

Introducing the Institute for Urban Indigenous Health (IUIH)

Introductory Presentation to Elder Abuse Conference
Sofitel Wentworth Sydney,
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Origins of IUIH

- IUIH was established in 2008 by agreement amongst four existing Aboriginal and Islander Community Controlled Health Services (AICCHSs)
- They all saw the need to take effective action to redress widespread 'market failure' in geographic areas and gaps in the delivery of comprehensive, wrap-around services
- The scale of Closing the Gap around these needs was too big for anything other than an SEQ-wide organisation – the Institute
- IUIH is incorporated as a company limited by guarantee under the Corporations Act

Some Current Indicators

- From a base of 5 clinics, there are now 20 clinics
- IUIH and the founding Member Services would be the largest single provider in Australia of quality, comprehensive primary health care to Aboriginal & Torres Strait Islander people
- Services and programs include: primary health care; dental; maternal and child health; early childhood development; family wellbeing; preventative health; health promotion; substance misuse and mental health; aged care; and now disability
- IUIH and its Member Services have 35,000 active clients, out of an SEQ Aboriginal & Torres Strait Islander population of about 60,000
- We employ around 1,000 qualified professionals, program and administrative staff, more than 65% are Aboriginal & Torres Strait Islander

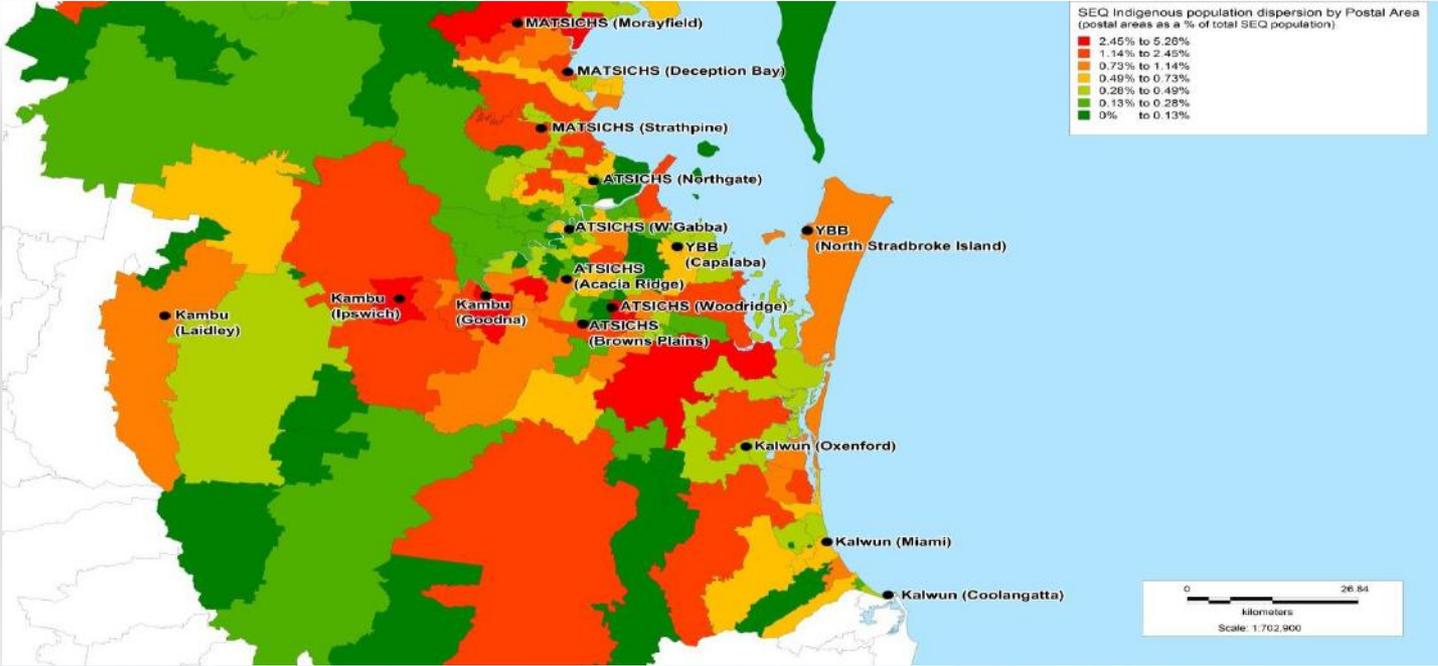
Queensland Population



155,825
Aboriginal and
Torres Strait
Islander
people reside
in Qld

38% (60,000)
of these
people reside
in SEQ

Population and Services Location - South East Qld



65,000
Aboriginal
and Torres
Strait Islander
people in
South-East
Queensland
(SEQ).

Strategic Plan 2017-2020

- **Vision:**
 - Healthy, strong and vibrant Aboriginal and Torres Strait Islander children, families and communities.
- **Mission:**
 - Family health and wellbeing through integrated health and social support Services
- **Strategic Goals:**
 - Improve access to quality health and social support services
 - Build and sustain healthy families across the lifespan
 - Foster collaboration and innovation
 - Strengthen and enhance enabling systems and governance
- **Strategic Priorities**
 - Early Childhood: (0-5 years)
 - Adolescence: (12-17 years)
 - Adults: (18-50 years)
 - Elders: (50+ years)

Tackling Elder Abuse- The IUIH Perspective. Community Controlled Health Justice partnerships.

Simone Matthews.
Legal Counsel



Tackling Isolation

- Tackling **Isolation** is one of the biggest hurdles any agency or organisation can face when trying to fight elder abuse head on
- IUIH- provide community controlled and trusted aged care and respite to community elders who utilise IUIH weekly. (This is a trusted service free of ‘without judgement based on aboriginality’ and ageist attitudes)
