

Inquiry into Elder Abuse in Queensland

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Elders Abuse Inquiry

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Moratoni
ATSICHS



KALWUN



Goodna
Clinic



Yulu-Burri-Ba
Aboriginal Corporation for Community Health

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Acknowledgement of Country

We respectfully acknowledge the Traditional Custodians of the lands of the many Goori Nations, whose ancestral lands and waters we have the privilege to live and work across, here in South East Queensland. We pay our deepest respects to Elders past and present, and honour their leadership, cultural authority, and enduring contributions to the wellbeing of families and communities. We particularly acknowledge the vital role of Aboriginal and Torres Strait Islander Elders as knowledge holders, cultural protectors, and pillars of our community. We recognise their right to age in dignity, safety, and cultural security.

Terminology

Throughout this submission, the terms Aboriginal and Torres Strait Islander, First Nations and Indigenous are used interchangeably with respect towards the diversity of cultures and identities across Queensland and Australia. Aboriginal and Torres Strait Islander cultures are persistent and enduring, continuing unbroken from the past to the present, characterised by resilience and a strong sense of purpose and identity despite the undeniably negative impacts of colonisation and dispossession. Aboriginal and Torres Strait Islander people throughout the country represent a diverse range of people, communities and groups, each with unique identities, cultural practices and spiritualities. We recognise that past and present practices and policies significantly impact the current health status of our Elders and their families.

Opportunities

Improve Community Understanding of Elder Abuse

Fund culturally appropriate public awareness campaigns and workforce development initiatives across Queensland, co-designed and delivered by Aboriginal and Torres Strait Islander organisations to promote understanding of elder abuse and support safe disclosure.

Expand the IUIH Elder Legal and Support Service (ELSS) Across South East Queensland (SEQ)

Provide sustained Queensland Government funding to the IUIH Legal Service to expand the ELSS reach in SEQ to meet unmet demand.

Fund integration of elder abuse prevention and response capabilities across Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (ATSICCHOs) in Queensland, including investment in workforce development, culturally safe tools, and referral pathways.

Fund After-Hours, Culturally Safe Crisis Response Pathways

Invest in Queensland-based, culturally safe, community-led after-hours support services for Elders at risk of abuse, particularly during evenings and weekends when support is limited. Proven models like Mob Link, a 24/7, community-led connection and referral service, should be scaled and embedded into elder abuse response pathways.

Strengthen Research and Data on Elder Abuse in First Nations Communities

Invest in Queensland-based, community-led research to build a robust evidence base on elder abuse in First Nations communities, ensuring Elders' voices are centred and culturally safe engagement mechanisms are used.

Workforce Development

The Queensland Government should also advocate for and co-invest in strategies that grow the Aboriginal and Torres Strait Islander health, aged care and community services workforce, and in strategies, programs and initiatives that support the emerging and existing workforce to identify and respond to Elder Abuse. This should include investment in community-controlled Registered Training Organisations, community-controlled training pathways, workforce pipelines aligned with Queensland's First Nations Health Workforce Strategy, and advocating for a national Aboriginal and Torres Strait Islander aged care workforce strategy.

Advocate for a More Urgent Commitment to First Nations Aged Care Reform National Implementation and Governance

The Queensland Government should advocate to the Commonwealth for the urgent implementation of the dedicated First Nations aged care pathway recommended by the Royal Commission into Aged Care Quality and Safety. This includes, prioritising Aboriginal and Torres Strait Islander organisations as providers, and developing a national workforce strategy to grow and support the Aboriginal and Torres Strait Islander aged care workforce.

Introduction

Thank you for the opportunity to contribute to the Queensland Parliament's Inquiry into the Serious Problem of Elder Abuse (the Inquiry) through this submission.

While the IUIH Network welcomes the Inquiry, it is critical that its work also considers the national processes currently underway to develop a National Plan to End Elder Abuse. There is concern across the country that the draft National Plan fails to appropriately reflect the specific experiences, needs, and voices of Aboriginal and Torres Strait Islander Elders. The Queensland Government Inquiry provides an important opportunity to ensure these gaps are not replicated at the state level and that Queensland leads the way in embedding culturally safe, community-led approaches to preventing and responding to elder abuse.

