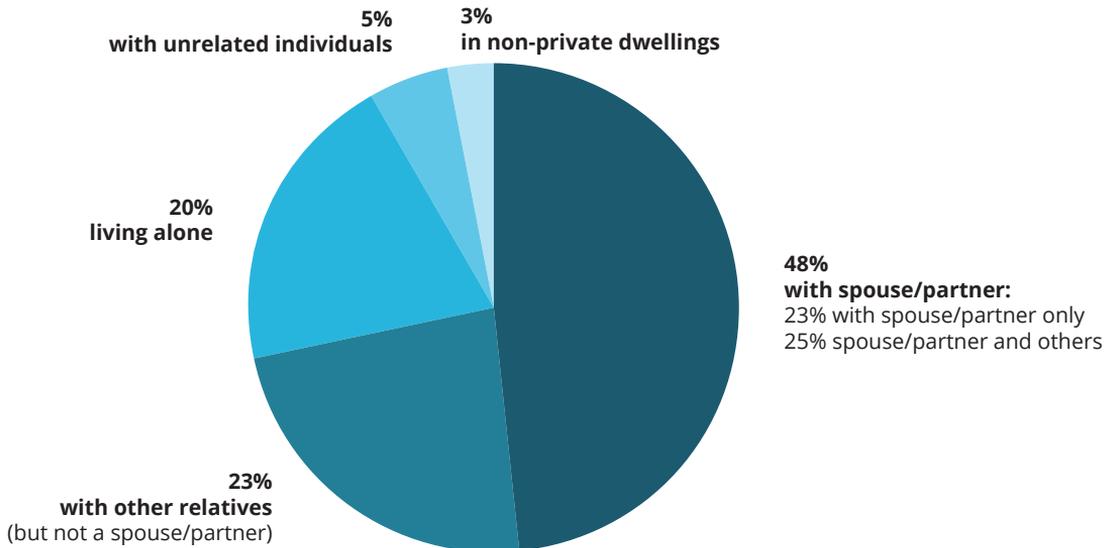
Figure 2.3: Indigenous population aged 50 and over, by 37 IREGs, 30 June 2016



Living situation

On 2016 Census night, 48% (47,700) of Indigenous Australians aged 50 and over lived with a spouse or partner, 23% (23,000) lived with other relatives and 20% (20,500) lived alone (Figure 2.4).

Figure 2.4: Living arrangements of Indigenous Australians aged 50 and over, 2016



Source: AIHW analysis of ABS Census of Population and Housing, 2016 (using Table Builder) (ABS 2017).

In 2016, among Indigenous Australians aged 50 and over:

- 53% of men lived with a spouse or partner—compared with 43% of women
- 30% of women lived with other relatives—compared with 15% for men
- the proportion living alone was similar for both men and women.

Caring responsibilities

In the 2 weeks prior to Census night 2016, among Indigenous Australians aged 50 and over:

- 22% (22,255) provided unpaid care for children
- 18% (17,744) assisted a person with daily activities due to disability, long-term health conditions or problems related to old age (ABS 2017).

Connection to culture

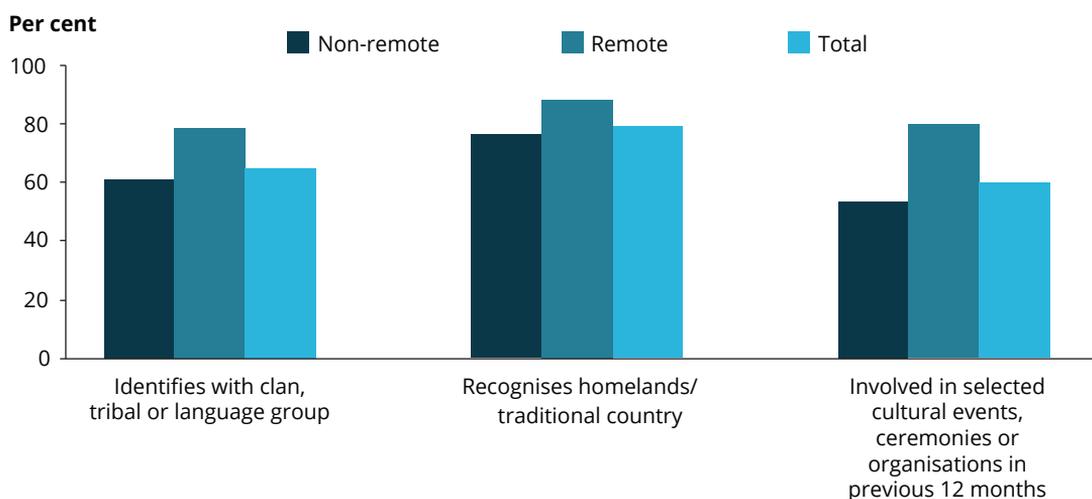
Indigenous Australians show strong resilience, persistence and adaptation in the face of colonisation and entrenched disadvantage, facilitated through a strong connection with their culture.

In 2014–15 among Indigenous Australians aged 50 and over, based on self-report:

- 79% recognised an area as homelands or traditional country
- 65% identified with a clan, tribal or language group
- 60% were involved in selected cultural events, ceremonies or organisations in the past 12 months.

Across each of these measures, the proportions were higher among those living in remote areas than in non-remote areas (Figure 2.5).

Figure 2.5: Selected measures of cultural connectedness among Indigenous Australians aged 50 and over, by remoteness, 2014–15



Source: AIHW analysis of 2014–15 National Aboriginal and Torres Strait Islander Social Survey (Using Table Builder) (ABS 2016b).

In 2016 among Indigenous Australians aged 50 and over:

- 10% reported speaking an Australian Indigenous language at home
- the most widely spoken Indigenous language group was the Arnhem Land and Daly River Region Languages (ABS 2017).

Living as you get older—access to aged care

Aged Care Assessments Teams conduct assessments (called ACAT assessments) under the Aged Care Assessment Program and approve people for entry into home care, residential aged care, transition care, and short-term restorative care. Assessment by a Regional Assessment Service is required to access the Commonwealth Home Support Programme (CHSP).

What aged care programs are available?

Commonwealth Homes Support Programme (CHSP)—provides entry-level support services to help people stay independent and in their homes for longer

Home Care Packages Program (Home Care)—assists older people with complex care needs who wish to remain at home, and are able to do so with assistance.

Residential aged care—provides accommodation and other services such as personal care and nursing care.

Flexible aged care—an alternative to mainstream residential and home care. Transition Care, supports the return home after hospitalisation. The National Aboriginal and Torres Strait Islander Flexible Aged Care Program provides culturally appropriate care to Indigenous Australians close to home and community; mainly in remote areas.

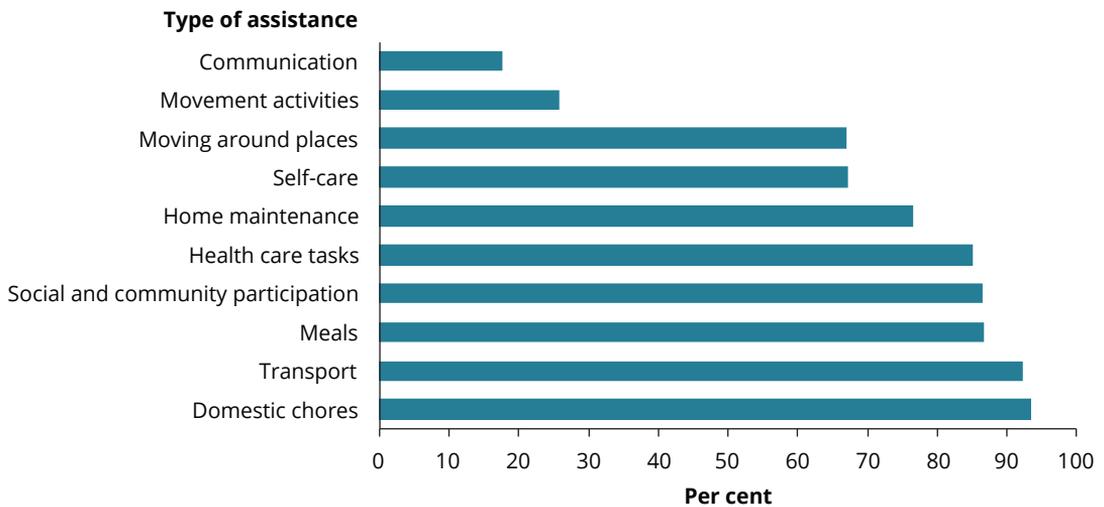
Administrative data are available through the AIHW National Aged Care Clearinghouse.

Assessment for aged care

In 2015–16:

- 1.4% (2,309) of all Aged Care Assessment Program clients aged 50 and over with completed ACAT assessments were Indigenous Australians
- 2.1% of all Indigenous Australians aged 50 and over had an ACAT assessment
- among Indigenous Australians aged 50 and over with an ACAT assessment—94% (2,160) needed help or support with domestic chores and 92% (2,128) needed help with transport (Figure 2.6).

Figure 2.6: Indigenous Australians aged 50 and over with a completed ACAT assessment, by type of assistance needed, 2015–16



Source: AIHW analysis of the National Aged Care Data Clearinghouse.

Aged care programs

Table 2.2 shows the use of aged care programs among Indigenous Australians aged 50 and over. The majority of Indigenous people who were receiving assistance, were receiving care in their own home.

Table 2.2: Indigenous Australians aged 50 and over, use of aged care programs

Aged care type	Reference period	Number of Indigenous clients	% of total clients aged 50 and over	% of Indigenous population aged 50 and over
Commonwealth Home Support Programme	2016–17	20,102	3.1%	18%
Home Care Packages Program	30 June 2017	2,196	3.9%	1.9%
Residential aged care	30 June 2017	1,679	0.9%	1.4%

Source: AIHW analysis of the National Aged Care Data Clearinghouse.

Flexible care

Flexible care acknowledges that in some circumstances an alternative to mainstream residential and home care is required. Two of these programs are:

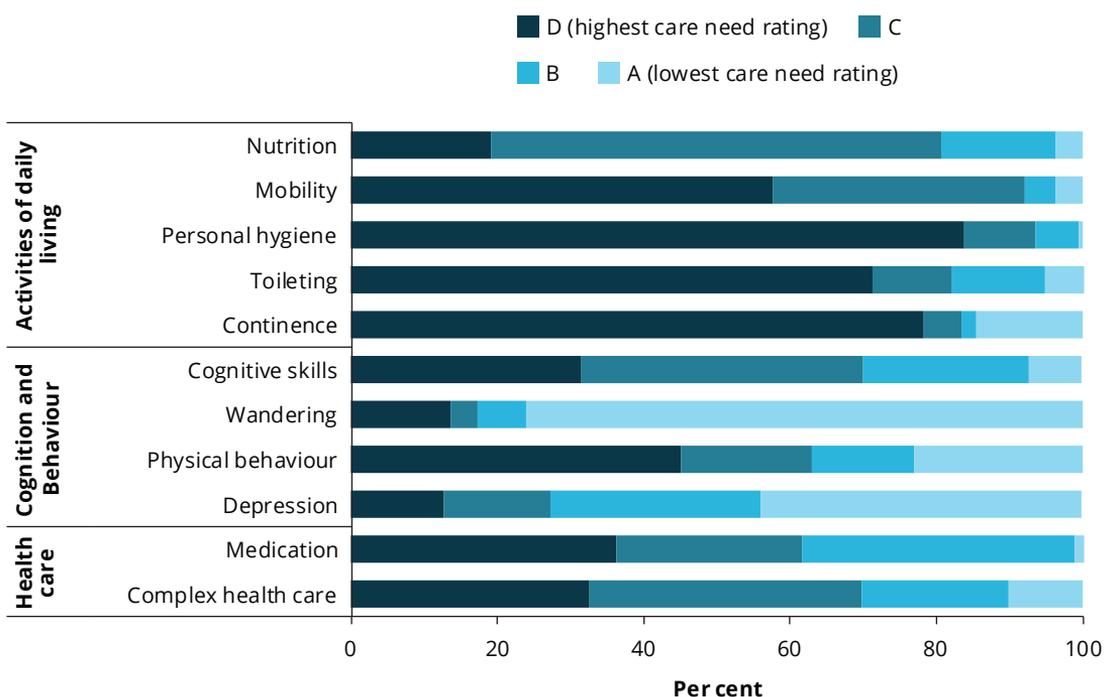
- Transition care—220 admissions, and 219 exits in 2016–17
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program—860 places in June 2018—of which 349 were in the Northern Territory (DOH 2018).