- These groups provide not only respite but a social circle and yarning opportunity on a weekly basis that incorporates elder games, education, crafts, dining and recently our Health justice partnership.
- This provides a break in the chain for some elders to “escape” and receive much needed supportive interaction sometimes not received at home.
- This provides us a unique opportunity to monitor and address issues of Elder abuse as they present or assess and monitor different behaviour patterns which may change.

Advantages of community controlled responses

- HJP in connection with aged care services/respite services provide additional avenues to infiltrate “Isolation”

AND:

- Provide an opportunity to provide legal services concealed under the Banner of aged care and medical services, which does not compromise client “SAFETY”
- Our HJP has been able to build trust with our client through our Omni presence and from being woven into the very fabric that is IUIH.
- Our lawyers work in collaboration with all services of IUIH to affect the best change, and to not tarnish/ encroach upon the elders rights to “self determination”.

Intergenerational trauma targeting

- In most cases the perpetrator is family, mainly children, grown grandchildren and or kin carers
- Our elders just like those of the wide community are suffering financial, emotional, psychological and physical abuse.
- A common thread to the behaviours which lead to the abuse being perpetuated on our elders is associated with intergenerational trauma.
- Elders are being subjected to abuse directly stemming from these issues.
- Our legal unit works closely with our Family Well being services to focus on addressing legal issues of younger mob and how long term these should lead to less incidents of elder abuse- which in the longer term can break generational ripple effects.

How do we provide better coping strategies to handle legal, social and health issues to address underlying behaviours which can result in elder abuse?

1. Addressing legal issues that diminish the extent of Child safety involvement;
2. Addressing legal issue associated with debt, to eliminate reliance on, or incidents of financial pressures on elders
3. Addressing housing so younger parents are more able to handle and provide the necessity housing and care for their children; and
4. Education- to empower and enlighten mob - reinforcing to them that with legal rights comes legal responsibilities..

IUIH approach without tarnishing right to self determination.

- Less isolation, more trust and consistency allows us the opportunity to provide services best tailored to our clients, which are not static but flexible.
- Culturally identified and community controlled services are the key to moving forward and reshaping the way we provide services to our Indigenous elders and communities and remove ageist stigmas which hinder progress in dealing with elder abuse.