First Nations Elders are the cultural knowledge holders, leaders, and carers of our communities. The IUIH Network acknowledges our Elders who established our community-controlled health organisations and who continue to provide guidance and wisdom to shape our future. Their leadership, determination, and strength have laid the foundations for the services that now support our families across generations.

This submission is also informed by the voices and lived experiences of Elders in our communities, and by those who work alongside them every day through our aged care services, social support programs, and community engagement initiatives across our IUIH Network. Their insights and perspectives have shaped both the priorities and the solutions we put forward in this submission.

In alignment with commitments under the National Agreement on Closing the Gap, this submission highlights the urgent need for a comprehensive, community-controlled, and culturally responsive approach to preventing and responding to elder abuse. Critically, government must recognise that the solutions do not lie in siloed or fragmented approaches. Instead, a sustained shift to better outcomes requires investment in holistic, community-led models of care that address the social, emotional, cultural, physical, and economic wellbeing of Elders.

Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) act as a culturally anchored system of protection for Elders, one that prevents isolation, identifies risks early, responds to harm with cultural integrity, and restores wellbeing through trusted community support.

As trusted providers embedded within their communities, ATSICCHOs are uniquely placed to deliver culturally safe, trauma-informed care. ATSICCHOs understand the ongoing impacts of past government policies, including the Stolen Generations and forced removals, and how these traumas continue to shape the experiences and vulnerabilities of our Elders today. ATSICCHOs not only provide vital health and social services but also act as strong protective factors, promoting social and community connection, resilience, and self-determination.

It is essential that these strengths are recognised, valued, and fully supported. Embedding and strengthening community-controlled, holistic models of care must be central to Queensland's approach to addressing elder abuse, ensuring the safety, wellbeing, and dignity of our Elders now and for future generations.

About the IUIH Network

Established in 2009, the Institute for Urban Indigenous Health (IUIH) is a regional, not-for-profit Community-Controlled Health Organisation constituted by three Community-Controlled Health Organisations in South East Queensland (SEQ):

- Aboriginal and Torres Strait Islander Community Health Service Brisbane
- Kalwun Development Corporation
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

Collectively, these organisations are known as the IUIH Network (**Attachment A**). Each organisation retains its own governance, with IUIH acting as the regional 'backbone' for the Network. IUIH also operates the Moreton Aboriginal and Torres Strait Islander Health Service and the Pamela Mam Health Centre (Goodna).

This regional approach is a contemporary renewal of traditional ways of belonging, when for thousands of years, Aboriginal clans, tribes and communities across our region had come together to achieve shared and cross-territorial goals.

Through regional planning, service development, advocacy, purchasing and commissioning, alongside a coordinated approach to service delivery known as the **IUIH System of Care**, IUIH works with and for its Network to achieve transformational change for our community. Over the last 15 years, this regional and coordinated approach has delivered unprecedented growth in service provision across the SEQ region. Key achievements include:

- Growth in primary care clinics from 5 in 2009 to 17 in 2024 (plus five new clinics in the pipeline).
- Growth in active Indigenous client numbers from 8,000 in 2009 to over 39,000 in 2024.
- Growth in completed annual Health Checks from 550 in 2009 to 23,700 in 2024.

Serving a Growing and Diverse Region

The IUIH Network service footprint is in Australia's largest and second fastest growing Indigenous region. Nearly 1 in 8 Aboriginal and Torres Strait Islander people nationally live in SEQ and in 2025 the region has an estimated Aboriginal and Torres Strait Islander population of 127,869 persons, projected to grow to 148,902 persons by 2031.¹

As mortality rates improve, Australia's Indigenous population is ageing, with the proportion aged 50 and over increasing over recent years. First Nations Elders represent a significant and growing cohort within our region (SEQ), comprising 17% of the total estimated Aboriginal and Torres Strait Islander population in 2025.

In response to this rapid population growth and the persistent challenges of fragmented service systems, IUIH recognised the urgent need for a culturally centred and trauma-informed aged care approach.