Care needs of people in residential aged care

People in permanent residential care require assistance with most activities. Their needs are assessed through the Aged Care Funding Instrument (ACFI), an assessment tool which looks at 3 broad ‘domains’ of care to determine the subsidy level—activities of daily living, cognition and behaviour, and complex health care.

Among Indigenous Australians aged 50 and over in residential aged care as at 30 June 2017, in the domains of activities of daily living—84% (1,317) had the highest care need rating for personal hygiene (Figure 2.7).

Figure 2.7: Assessed need for care among Indigenous Australians aged 50 and over in permanent residential aged care, by domain and specific area, 30 June 2017



Source: AIHW analysis of the National Aged Care Data Clearinghouse.



As part of the ACFI assessment, diagnosed health conditions that impact on current care needs are recorded. Among Indigenous Australian residents aged 50 and over in permanent residential aged care at 30 June 2017:

- about half (49%) had dementia, most commonly Alzheimer disease
- 39% had depression
- 32% had arthritis (including rheumatoid as well as other types of arthritis)
- one quarter (25%) had a diagnosis of type 2 diabetes.



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Health and functioning

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Abuse of older people may involve intentional actions that cause harm or serious risk of harm by a person who stands in a relationship of trust, or by such a person failing to prevent some injury, deprivation or dangerous condition.

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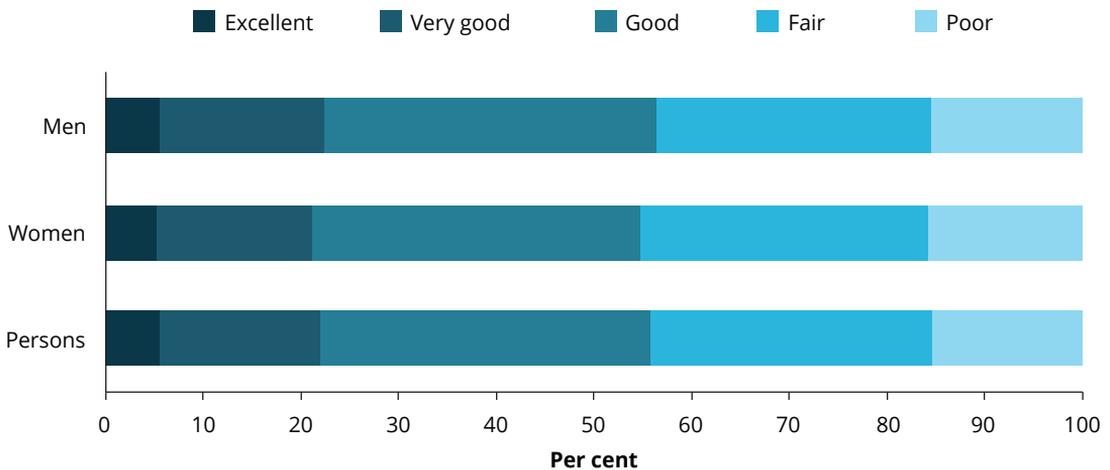
Declines in health and functioning mean some older people have a diminished capacity for self-care or self-protection, leaving them vulnerable to abuse or mistreatment (Bonnie & Wallace, 2003). This is important in the context of Indigenous Australians as they have poorer health outcomes than the broader population, and therefore may be more vulnerable to abuse.

Self-assessed health

In 2014–15, among Indigenous Australians aged 50 and over:

- 56% (55,100) reported their health as good, very good or excellent
- 29% (28,500) reported their health was fair
- 16% (15,500) reported their health as poor (Figure 3.1).

Figure 3.1: Self-assessed health status among Indigenous Australians aged 50 and over, by sex, 2014–15



Source: AIHW analysis of 2014–15 National Aboriginal and Torres Strait Islander Social Survey (Using Table Builder) (ABS 2016b).

Health services

This section provides information on the use of selected health services among Indigenous Australians aged 50 and over (mental health service use are presented in chapter 5).

Access to and use of health services should be viewed from the perspective of Indigenous Australians having access to culturally safe services. They are more likely to access services they regard as being culturally safe.



What is cultural safety in health care?

Cultural safety in health care is about the experience of the care recipient—allowing the patient to feel safe in health-care interactions. It goes beyond cultural awareness as it explicitly acknowledges the experience of the recipient of care. It requires a genuine partnership between caregiver and recipient—where power is shared between the 2 individuals and/or cultural groups.

Among Indigenous Australians aged 45 and over in 2012–13, 22% reported that they needed to go to a doctor in the previous 12 months but did not. Of these people over one-fifth (23%) said that the reason for their non-attendance was a perceived lack of cultural appropriateness of the service (including, for example, due to discrimination, language problems or lack of trust in the service provider) (Aboriginal and Torres Strait Islander Health Performance Framework report. Cat. no: IHW 194. Canberra: AIHW).

Source: AIHW 2018.

Primary health care

In 2014–15, among Indigenous Australians aged 50 and over, 90% (an estimated 89,100) reported that they had seen a doctor in the previous 12 months for their own health. Women reported a higher rate than men (94% compared with 86%) and those in non-remote areas compared to remote areas (90% compared with 88%).

In 2016–17, among the 196 organisations that provided Indigenous primary health-care data—82% (364,100) of clients identified as Indigenous. Two-thirds of organisations were Aboriginal Community Controlled Health Organisations—which saw around 84% of clients (AIHW 2018a).

Disability services

In 2016–17, among Indigenous Australians aged 50 and over, 2,918 people used disability support services under the National Disability Agreement:

- 57% used employment services—which provide employment assistance and opportunities
- 31% used community support services—which support recipients in living in a non-institutional setting (AIHW 2018c).

Admitted hospital patient care

Over the 2-year period 2014–16:

- 3.4% of hospitalisations for the total Australian population aged 50 and over were for Indigenous Australians
- excluding dialysis care, the rate of hospitalisations among Indigenous people aged 50 and over, was 670 per 1,000 population (AIHW analysis of National Hospital Morbidity Database).

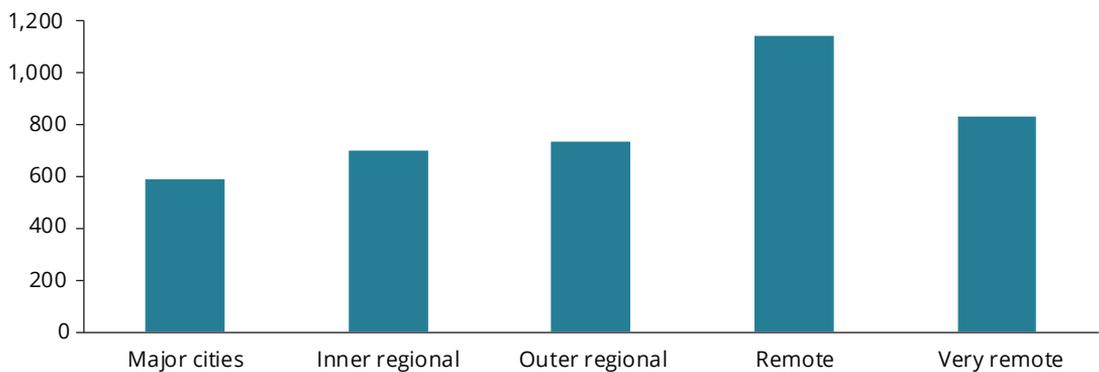
Emergency department presentations

Over the 2-year period 2015–17:

- 3.1% of emergency department presentations for the total population aged 50 and over were among Indigenous Australians
- there were 731 emergency department presentations per 1,000 Indigenous Australians aged 50 and over, highest for those living in *Remote* areas—1,140 per 1,000 population (Figure 3.2).

Figure 3.2: ED presentations among Indigenous Australians aged 50 and over, by remoteness, 2015–17

Rate (per 1,000 population)



Note: The quality of Indigenous identification in NNAPEDCD data has not been formally assessed. Further details about the NNAPEDCD are available in the Emergency department care 2016–17: Australian hospital statistics (AIHW 2017).

Source: AIHW analysis of the National Non-admitted Patient Emergency Department Care Database.

Burden of disease

In 2011, among Indigenous Australians aged 50 and over:

- there were 66,141 years of healthy life lost due to premature death or to living with disease or injury—around 750 years of life lost for every 1,000 Indigenous Australians aged 50 and over
- dying early caused more years of life lost (64% of the total) than living with poor health (46%).

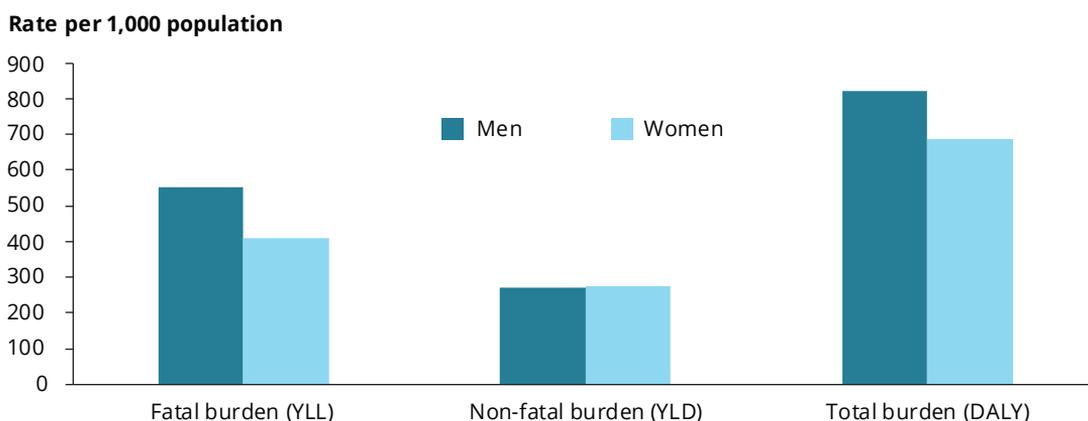
What is burden of disease analysis?

Burden of disease analysis compares the impact of different diseases, conditions, injuries and risk factors on a population. It quantifies the fatal and non-fatal effects of diseases so they can then be combined into a measure of health called 'disability-adjusted life years', or DALYs, counting:

- years of life lost (YLL) due to premature death; that is, the fatal burden
- years of life lived with disability (YLD)—years spent in states of less than full health; that is, the non-fatal burden.

The disease burden was higher for men than women (822 compared with 685 per 1,000 population)—due to a higher rate of fatal burden among men (Figure 3.3).

Figure 3.3: Disease burden among Indigenous Australians aged 50 and over, by sex, 2011



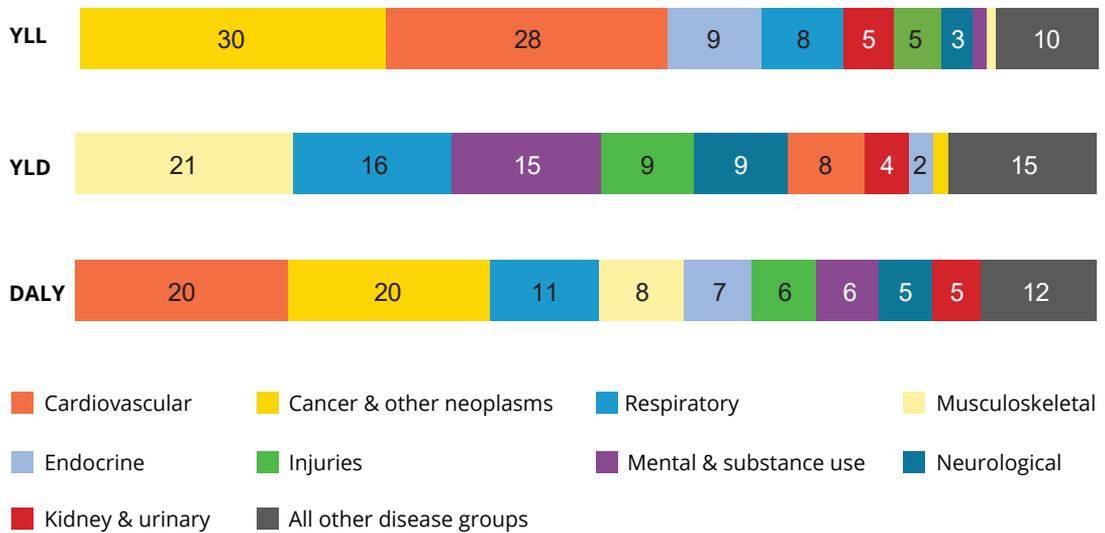
Source: AIHW analysis of the Australian Burden of Disease Study Database.

Leading cause of disease burden

In 2011, among Indigenous Australians aged 50 and over:

- 20.4% of the total disease burden was due to cardiovascular diseases
- 19.6% of the total disease burden was due to cancer and other neoplasms (Figure 3.4).

Figure 3.4: Contribution (%) of disease groups to fatal (YLL), non-fatal (YLD) and total (DALY) burden, Indigenous Australians aged 50 and over, 2011



Source: AIHW analysis of the Australian Burden of Disease Study 2011.

Disability

In 2014–15, among Indigenous Australians aged 50 and over, 13% (an estimated 13,300 people) had a severe or profound core activity limitation; that is, they needed help with communication, mobility and/or self care—this rate was similar:

- across remote (15%) and non-remote areas (13%)
- among men and women (both 14%) (ABS 2016c).

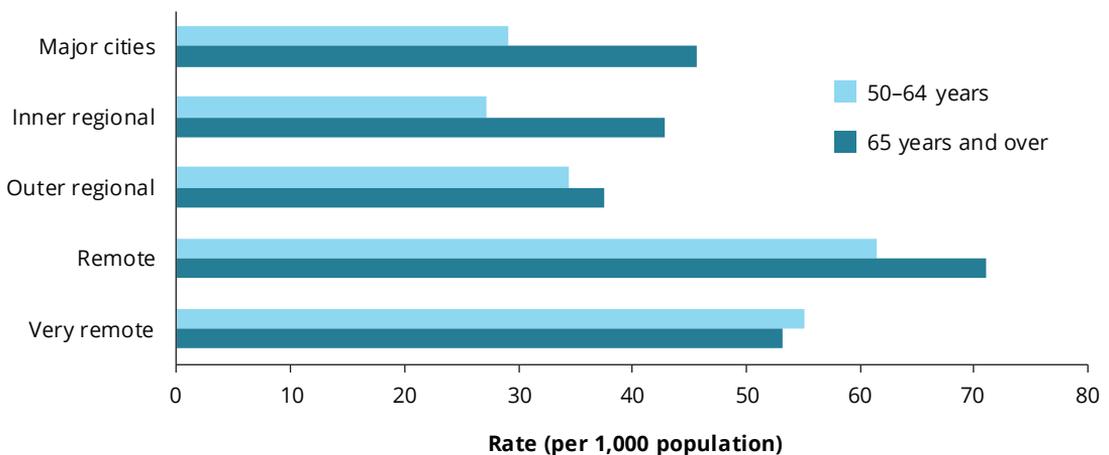
Injury and poisoning

In 2012–13, among Indigenous Australians aged 50 and over 1 in 9 reported that they had been injured in the previous 4 weeks (ABS 2014).

In 2014–16, among Indigenous Australians aged 50 and over, for hospitalisations with a principal diagnosis of injury and poisoning:

- there were 8,400 hospitalisations—39 per 1,000 population
- 46% had an external cause of falls
- 12% had an external cause of assault
- the rates in *Remote* and *Very remote* areas were the highest (Figure 3.5).

Figure 3.5: Hospitalisations for injury and poisoning among Indigenous Australians aged 50 and over, by age group, 2014–16



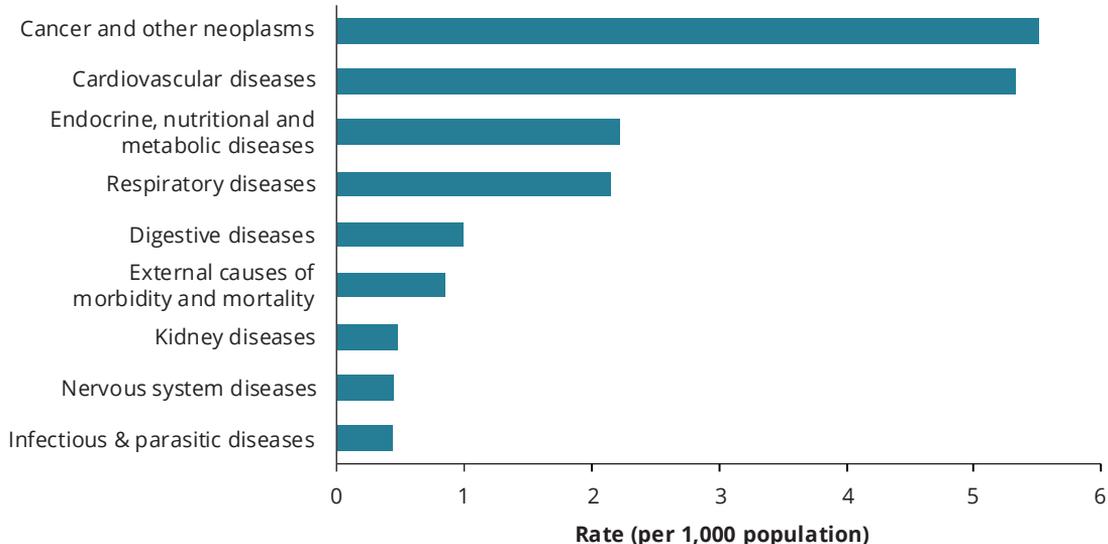
Source: AIHW analysis of the National Hospital Morbidity Database.

Leading causes of death

During the 5-year period 2012–2016, in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined the leading broad causes of death for Indigenous Australians aged 50 and over were:

- cancer and other neoplasms—2,492 deaths, corresponding to a rate of 5.5 deaths per 1,000 population
- cardiovascular diseases—2,413 deaths, corresponding to a rate of 5.3 deaths per 1,000 population
- endocrine, nutritional and metabolic diseases—1,004 deaths, or a rate of 2.2 per 1,000 population (Figure 3.6).

Figure 3.6: Causes of death among Indigenous Australians aged 50 and over, rate per 1,000 population, 2012–2016



Note: Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined.

Source: AIHW analysis of National Mortality Database.



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Social and emotional wellbeing

Social and emotional wellbeing is the foundation for physical and mental health for Indigenous Australians. It is a holistic concept which results from a network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual (Commonwealth of Australia 2017).

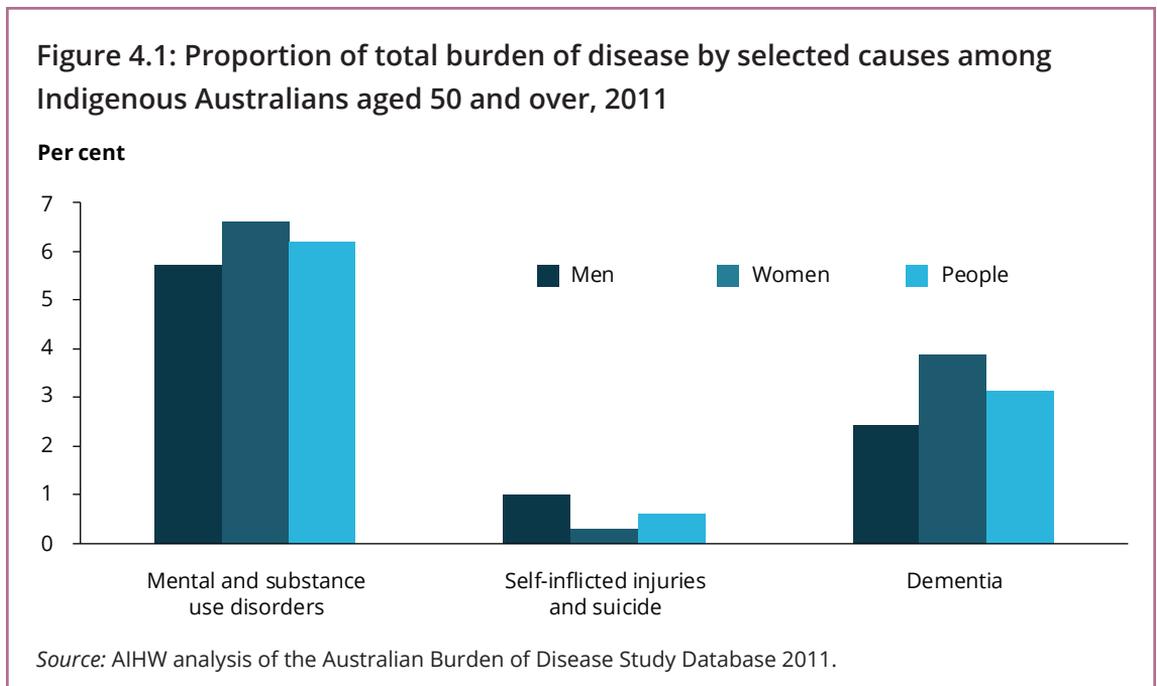
International studies have found that declines in health and functioning, mental disorders (such as depression), cognitive impairment and social isolation are some of the risk factors for abuse of older people (WHO 2015).

Mental health and wellbeing

In 2011, among Indigenous Australians aged 50 and over:

- 6% (4,076 DALYs) of the total disease burden experienced was due to mental and substance use disorders (higher for women than men—6.6% compared with 5.7%)
- 3% (2,069 DALYs) of the total disease burden experience was due to dementia (higher for women than men—3.9% compared with 2.4%)
- 1% (427 DALYs) of the total disease burden was due to self-inflicted injuries and suicide (Figure 4.1).

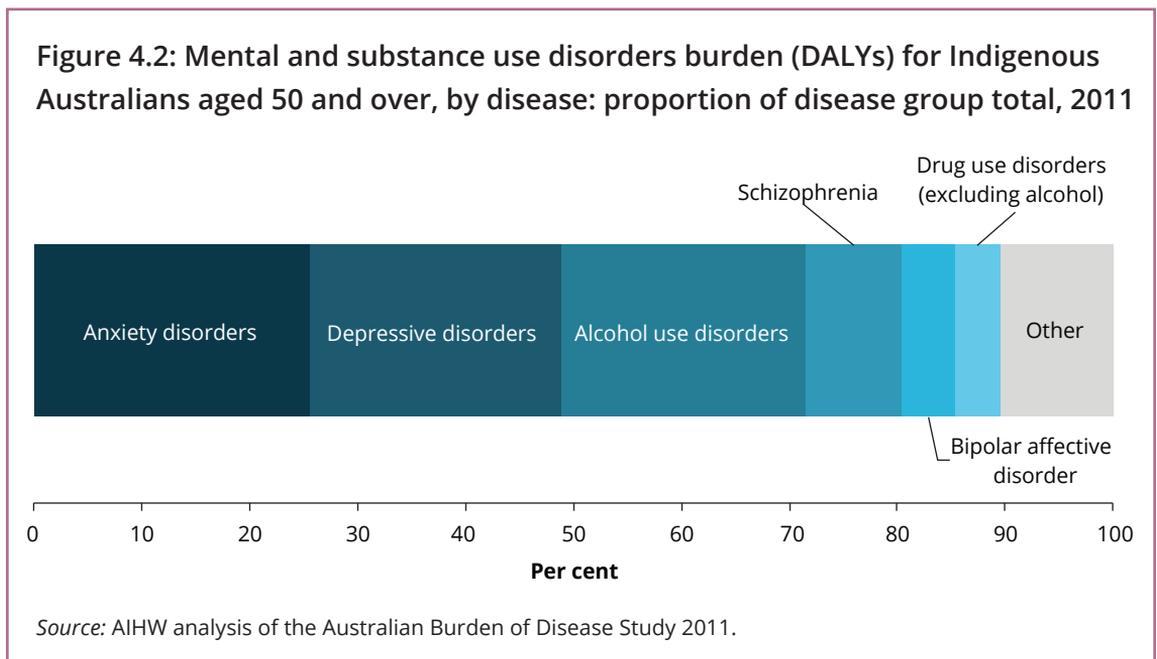
Fatal burden contributed the majority of the burden for mental and substance use disorders and dementia.