IUIH System of Care

The IUIH System of Care ensures seamless navigation of services for clients while remaining deeply rooted in Aboriginal Terms of Reference and guided by Aboriginal and Torres Strait Islander community governance and leadership. Together, the IUIH Network provides Aboriginal and Torres Strait Islander families in Southeast Queensland 'one-stop-shop' access to a comprehensive range of health and other social services across the lifespan and for the whole family.

Across the IUIH Network, member organisations provide a range of social health services including Social and Emotional Wellbeing (SEWB) services, counselling, social work, psychology, psychiatry support, mental health nursing, alcohol and other drug (AOD) services, family wellbeing services, child protection support, parenting programs, homelessness and housing support, youth support services, justice programs, and cultural support programs, including connection to Elders and cultural healing activities

The IUIH Network provides services to 8,298 regular clients aged 50 years and above who identify as Aboriginal and/or Torres Strait Islander (as of 28 February 2025). IUIH is also proud to be Australia's largest Aboriginal and Torres Strait Islander community-controlled provider of aged care services, supporting over 1,900 Elders across Brisbane North, Brisbane South, Caboolture, Fraser Coast, and the Sunshine Coast under Commonwealth Home Support Program (CHSP) and Home Care Package (HCP) arrangements.

Best Practice Models

In many cases, ATSICCHOs are the only services actively engaging with elders, making them key frontline responders in identifying signs of abuse, neglect or coercion that might otherwise remain hidden. All services and programs across our Network are points of connection with our Elders, their families and community and therefore have a role in elder abuse prevention, identification and response.

¹Australian Bureau of Statistics. (2024). Estimates and Projections, Aboriginal and Torres Strait Islander Australians: Estimates and projections of the Aboriginal and Torres Strait Islander population for 2011-2031 (Table 21). Brisbane Indigenous Region (IREG), medium series estimates <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release#remoteness-areas-and-indigenous-regions>

As part of our IUIH System of Care, the IUIH Network delivers several proven, community-controlled service models that demonstrate what culturally safe, responsive, and effective care for Elders looks like when it is led by Aboriginal and Torres Strait Islander organisations. Investing in holistic, culturally responsive models such as these critically important for Elder Abuse prevention and support for Elders and families impacted by Elder Abuse.

IUIH Legal Service

IUIH Legal Service is an accredited Community Legal Centre established by IUIH in 2017 to address the legal needs of patients as part of IUIH’s broader system of care. The health justice partnership model offered by the Legal Service is unique in that the legal service is embedded within IUIH to promote seamless access to legal services, taking a preventative or early intervention approach to address the social determinants of health experienced by Aboriginal and Torres Strait Islander people in Southeast Queensland. IUIH Legal Service provides advice and assistance to clients in the health setting in which they are comfortable, in many cases reaching a cohort of clients that would otherwise not access legal services.

The Independent Review of the National Legal Assistance Partnership noted the unique role that health justice partnerships play in meeting the unmet legal needs of “people who may never seek existing or available legal help, but who are likely to talk about their legal problems in a setting of trust, such as a health or social service.”²

The Elder Legal and Support Service (ELSS), delivered by IUIH, plays a vital role in providing culturally safe, accessible, and trauma-informed legal and social support for Aboriginal and Torres Strait Islander Elders who may be experiencing or are at risk of elder abuse. ELSS offers a trusted, community-based service model that integrates legal advocacy with social, emotional, and practical support - recognising the complex cultural, family, and systemic factors that shape disclosure and help-seeking behaviours. Operating within the IUIH System of Care, ELSS ensures that Elders are supported in a holistic and respectful manner, embedded within the broader community-controlled network of care.

The IUIH Integrated Aged Care Model

In 2013, IUIH introduced a pioneering aged care model that set a new standard for culturally responsive care. The IUIH Integrated Aged Care Model predates the Royal Commission into Aged Care Quality and Safety and directly reflects its recommendation for a dedicated First Nations aged care pathway within the broader system.