Mental and substance use disorders

In 2011, among the 6%, of the total disease burden experienced by Indigenous Australians aged 50 and over due to mental and substance use disorders:

- 26% (1,045 DALYs) was attributed to anxiety disorders
- 23% (947 DALYs) to depressive disorders and 23% (926 DALYs) to alcohol use disorders (Figure 4.2).



Self-inflicted injuries and suicide

In 2011, among Indigenous Australians aged 50 and over self-inflicted injuries and suicide caused an estimated 4.8 years of healthy life lost per 1,000 population. The rate of burden was higher for men than for women.

Dementia

In 2011, among Indigenous Australians aged 50 and over, 3% (2,069) of the total disease burden was due to dementia. The burden due to dementia was higher among older age groups due to a higher prevalence of dementia with aging (71 YLL per 1,000 population among those aged 65 and over, compared to 7 YLL per 1,000 population among those aged 50–64).

Mental health service use

Self-reported service use

In 2012–13, among Indigenous Australians aged 50 and over who reported experiencing high/very high levels of psychological distress in the previous 4 weeks:

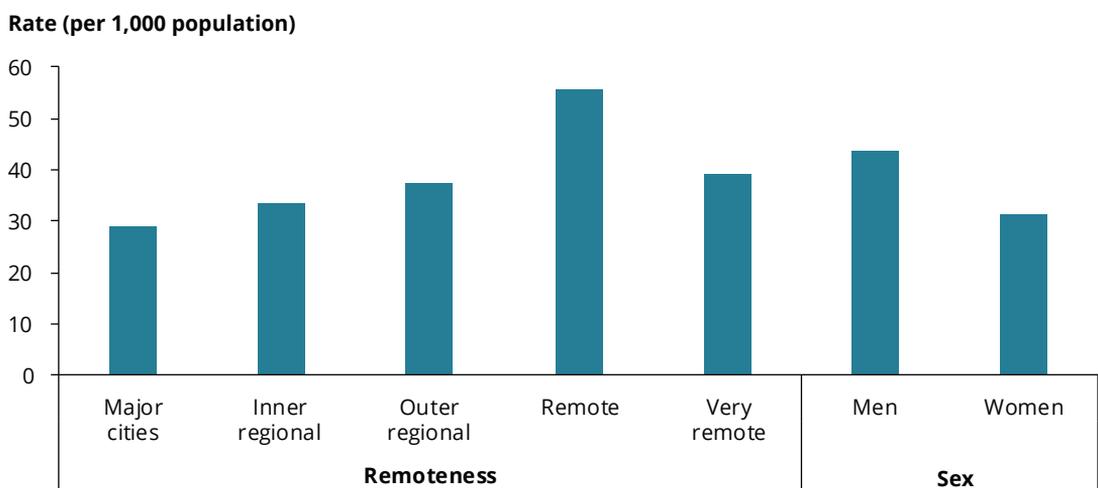
- 31% (7,400) had seen a doctor or other health professional about these feelings
- 43% (10,300) had days where they were unable to work or carry out normal activities due to these feelings—of these people, about half had seen a doctor or other health professional about these feelings (ABS 2014).

Emergency department presentations

Over the 2-year period 2015–17:

- 6.3% (8,359) of all emergency department presentations for mental and behavioural disorders among those aged 50 and over were among Indigenous Australians
- there were nearly 37.2 emergency department presentations for mental and behavioural disorders per 1,000 Indigenous Australians aged 50 and over, with the rate highest in *Remote* and *Very Remote* areas (Figure 4.3).

Figure 4.3: Emergency department presentations for mental and behavioural disorders among Indigenous Australians aged 50 and over, by remoteness and by sex, 2015–17



Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Admitted patient care

Over the 2-year period 2014–16:

- 2% (6,137) of all mental health related hospitalisations among those aged 50 and over were for Indigenous Australians; of these
- there were 29 mental health related hospitalisations per 1,000 population (AIHW analysis of the National Hospital Morbidity Database).

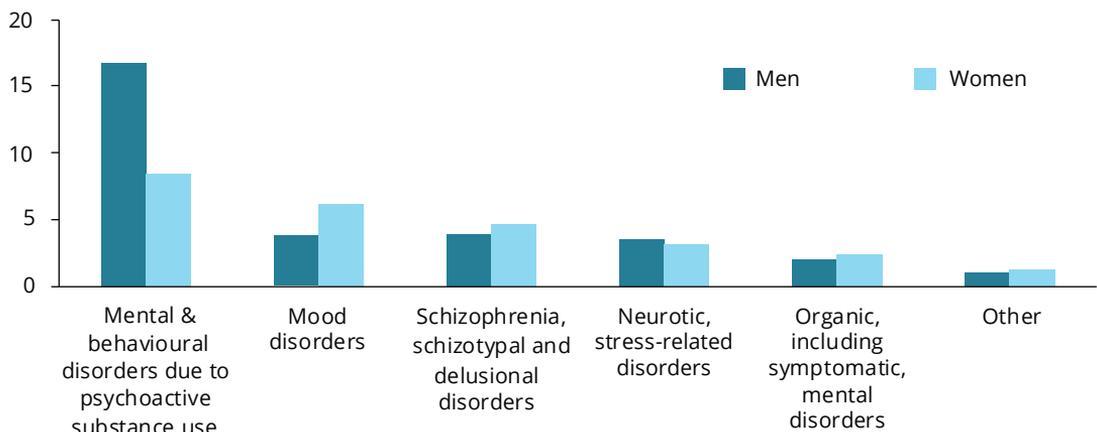
Among mental health related hospitalisations over 2014–16, for Indigenous Australians aged 50 and over:

- 43% (2,663 hospitalisations) were for mental and behavioural disorders due to psychoactive substance use—this was largely disorders due to the use of alcohol (2,436 hospitalisations)
- 18% were due to mood disorders (for example, depression)
- 15% were due to schizophrenia, schizotypal and delusional disorder.

For both Indigenous men and women aged 50 and over, mental and behavioural disorders due to psychoactive substance use were the most common reason for mental health-related hospitalisations (Figure 4.4).

Figure 4.4: Rate of mental health-related hospitalisations among Indigenous Australians aged 50 and over, by type of condition, by sex, 2014–16

Rate per 1,000 population



Source: AIHW analysis of National Hospital Morbidity Database.

Specialised mental health treatment

Mental illness can be treated in community or hospital-based outpatient care settings. Collectively, these services are referred to as community mental health care.

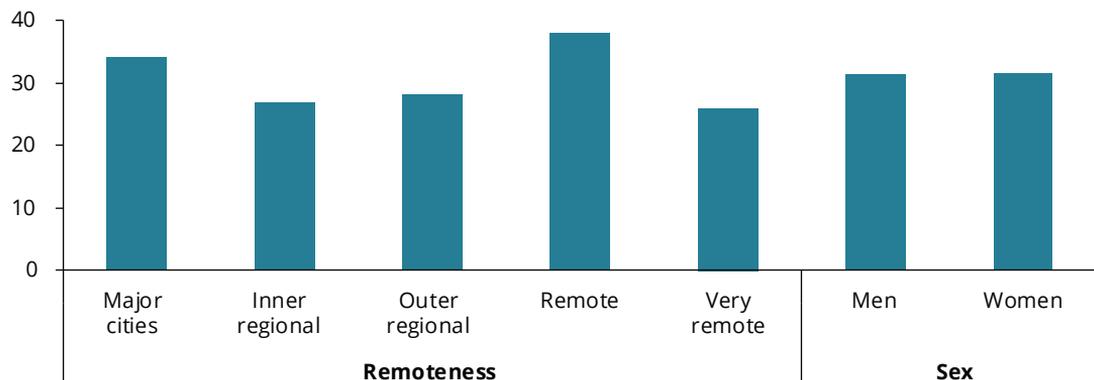
In 2015–16:

- 3.6% (3,457) of all community mental health service patients aged 50 and over were Indigenous Australians
- 3.1% of the Indigenous Australian population aged 50 and over received community mental health services
- there was on average 23 contacts per Indigenous Australian patient aged 50 and over.

The use of community mental health services was broadly similar for women and men and varied by remoteness (Figure 4.5).

Figure 4.5: Indigenous community mental health service clients aged 50 and over, by remoteness and sex, 2015–16

Rate (per 1,000 population)



Source: AIHW analysis of the National Community Mental Health Care Database.

The Australian Government also funds organisations to provide mental health and substance services primarily to Indigenous Australians. These services are reported to the Online Services Report data collection.

In 2016–17, 80 organisations that were providing social and emotional wellbeing services to around 16,300 clients reporting to this collection (AIHW 2018a). However, information on how many of these clients were aged 50 and over is not available.

Mental health related deaths

Over 2012–2016, in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined, around 0.8% (361 deaths) of all mental health related deaths for those aged 50 and over were of Indigenous Australians (AIHW analysis of the National Mortality Database).

Racism and unfair treatment

Indigenous Australians have shown resilience, persistence and adaptation to colonisation and adversity; nonetheless these experiences have had a profoundly negative and long-lasting impacts on their wellbeing (Dudgeon & Walker 2015; Zubrick et al. 2014). Racism and discrimination cause psychological distress and increases the risk of mental health issues—including depression, and risky behaviours such as substance use (Ferdinand et al. 2012; Priest et al. 2011).

In 2014–15, among Indigenous Australians aged 50 and over reported that, 29% (27,500) had experienced unfair treatment due to being Indigenous and 13% (13,000) had avoided situations as a result of past unfair treatment due to being Indigenous (in the previous 12 months) (AIHW analysis of ABS 2016b).

The Stolen Generations

One of the most profound negative consequences of colonisation was the removal of Indigenous children from their families that occurred as a systemic part of government policies in the 20th century, referred to as The Stolen Generations. A 2018 AIHW analysis of the ABS 2014–15 NATSISS estimated that 13,800 people aged 50 and over in 2014–15 were removed from their families, representing 14% of all Indigenous Australians aged 50 and over (AIHW 2018b).

The AIHW analysis showed that those removed from their families—used as a proxy measure for The Stolen Generations—were significantly more likely to experience a range of adverse health, cultural and socioeconomic outcomes than Indigenous Australians who were not removed.

Significant effects of being removed from family among people aged 50 and over were estimated for a number of outcomes, compared with the Indigenous reference group (AIHW 2018b).

Compared with the reference group, the proxy Stolen Generation aged 50 and over were:

- **2.8 times** as likely to have government payments as their main income source
- **2.7 times** as likely not to be the owner of a home
- **2.3 times** as likely to have ever been formally charged by police
- **2 times** as likely to have ever been incarcerated
- **2 times** as likely not to have good health (measured using a composite index)
- **1.9 times** as likely to be a current smoker



5

Housing circumstances

Houses in good condition and with adequate space have been linked to positive effects on Indigenous family relationships, leading to fewer instances of domestic violence (SCRGSP 2016).

Cultural and social factors may influence appropriate household size for example, Indigenous households often include kin who are elderly or in poor mental or physical health (McDonald 2011).

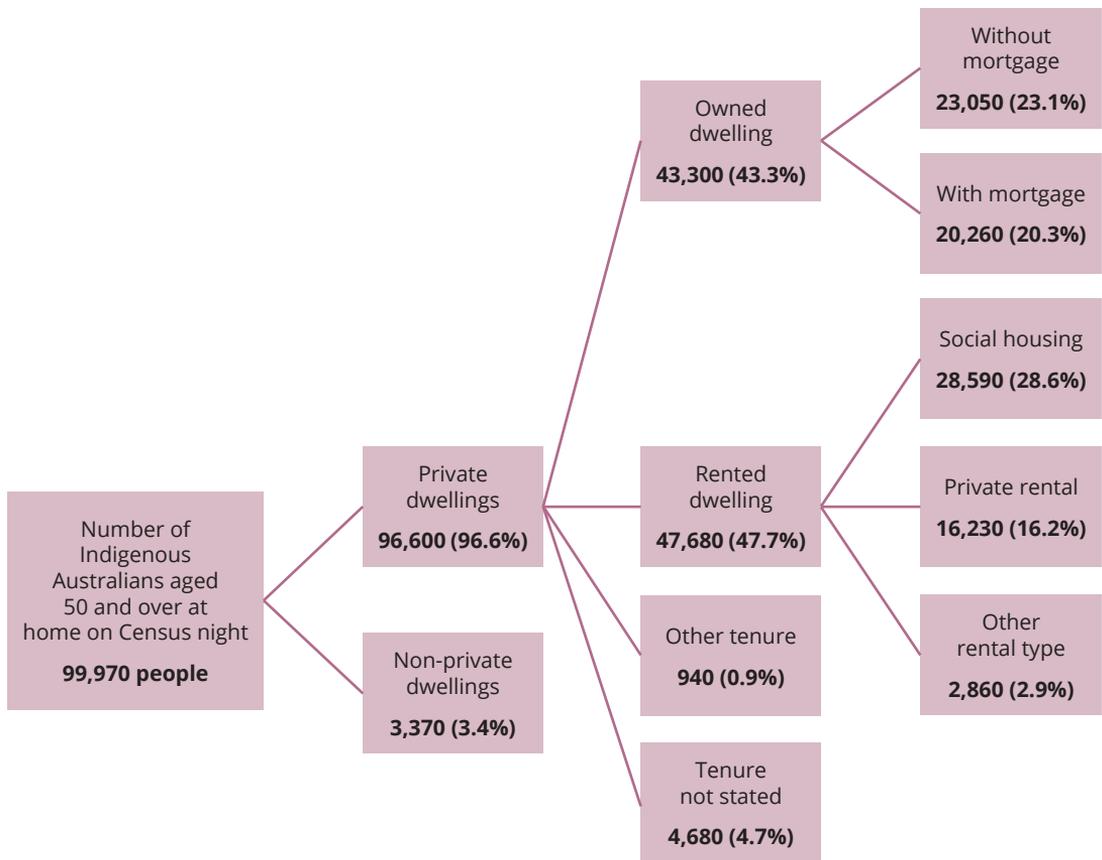
As older people experience increasing care needs, this may require renegotiation of roles and responsibilities within the family and across the generations. Family members may be interdependent on each other, for housing, emotional support and other assistance.

Housing situation

In 2016, among Indigenous Australians aged 50 and over:

- 43% (43,300) lived in a dwelling that was owned outright or with a mortgage
- nearly 48% (47,680) lived in a rented dwelling (29% or 28,590 in social housing, 16% or 16,230 renting privately) (Figure 5.1).

Figure 5.1: Indigenous Australians aged 50 and over, by dwelling type and housing tenure, 2016



Note: For confidentiality reasons the ABS randomly adjusts Table Builder data, consequently data in this table may differ to data published elsewhere.

Source: AIHW analysis of ABS Census of Population and Housing 2016 (using Table Builder) (ABS 2017).

Housing quality

In 2014–15, among Indigenous Australians aged 50 and over across all tenure types:

- 22% (an estimated 22,000) lived in a dwelling with major structural problems; this proportion was higher for those living in remote than in non-remote areas (31% compared with 20%)
- 11% (an estimated 11,000) lived in an overcrowded dwelling; this proportion was higher in remote areas than non-remote (27% compared with 7%) (ABS 2016a).

What types of housing assistance are available?

Housing assistance is provided through the provision of social housing, financial assistance and through specialist homelessness services.

Commonwealth Rent Assistance is a non-taxable Australian Government income supplement. It is payable to people in the private rental housing market and who receive an income support payment, or more than the base rate of Family Tax Benefit Part A, and pay rent above the minimum threshold. It may also be payable to people living in mainstream community housing or Indigenous community housing and in some jurisdictions, to people living in state owned and managed Indigenous housing.

Social housing is rental housing provided by not-for-profit, non-government or government agencies to eligible households, with rents set below market rates. 'Mainstream' programs available to all Australians include public housing and community housing. Indigenous specific programs include state owned and managed Indigenous housing (SOMIH), and Indigenous community housing.

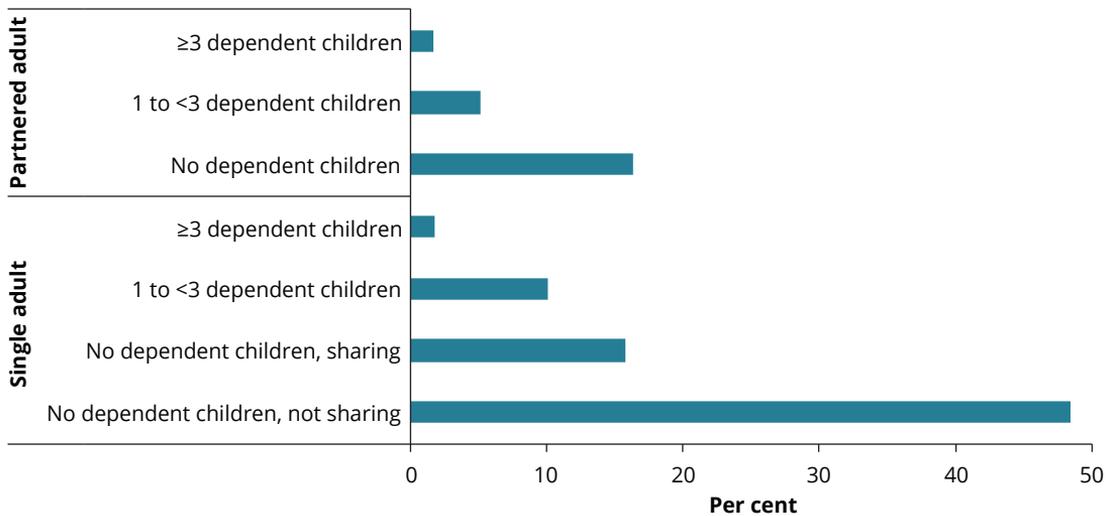
All states and territories have public housing programs, and 5 states and territories—New South Wales, Queensland, South Australia, Tasmania and the Northern Territory—provide SOMIH programs. Data reported in this section do not include the Northern Territory as these were reported in the SOMIH collection for the first time after 30 June 2016.

Commonwealth Rent Assistance

As at 30 June 2017, 17,614 Indigenous Australians aged 50 and over lived in an income unit (that is where command over income is shared) receiving Commonwealth rent assistance:

- 76% (13,409) were the sole adult in the income unit—64% had no dependent children, and 12% with dependent children
- 23% (4,205) were in a partnered income unit (Figure 5.2).

Figure 5.2: Indigenous Australians aged 50 and over receiving Commonwealth Rent Assistance, by type of income unit, as at 30 June 2017



Note: In this figure, ‘sharing’ refers to an accommodation arrangement where a single tenant with no dependent children has a legal right to share a bathroom, kitchen or bedroom with someone else. A subset of those sharing their accommodation are also ‘treated as sharers’ under the Sharer Provisions for Rent Assistance (see, <http://guides.dss.gov.au/guide-social-security-law/3/8/1/110>).

Source: AIHW analysis of Department of Social Services, Australian Government Housing Data Set.

Public housing, and State owned and managed Indigenous housing tenants

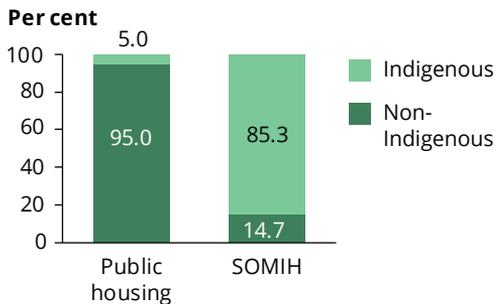
All states and territories have public housing programs, and 5 states and territories—New South Wales, Queensland, South Australia, Tasmania and the Northern Territory—provide SOMIH programs. Data reported in this section do not include the Northern Territory as these were reported in the SOMIH collection for the first time after 30 June 2016.

As at 30 June 2016 there were 13,452 Indigenous Australians aged 50 and over who lived in social housing managed through either the public housing or SOMIH programs, comprising 68% (9,126) in public housing, and 32% (4,326) in SOMIH. This relates to 5% of total public housing tenants aged 50 and over that were Indigenous, and 85% of total SOMIH tenants aged 50 and over that were Indigenous (Figure 5.3).

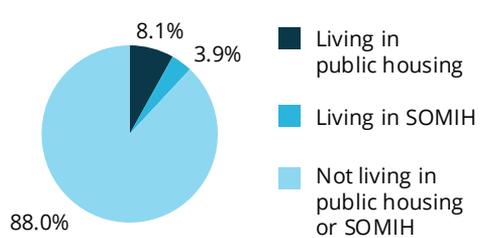
Considered as a population rate, among Indigenous Australians aged 50 and over, at 30 June 2016, there were about 8 public housing tenants per 100 population (8.1%) and 4 SOMIH tenants per 100 population (3.9%) (Figure 5.3).

Figure 5.3: People aged 50 and over: public housing and SOMIH tenants, 30 June 2016

A: Public housing/SOMIH tenants, by Indigenous status



B: Indigenous Australians, by use of public housing and SOMIH



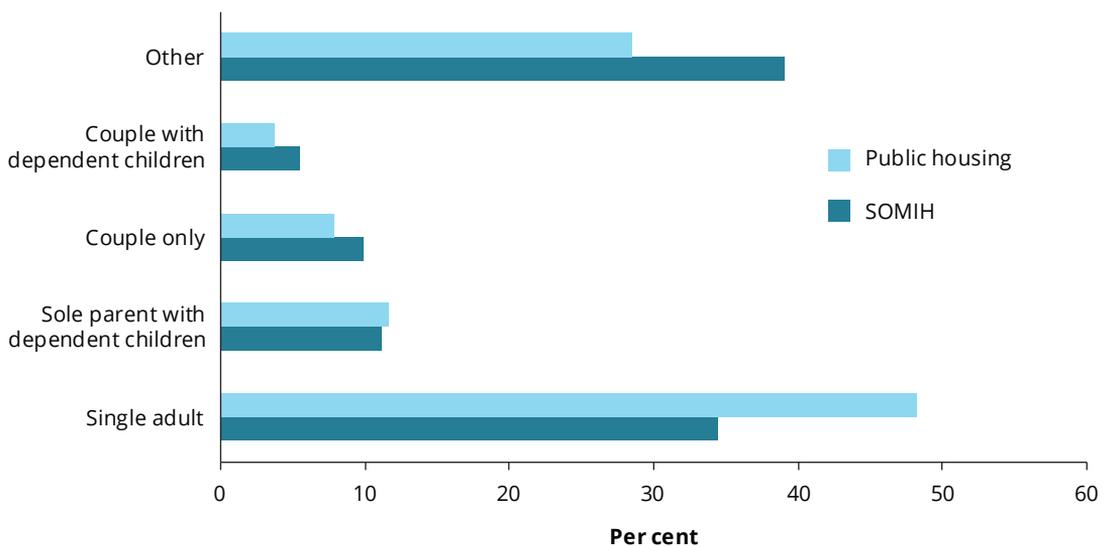
Source: AIHW analysis of the National Housing Assistance Data Repository.