At the core of the Model are five essential components that ensure care is tailored to the cultural context and facilitate smooth transitions across the Aged Care System:

1. First Nations Access
2. Navigation
3. Assessments
4. Home and Community Care Delivery
5. Transition and Residential Care

The Model is intricately woven into IUIH’s comprehensive System of Care, ensuring Elders are seamlessly connected to a broad network of support. This includes:

- Bulk-billed, no-gap primary healthcare clinics
- General practitioners
- Allied health and dental services
- Legal assistance
- NDIS integration
- Social support and culturally enriching activities such as IUIH’s Indigenous Senior Games

The Model also applies a ‘whole family’ Elders Care approach, extending support beyond the individual Elder to their entire family unit. By offering coordinated care and optimising resource use, the Model delivers cost

² *Independent Review of the National Legal Assistance Partnership* Final Report, March 2024, p95

efficiencies and reduces service duplication, ensuring timely and appropriate responses across the health, aged care, and disability systems based on assessed needs.

ATSICHS Brisbane's Jimbelunga Model of Care

ATSICHS Brisbane operates the Jimbelunga Nursing Centre, a 74-bed residential aged care facility in Eagleby. As a flagship aged care service within the UIIH Network, Jimbelunga demonstrates what culturally safe, community-controlled residential care can look like for Elders.

The Jimbelunga Model of Care is a culturally responsive, person-centred approach to residential aged care, tailored to meet the needs of Aboriginal and Torres Strait Islander Elders. It ensures Elders receive high-quality care that honours their cultural identity, supports autonomy, and promotes overall wellbeing.

At the heart of this model are four guiding values:

- **Connection through Relationships:** Emphasising strong, respectful, and trusting relationships between residents, families, staff, and community
- **Diversity:** Embracing each resident's cultural background and life experience to ensure care is inclusive and culturally safe
- **Self-Determination:** Enabling Elders to maintain choice and control over their lives and care decisions, fostering independence and dignity
- **Healing:** Providing holistic care that supports emotional, cultural, and spiritual healing alongside physical wellbeing, including through a trauma-informed lens

These values are woven into all aspects of care, from assessments and personalised care planning to daily routines, cultural and social activities, and end-of-life care. The centre actively nurtures community connection, cultural continuity, and opportunities for cultural expression and connection to Country.

Kalwun's Meal Delivery Program

Kalwun Development Corporation's culturally appropriate meal delivery program began as a community-led response to support Elders during the COVID-19 lockdown period. Recognising the heightened vulnerability of Elders to both the virus and the impacts of social isolation, Kalwun initiated the program to ensure Elders had reliable access to nutritious meals (among other supports) while remaining safely at home. What began as an emergency response has since evolved into an ongoing service that continues to support Elders across the Gold Coast region.

The program does more than provide meals - it offers a consistent point of cultural connection and wellbeing check-in, often identifying emerging health, safety, or social concerns early. Delivered by a trusted Aboriginal and Torres Strait Islander organisation, the initiative has strengthened community ties and reinforced the importance of culturally safe, wraparound support for Elders living independently.

NATSIFAC Program - Embedded Care Connectors (Kalwun)

Under the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program, Kalwun has embedded Care Connectors into the community to provide culturally safe, relationship-based aged care support for Elders. These trusted local workers act as a consistent point of contact for Elders and their families, offering one-on-one support to navigate what is often a complex and fragmented aged care system. Care Connectors play a critical role in translating system processes into culturally meaningful conversations, assisting Elders with understanding their aged care options, completing assessments and paperwork, and accessing services in a timely and respectful way. They also act as advocates, helping to ensure Elders' voices are heard and their choices respected throughout their care journey. This model strengthens trust in the system, improves service uptake, and reduces the risk of Elders falling through the cracks.

Bonogin Seniors Centre - Kalwun

The Bonogin Seniors Centre is a welcoming, culturally safe space operated by Kalwun where Aboriginal and Torres Strait Islander Elders can connect, participate in activities, and access a range of health and wellbeing supports. The Centre offers social groups, yarning circles, exercise programs, arts and crafts, and access to on-site support staff. It plays a vital role in strengthening community connection and promoting emotional

wellbeing, acting as a protective factor against elder abuse through social inclusion, empowerment, and regular community engagement. By fostering belonging and peer support, Bonogin provides a model for place-based, culturally safe Elder care that enhances quality of life.