Composition of households in public housing and SOMIH

Information on household composition as at 30 June 2016, show that:

- 48% (4,406) of Indigenous tenants aged 50 and over in public housing were living in a single adult household
- 34% (1,490) of Indigenous tenants aged 50 and over in SOMIH were living in single adult households
- about 1 in 10 households with an Indigenous tenant aged 50 and over were sole parents with dependent children across both public housing (12%) and SOMIH (11%) (Figure 5.4).

Figure 5.4: Indigenous Australian tenants aged 50 and over in public housing and state owned or managed Indigenous housing, by household composition, 30 June 2016



Note: ‘Other’ includes other single income unit household, group household, multiple family household, and unknown.

Source: AIHW analysis of the National Housing Assistance Data Repository.

Community housing

As at 30 June 2016, there were 1,690 Indigenous households (with at least 1 Indigenous member) in community housing that had a tenant aged 50 and over—representing 32% of all Indigenous households in community housing.

It is not possible to report the number of Indigenous tenants aged 50 and over in these households (AIHW analysis of National Housing Assistance Data Repository).

Indigenous community housing

As at 30 June 2016, in Victoria, Queensland, Western Australia, South Australia and Tasmania combined, there were 3,238 households living in Indigenous Community Housing (ICH) that had a tenant aged 50 and over. This is an underestimate, as information is not available for New South Wales and the Northern Territory—and 39% of all ICH dwellings were in these 2 jurisdictions (AIHW analysis of the National Housing Assistance Data Repository).

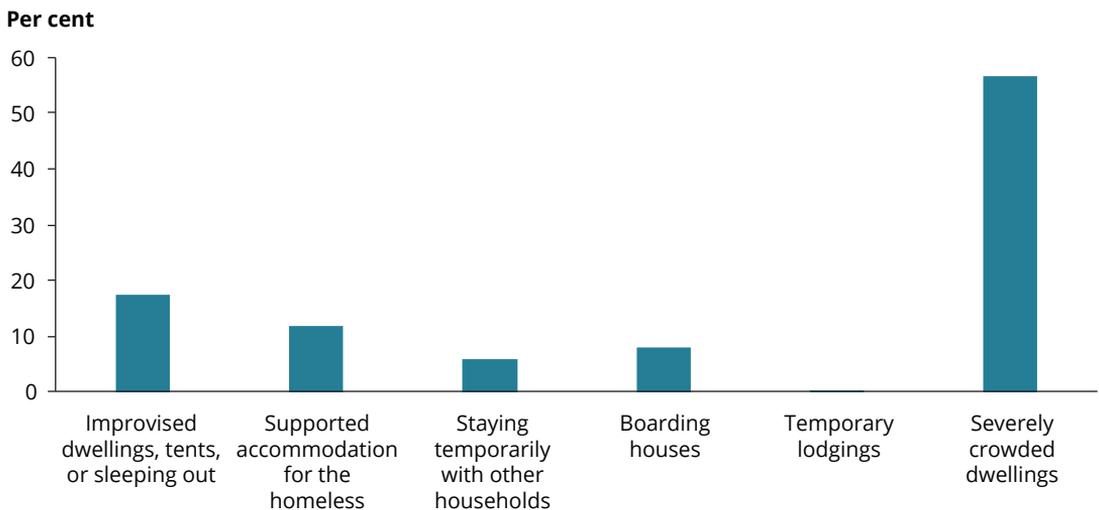
Homelessness and marginal housing

In 2014–15, 23% (an estimated 22,300) of Indigenous Australians aged 50 and over had experienced homelessness during their lifetime: 18% for those living in remote areas and 25% for those in non-remote areas (ABS 2016a).

On Census night in 2016, nearly 3% (3,060) of the Indigenous Australian population aged 50 and over were homeless. Of this group:

- 57% (1,731) lived in severely crowded dwellings (requiring 4 or more additional bedrooms)
- 17% (533) lived in improvised dwellings, tents or sleeping out (Figure 5.5).

Figure 5.5: Homelessness among Indigenous population aged 50 and over, by type, 2016



Source: AIHW unpublished analysis of ABS 2016 Census of Population and Housing data.

Homelessness services

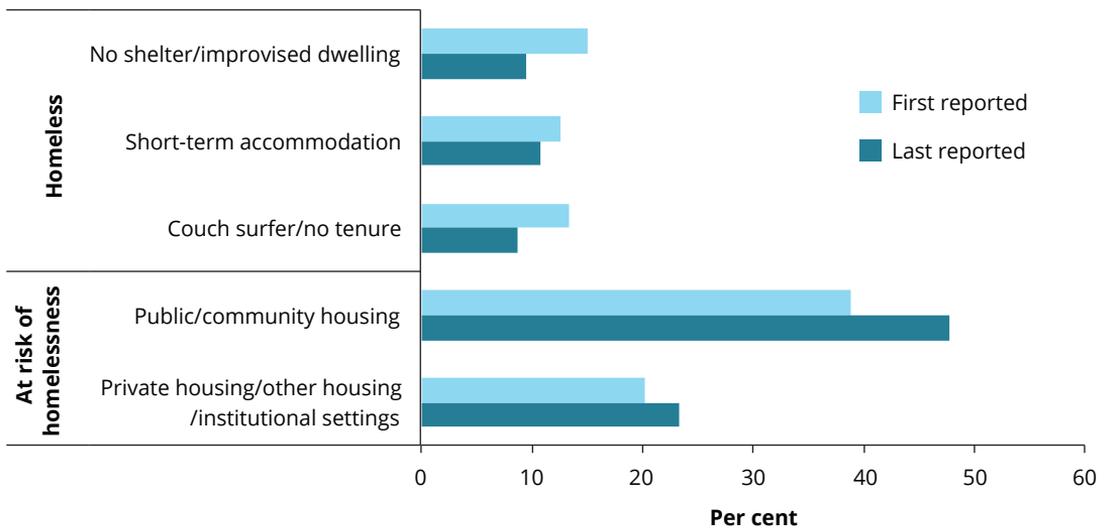
In 2016–17, around 5% (5,392) of Indigenous Australians aged 50 and over were using specialist homelessness services (SHS), with one-fifth having experienced domestic and family violence.

There were 4,030 Indigenous Australian SHS clients aged 50 and over for whom all support periods were completed at the end of the 2016–17 financial year.

Comparing their housing situation at the end of their last support period compared with their first support period:

- 29% were homeless—down from 41% at the start
- 9% were sleeping rough—down from 15%
- 48% were in public or community housing—up from 39% (Figure 5.6).

Figure 5.6: Indigenous Australian SHS clients aged 50 and over, by housing situation first reported and last reported over the support period 2016–17



Source: AIHW analysis of Specialist Homelessness Services Collection Data Cubes (AIHW 2018d).



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Education, employment and financial security

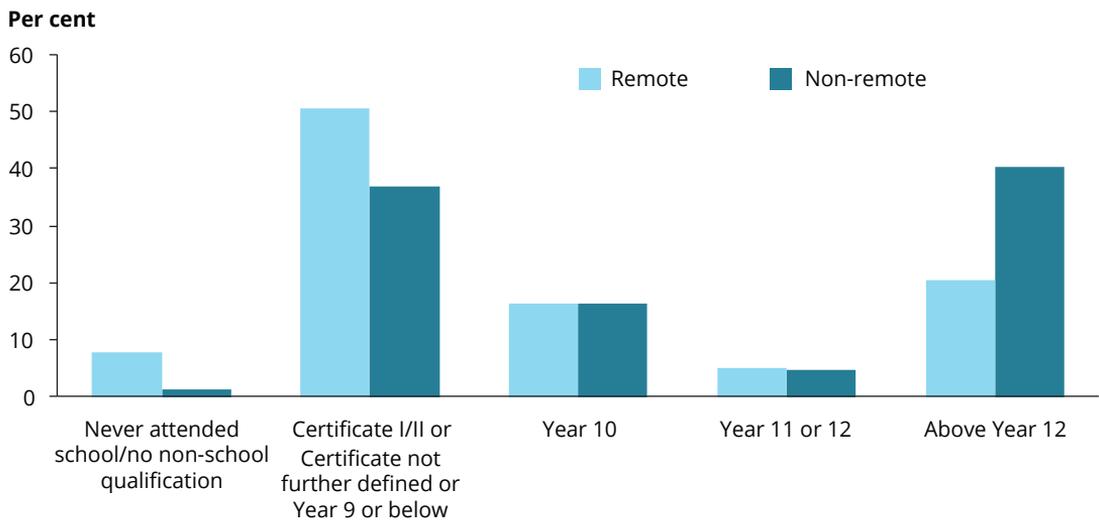
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Socioeconomic determinants may influence an individual's risk or capacity to respond to instances of elder abuse, either indirectly or directly.

Education

In 2014–15, among Indigenous Australians aged 50 and over 36% (an estimated 34,500) had attained qualifications above Year 12—including: 19% with certificate III/IV; 9% with diplomas; 8% with bachelor degrees or above.

Figure 6.1: Highest educational attainment, Indigenous Australians aged 50 and over, by remoteness, 2014–15



Source: AIHW analysis of 2014–15 National Aboriginal and Torres Strait Islander Social Survey (Using Table Builder) (ABS 2016b).

Among Indigenous Australians aged 50 and over in 2014–15:

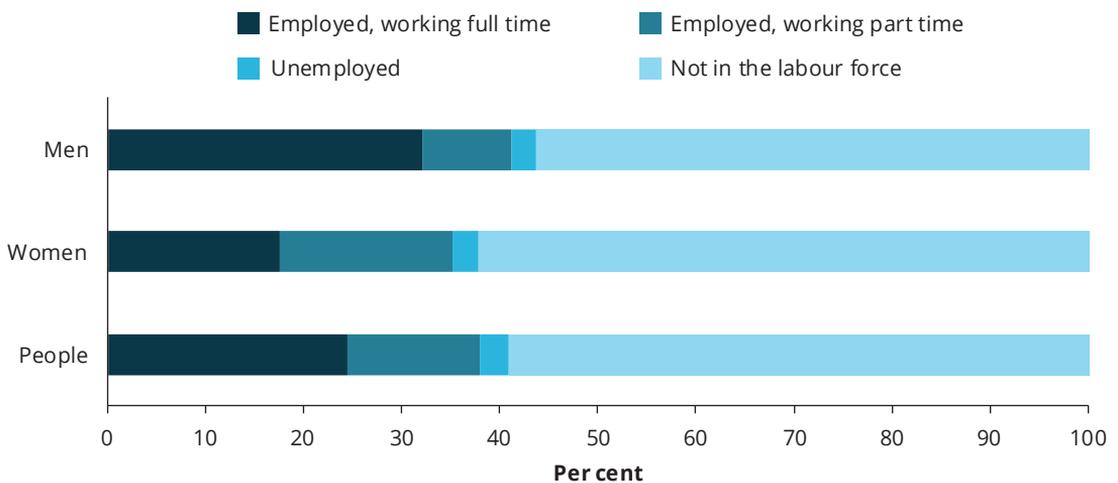
- 40% of those living in non-remote areas had attained qualifications above Year 12, compared with 20% of those living in remote areas
- 50% of those living in remote areas reported certificate level I/II or Year 9 or below as their highest level of attainment, compared with 37% in non-remote areas.

Employment

In 2014–15, among Indigenous Australians aged 50 and over:

- 38% (an estimated 37,500) were employed—of those 64% were employed full time
- 3% (an estimated 2,800) were unemployed
- 59% (an estimated 58,500) were not in the labour force (Figure 6.2).

Figure 6.2: Employment status by sex, Indigenous Australians aged 50 and over, 2014–15



Source: AIHW analysis of 2014–15 National Aboriginal and Torres Strait Islander Social Survey (Using Table Builder) (ABS 2016b).

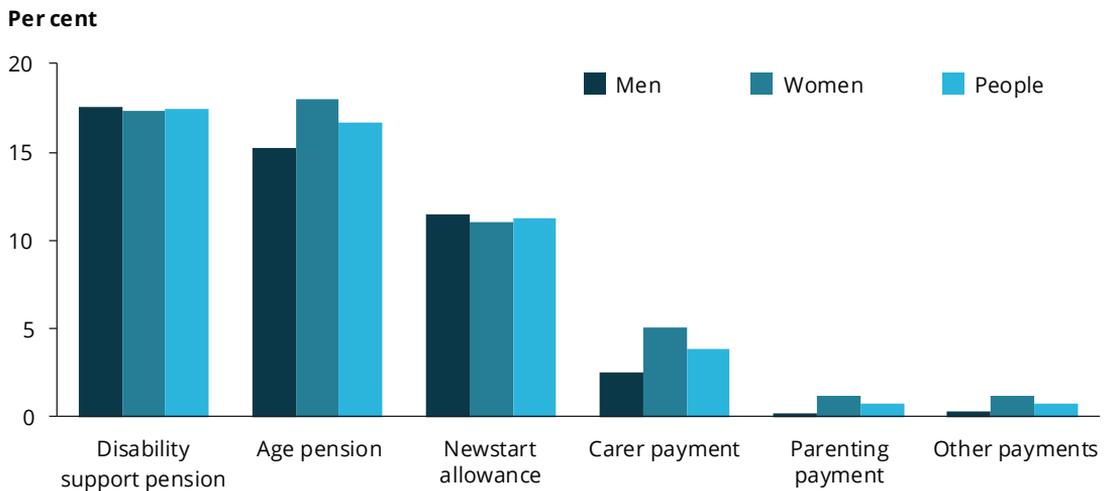
Income and income support

Based on survey data, in 2014–15, 2 in 5 Indigenous Australians aged 50 and over lived in households with incomes at the bottom 20% of all households (based on equivalent household income).

As at 30 June 2017, about half (51% or 59,489) of Indigenous Australians aged 50 and over were receiving some form of income support. This represents 1.8% of all Australians aged 50 or over who were receiving income support.

The most common form of income support among Indigenous Australians aged 50 and over was disability support pension, followed by the age pension and Newstart allowance (Figure 6.3).

Figure 6.3: Income support payments received among Indigenous Australians aged 50 and over, by sex, 30 June 2017



Source: AIHW analysis of unpublished data provided by the Department of Social Services (based on Department of Human Services administrative data, DSS Blue Book Data Set).

Financial stress

In 2014–15, among Indigenous Australians aged 50 and over:

- 2 in 5 (41% or 38,700) lived in households where they could not raise \$2,000 within a week in an emergency—with a higher proportion in remote areas (65% or 13,800) than in non-remote areas (34% or 24,900)
- 1 in 5 (19% or 19,200) lived in households where members had run out of money for basic living expenses in the last 12 months, with those aged 50–64 (23% or 16,600) more likely than those aged 65 and over (10% or 2,600).



7

Alcohol and substance use

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Older people with alcohol and other drug problems can be at risk of exploitation as a result of a range of flow-on effects, including, substance-related cognitive loss that reduces their ability to respond, substance-related disabilities that result in reliance on others for assistance or care, and social isolation (WHO, 2006).

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Consequences of elder abuse also include depression, psychological stress and substance addiction (Joosten et al, 2017). While less is known about the characteristics of people who perpetrate elder abuse, the perpetrator's depression or alcohol and drug use have also been identified as risk factors (Kaspiew et al, 2016).

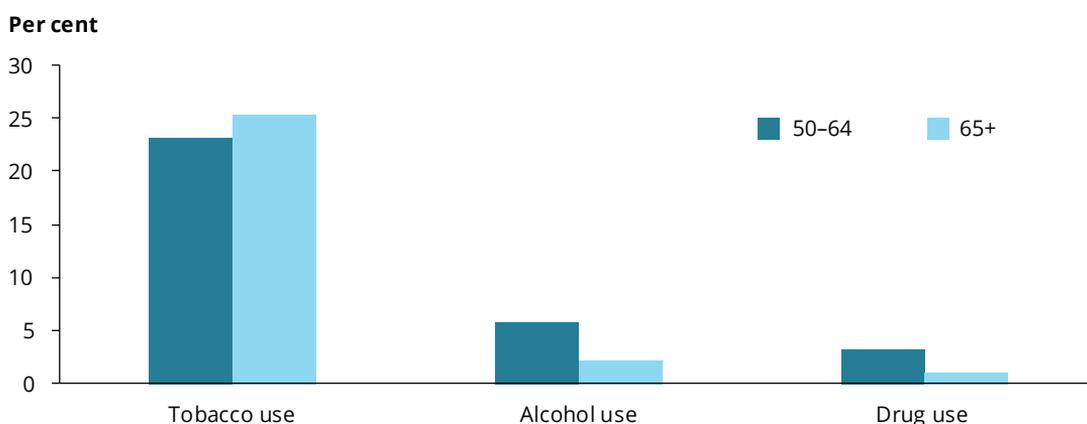
Burden of disease from tobacco, alcohol and other drug use

Data from the Australian Burden of Disease Study (ABDS) 2011 indicate that of the total disease burden experienced by Indigenous Australians aged 50 and over in 2011 (66,141 DALYs):

- 24% (15,820 DALYs) was attributable to tobacco
- 4.4% (2,941 DALYs) was attributable to alcohol use
- 2.4% (1,558 DALYs) was attributable to drug use.

The disease burden due to tobacco was higher for those aged 65 and over than for those aged 50–64, while for alcohol and drug use the disease burden was higher for those aged 50–64 (Figure 7.1).

Figure 7.1: Proportion of total disease burden attributable to tobacco, alcohol use, and drug use among Indigenous Australians aged 50 and over, by age group, 2011



Source: AIHW analysis of the Australian Burden of Disease Database 2011.

Tobacco, alcohol and other drug use

In 2014–15, among Indigenous Australians aged 50 and over:

- 37% (an estimated 36,700) reported that they were current smokers—with 36% smoking daily
- 23% (an estimated 22,200) exceeded single occasion alcohol guidelines—34% for men and 13% for women; while 15% (an estimated 14,100) exceeded the guidelines for lifetime risk—24% for men and 6% for women
- 17% (an estimated 15,200) misused prescription drugs and/or used illicit drugs in the previous 12 months.

Alcohol and drug related hospital use

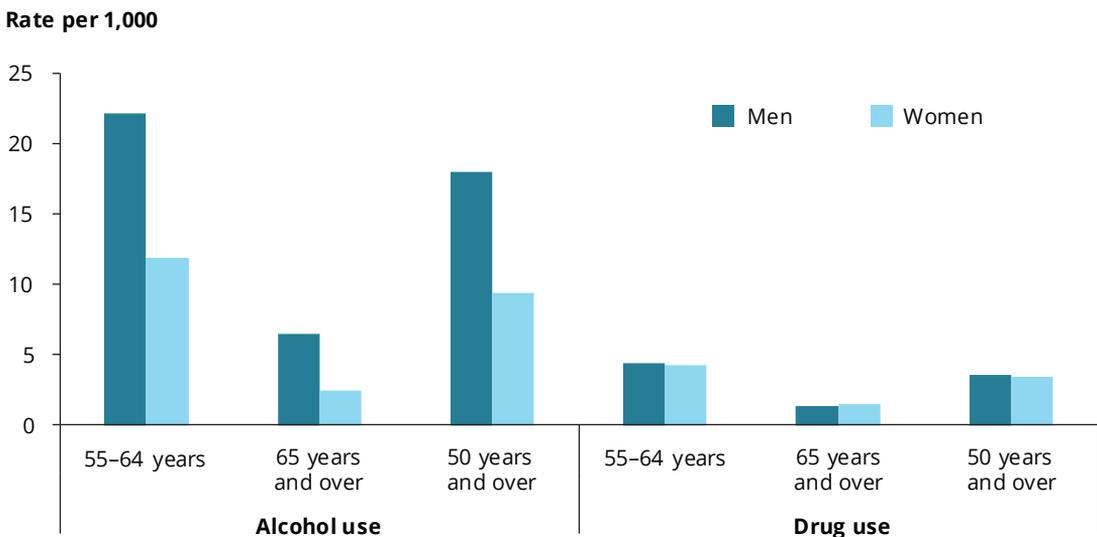
Emergency department presentations

In 2015–17, in the emergency department 18% (5,367) of all presentations among people aged 50 and over for alcohol/drug abuse and alcohol/drug induced mental disorders were for Indigenous Australians (based on the major groups of diagnoses). Considered as a population rate, this represents on average, 2 presentations for alcohol and drug use for every 100 Indigenous Australians aged 50 and over, with men presenting at nearly double the rate of women. (AIHW analysis of the National Non-admitted Patient Emergency Department Care Database—note the quality of Indigenous identification has not been formally assessed).

Admitted hospitalisations

In 2014–16, among people aged 50 and over, 5.3% (2,888) of hospitalisations related to alcohol use were for Indigenous Australians (based on principal diagnosis), representing a rate of 13 hospitalisations per 1,000 population. Men presented at a higher rate than women (18 compared with 9.3 per 1,000 population). The hospitalisation rate related to drug use was 3.5 per 1,000 population—with the rates for men and women were similar (Figure 7 .2).

Figure 7.2: Hospitalisation rate due to alcohol and drug use for Indigenous Australians aged 50 and over, by age group and sex, (based on principal diagnosis) 2014–16

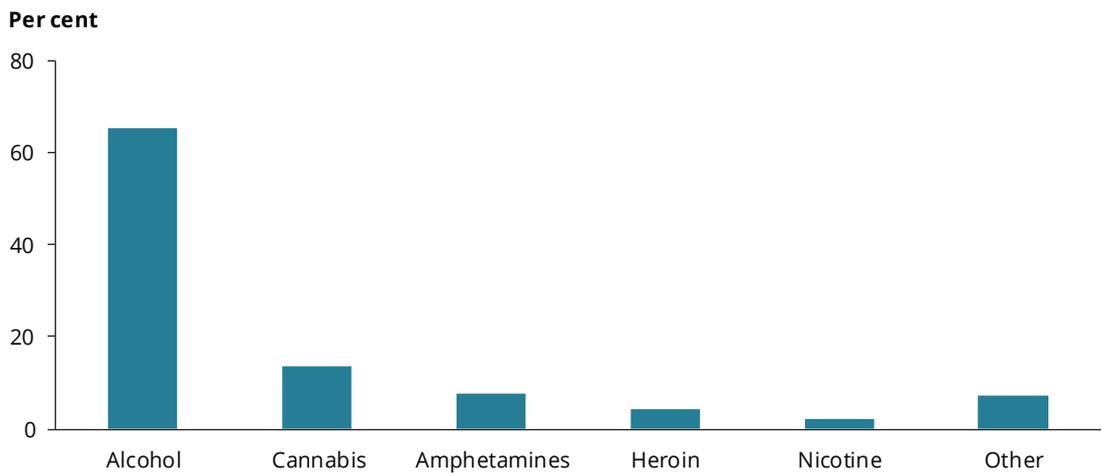


Source: AIHW analysis of the National Hospital Morbidity Database.

Specialised drug and alcohol treatment

In 2016–17, among those aged 50 and over in publicly funded alcohol and other drug treatment services for their own drug use, 8.5% (1,210) were Indigenous Australians—a rate of 1,054 Indigenous clients per 100,000 population. Alcohol accounted for nearly two-thirds (65%) of all closed treatments episodes for Indigenous clients (Figure 7.3).

Figure 7.3: Closed alcohol and other drug treatment episodes provided to Indigenous Australian clients aged 50 and over for own drug use, by principal drug of concern, 2016–17



Source: AIHW analysis of the Alcohol and Other Drug Treatment Services National Minimum Data Set.

In 2016–17, among those aged 50 and over receiving publically funded alcohol and other drug treatment services in relation to someone else’s drug use—4.3% (87) were Indigenous Australians.