Aunt's Story

Our client, affectionately known as "Aunt," is a resilient Elder who has endured a lifetime of hardship and trauma. Removed from her family and placed into institutional care as a child, Aunt spent much of her early life on the streets and in a mission in outer Perth. She recounts harrowing experiences of systematic sexual, emotional, and physical abuse during these years, stories that speak to the deep injustice experienced by many Stolen Generations survivors.

During regular visits from her Social Worker under her Home Care Package, Aunt shares her ongoing struggles with feelings of abandonment by her mother and the deep anger that still surfaces. Despite limited formal education, Aunt is able to read and sign her own documents and is an active participant in decisions about her care. Throughout her life, she has experienced multiple community placements, long periods of homelessness, and incarceration. In spite of these challenges, she has consistently stood up for others - advocating in court, supporting fellow survivors, and demonstrating a fierce and enduring resilience.

From a strengths-based perspective, we recognise Aunt's deep empathy and determination to help others. Yet, she remains one of our most vulnerable Elders, particularly in terms of her risk of financial exploitation. Aunt's journey eventually led her to Queensland, where she became a live-in carer.

Aunt's care team became concerned during Domestic Violence incidents involving her ex-partner, who struggled with alcohol dependency. Observations from Support Workers and Clinical staff suggested signs of financial abuse. While staff respectfully advised Aunt that this was reportable to police and provided several pathways to take action, she initially chose not to pursue this. Nonetheless, her care team maintained consistent support, facilitating access to liaison officers and encouraging her autonomy in a culturally safe and trauma-informed way. Eventually, with the support of her Social Worker and Nurse, Aunt requested that her former partner leave the home. The team assisted with changing the locks and enhancing her safety.

Recently diagnosed with cancer, Aunt is navigating this next stage of her journey with courage. Yet, challenges continue - neighbours and people known to her persist in asking for money, taking advantage of her generous spirit and vulnerable financial position. Through the support of her team, our community-controlled health service has been able to help Aunt put additional protections in place to safeguard her wellbeing and financial independence.

IUIH Network Submission

The Missed Opportunity of Aged Care Reform

At a macro level, the aged care system in Australia is at risk of exacerbating elder abuse, particularly for Aboriginal and Torres Strait Islander people. The current aged care reforms, while initially promising, are failing to deliver the structural changes needed to ensure culturally safe, equitable, and accessible aged care. Without meaningful and immediate implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety, Australia risks entrenching the very systemic failings that allow abuse and neglect to persist.

The Royal Commission's *Final Report - Care, Dignity and Respect* called for a radical cultural rebuild of the aged care system for First Nations people. It recommended a dedicated Aboriginal and Torres Strait Islander Aged Care Pathway, the appointment of a First Nations Aged Care Commissioner, the implementation of culturally safe practices across all aged care providers, prioritisation of First Nations organisations as providers, and a targeted approach to building the First Nations aged care workforce.

To date, these recommendations have not been substantively implemented. The new Aged Care Act 2024 contains no dedicated provisions for First Nations reform. While Section 264 allows for the Commonwealth to enter into arrangements to fund services for Aboriginal and Torres Strait Islander people, no Rules have yet been released for consultation to guide its implementation.

In February 2025, the Minister for Aged Care approved a new *Aboriginal and Torres Strait Islander Aged Care Framework 2025–2035*.³ This Ten-Year Framework outlines a dedicated approach to improving outcomes for First Nations Elders across the aged care system. To embed accountability and ensure progress is meaningfully tracked, we propose the establishment of an Implementation Working Group under the First Nations Aged Care Governance Group (FNACGG) to oversee and report on the implementation of the Framework. This would provide a much-needed mechanism for transparency, monitoring, and continuous engagement with Aboriginal and Torres Strait Islander communities and providers.

But a framework alone is not enough. Without targeted funding and workforce development, the system will continue to fail First Nations Elders. There is also no current funding stream to build a First Nations aged care workforce or to harness the infrastructure of Community Controlled Registered Training Organisations. This leaves a critical implementation gap, with mainstream providers continuing to dominate service delivery, despite lacking the cultural capability or accountability to meet the needs of First Nations Elders.