Pharmacotherapy for opioid dependence

Data relating to the use of pharmacotherapy treatment for opioid dependence were available by Indigenous status in New South Wales, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. On a snapshot day in June 2017, 444 Indigenous Australians aged 50 and over were receiving pharmacotherapy treatment, with the most commonly prescribed type being methadone (AIHW analysis of the National Opioid Pharmacotherapy Statistics annual data collection).



8

Safety

There are no national prevalence estimates of elder abuse among Indigenous Australians aged 50 and over. Indigenous Australians, however, are over-represented at all stages of the justice system, both as victims and offenders.

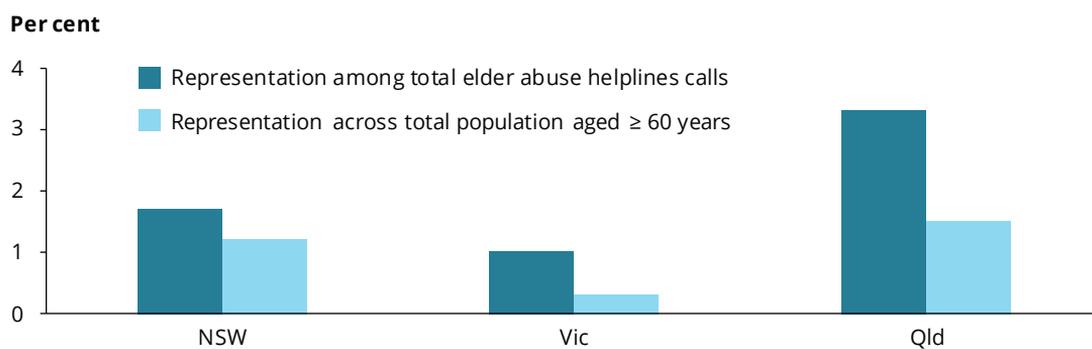
A variety of measures of physical and threatened violence are reported in this section as proxy measures for elder abuse, including, reporting to elder abuse helplines, experiences of physical and threatened violence and feelings of personal and community safety.

Elder abuse helplines

Each state and territory in Australia has a telephone helpline for elder abuse, which provide information, advice and referrals relating to elder abuse. Data by Indigenous status of the older person seeking assistance are available for reporting from New South Wales, Victoria and Queensland.

Information from elder abuse helplines suggest that Indigenous Australians may be over-represented among older people seeking help with abuse (Figure 8.1). These data however do not provide evidence about the prevalence of elder abuse—they only relate to people contacting helplines, and the extent of contact with helplines is affected by knowledge of helpline, willingness to disclose and Indigenous identification.

Figure 8.1: Indigenous Australians seeking help from state based elder abuse helplines, 2017–18



Note: Elder abuse helplines collect and classify data in different ways, so caution should be exercised when comparing across states.

Source: AIHW analysis of data from the NSW Elder Abuse helpline & Resources Unit 2018; Seniors Rights Victoria 2018; Elder Abuse Prevention Unit 2016; ABS 2016 Census based Estimated Resident Population.

Personal and community safety

In 2014–15, Indigenous Australians aged 50 and over reported that:

- 68% (45,700) of those who walked alone after dark felt safe or very safe walking alone in the local area at night
- 22% (15,000) of those who walked alone after dark felt unsafe or very unsafe (of those who walked alone after dark)
- 70% (67,600) were aware of at least 1 local neighbourhood or community problem
- the most common neighbourhood or community problems reported were—dangerous and noisy driving (reported by 44%); theft (43%); illegal drugs (37%) and alcohol (36%).

Self-reported victims of crime

In 2014–15, among Indigenous Australians aged 50 and over, 87% (85,600) reported experiencing no physical violence or threatened physical violence in the previous 12 months, however:

- 7% (6,400) experienced physical violence—with 86% who knew the offender.
- 10% (9,400) experienced *threatened physical violence*.
- 14% (13,300) experienced either physical or threatened violence.

Hospitalisations for assault

Over the 2-year period 2014–16, 17% (1,025) of all hospitalisations due to non-fatal assault among Australians aged 50 and over, were for Indigenous Australians. Among the Indigenous population aged 50 and over, there were 4.8 hospitalisations for non-fatal assault per 1,000 population. The rates were higher in *Remote* and *Very remote* areas (11.9 per 1,000 population) than in *Inner* and *Outer regional* areas, and *Major cities* (3.1 and 2.3 per 1,000 population, respectively).

Police-recorded victims of selected crimes

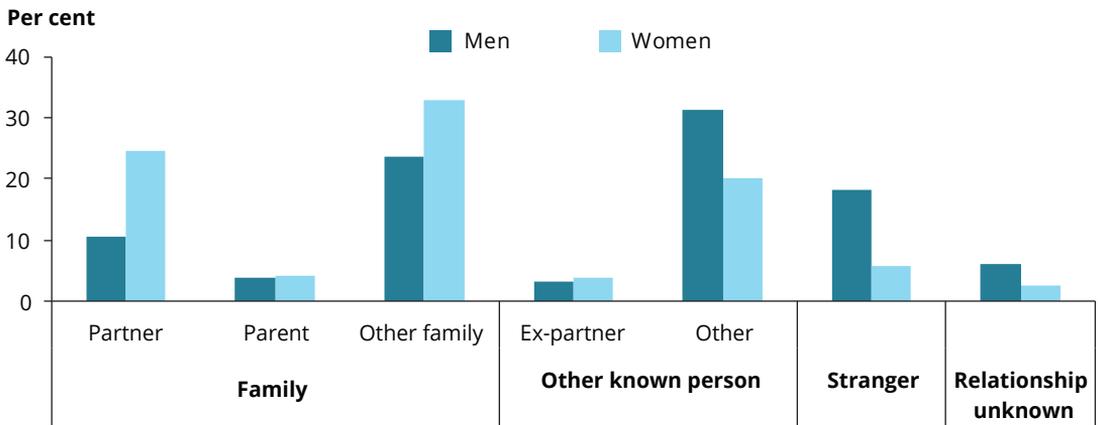
Data by Indigenous status on assaults (including those related to family violence) were available for—New South Wales, South Australia and the Northern Territory.

Assaults

In 2016, in New South Wales, South Australia and the Northern Territory combined:

- 7% (868) of all victims of assault aged 50 and over were Indigenous Australians—with:
 - 92% of women knew their offender compared with 77% of men
 - 18% of men were victims of a *stranger* compared with 6% of women (Figure 8.2).
- there were, on average, 2 victims of assault per 100 Indigenous Australians aged 50 and over—the rate among women was 1.6 times that among men.

Figure 8.2: Indigenous victims of assault aged 50 and over, by relationship of offender to victim, by sex, 2016



Note: Data relate to New South Wales, South Australia and the Northern Territory combined.

Source: AIHW analysis of ABS Recorded Crime—Victims data collection, 2016.

Family and domestic violence assault

In 2016, in New South Wales, South Australia and the Northern Territory combined:

- 11% (563) of all recorded family and domestic violence assault victims among the population aged 50 and over were Indigenous Australians
- on average there was 1 victim of family and domestic violence assault recorded per 100 Indigenous Australians aged 50 and over (AIHW analysis of ABS Recorded Crime—Victims data collection).

Homicides

Between 1989–90 and 2013–14, 5% (83) of homicide victims across the total population aged 50 and over were Indigenous Australians. Homicide rates were higher among men than women (9.0 compared with 2.9 per 100,000 population)—but female victims were more likely to be killed by an intimate partner than male victims (68% and 53%, respectively).



9

Drawing the data together

This report presents new data on vulnerability experienced by older Indigenous Australians. It brings together data from more than 20 sources and shows many Indigenous people have complex and varied needs.

There are about 124,000 Indigenous Australians aged 50 and over and in 2016–17 nearly 24,000 accessed aged care services and over 5,000 accessed homelessness services.

This report presents indicators of potential risk factors, including functional dependency, disability, poor physical health, mental illness, substance use, traumatic life events, financial stress and economic hardship and safety. A summary of key measures to provide insight into vulnerability of older Indigenous Australians are presented in this section.

Table 9.1: Selected data for Indigenous Australians aged 50 and over

Measure	Representation of Indigenous Australians		Reference period
	%	number	
Population size	1.5% of total population aged ≥50 are Indigenous	124,012	30 June 2016
Accessing aged care services			
Aged Care Assessments	1.4% of all ACAP clients aged ≥50 were Indigenous	2,309	2015–16
Commonwealth Home Support Programme	3.1% of all CHSP clients aged ≥50 were Indigenous	20,102	2016–17
Home Care Packages Program	3.9% of all Home Care clients aged ≥50 were Indigenous	2,196	30 June 2017
Residential aged care	0.9% of all aged care residents aged ≥50 were Indigenous	1,679	30 June 2017
Overall hospital service use			
Admitted patient care	3.4% of all hospitalisations for the total Australian population aged ≥50 were for Indigenous Australians	434,598	2014–16
Admitted patient care (excluding dialysis)	1.4% of all hospitalisations (excluding dialysis) for the total Australian population aged ≥50 were for Indigenous Australians	143,963	2014–16
Emergency department presentations	3.1% of all presentations for the total Australian population aged ≥50 were for Indigenous Australians	164,065	2015–17
Mental health service use			
Mental health related admitted hospital care	1.9% of all mental health related hospitalisations among those aged ≥50 were for Indigenous Australians	6,137	2014–16
Mental health related ED presentations	6.3% of all ED presentations for mental and behavioural disorders among those aged ≥50 were for Indigenous Australians	8,359	2015–17
Community mental health services	3.6% of all community mental health service patients aged ≥50 were Indigenous Australians	3,457	2015–16
Housing assistance			
Public housing	5.0% of all public housing tenants aged ≥50 were Indigenous Australians	9,126	30 June 2016
State owned or managed Indigenous housing	85.3% of all state owned or managed Indigenous housing tenants aged ≥50 were Indigenous Australians	4,326	30 June 2016

continued

Table 9.1 (continued): Selected data for Indigenous Australians aged 50 and over

Measure	Representation of Indigenous Australians		Reference period
	%	number	
Income support	1.8% of all Australians aged ≥50 receiving income support were Indigenous Australians	59,489	30 June 2016
Alcohol and drug service use			
Emergency department presentations for alcohol/drug abuse and induced mental disorders	18% of all Emergency department presentations for alcohol/drug abuse or induced mental disorders among those aged ≥50 were for Indigenous Australians	5,367	2015–17
Hospital admissions—alcohol related	5.3% of hospitalisations related to alcohol use among those aged ≥50 were for Indigenous Australians	2,888	2014–16
Hospital admissions—drug use related	3.7% of hospitalisations related to drug use among those aged ≥50 were for Indigenous Australians	757	2014–16
Specialised drug/alcohol treatment for own use	8.5% of clients aged ≥50 receiving assistance for their own drug use were Indigenous Australians	1,210	2016–17
Safety			
Hospital admissions due to non-fatal assault	17% of hospitalisations due to non-fatal assault among those aged ≥50 were for Indigenous Australians	1,025	2014–16
Police recorded—victims of assault	7.2% of all victims of assault aged ≥50 were Indigenous Australians	868	2016
Police recorded victims of family and domestic violence assault	11% of all family and domestic violence assault victims aged ≥50 were Indigenous Australians	563	2016
Homicide victims	5.1% of all homicide victims aged ≥50 were Indigenous Australians	83	1989–90 to 2013–14

Notes:

1. Data for police recorded victims of assault are not national and are presented for NSW, SA and NT combined.
2. Proportions among Indigenous population aged 50 and over are calculated excluding not stated Indigenous status.

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This report shows that many Aboriginal and Torres Strait Islander people aged 50 and over have complex and varied needs. It brings together data from more than 20 sources to identify potential measures or factors which may be associated with vulnerability to abuse. The report covers demographic characteristics of this cohort, along with outcome and service use information related to aged care, health and functioning, social and emotional wellbeing, housing and homelessness, financial circumstances, alcohol and substance use, traumatic life events and safety.



Stronger evidence,
better decisions,
improved health and welfare