The opportunity to reshape aged care in a way that protects the rights, safety, and dignity of First Nations Elders is being missed. This failure not only perpetuates existing inequalities but also increases the risk of elder abuse through systemic neglect, lack of cultural safety, and service exclusion. Addressing elder abuse in Queensland requires urgent investment in culturally safe, community-controlled aged care models, underpinned by policy, funding, and regulatory reform that centres First Nations voices and self-determination.

These systemic failures not only leave Aboriginal and Torres Strait Islander Elders without culturally safe aged care options, but they also contribute to an environment where abuse is more likely to occur and less likely to be addressed. The absence of culturally responsive services, a trusted aged care workforce, and clear mechanisms for accountability has tangible impacts on the ground. Elders are left isolated within systems that do not recognise or respond to their needs, and where patterns of abuse are often hidden, misinterpreted, or ignored.

This is compounded by a broader failure to understand and respond to the unique dynamics of elder abuse within First Nations communities, as Aboriginal and Torres Strait Islander Elders remain largely invisible in both research and responses.

The Critical Role of Aboriginal and Torres Strait Islander Community Controlled Health Organisations

ATSICCHOs play a central and irreplaceable role in protecting the rights, wellbeing, and safety of Aboriginal and Torres Strait Islander Elders. Grounded in cultural authority, community governance, and trusted relationships, ATSICCHOs are often the first and only point of contact for Elders seeking support - whether for health, social, legal or emotional concerns.

Investment in ATSICCHOs is not only evidence-based and good practice - it is a direct obligation under the National Agreement on Closing the Gap and foundational to a rights-based approach to aged care. Priority Reform Two of the Agreement commits governments to building and strengthening the Aboriginal and Torres Strait Islander community-controlled sector to deliver services that meet the needs of our people. This includes ensuring that Elders can access culturally safe, community-led aged care supports that uphold their rights to health, safety, autonomy, and dignity. Furthermore, under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), to which Australia is a signatory, Aboriginal and Torres Strait Islander people have the right to self-determination, to be actively involved in developing and determining health, housing and other economic and social programs affecting them, and to access services in a manner that respects their cultural traditions and knowledge.⁴ Investing in ATSICCHOs to lead elder abuse prevention is therefore not only a policy imperative, it is a human rights obligation.

ATSICCHO operate from a holistic model of care, built from Aboriginal and Torres Strait Islander ways of knowing, being and doing. This enables ATSICCHOs to recognise and respond to elder abuse in ways that are culturally safe, trauma-informed, and strengths-based. Unlike mainstream services, which may lack cultural

³ Australian Government Department of Health and Aged Care. (2025). *Aboriginal and Torres Strait Islander Aged Care Framework 2025–2035*. <https://www.health.gov.au/sites/default/files/2025-02/aboriginal-and-torres-strait-islander-aged-care-framework.pdf>

⁴ United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Resolution adopted by the General Assembly on 13 September 2007, A/RES/61/295. Retrieved from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

understanding or continuity of care, ATSICCHOs offer Elders a familiar and trusted environment where their experiences are understood in the context of culture, kinship, and history.

Community-controlled health organisations are also uniquely positioned to identify elder abuse early, through:

- Regular contact with Elders across primary care, aged care, and social support programs
- Deep knowledge of family and community relationships
- Multidisciplinary teams that can connect Elders with health, legal, social, housing and disability supports
- Longstanding relationships with Elders built on trust, respect and reciprocity.

In many cases, ATSICCHOs are the only services actively visiting Elders in their homes, making them key frontline responders in identifying signs of abuse, neglect or coercion that might otherwise remain hidden.

However, despite their frontline role, most ATSICCHOs are not resourced to deliver dedicated elder abuse responses. IUIH Legal Service currently has a sub-contracting arrangement with Caxton Legal Centre to provide elder abuse services to elders in the Moreton Bay North region, however the service operates beyond funded catchments, supporting the broader region due to unmet demand. In 2024 almost half of the older clients who received legal services from IUIH Legal Service were outside of the funded catchment area.

Underreporting Among Aboriginal and Torres Strait Islander Elders

There is a significant lack of research and reliable data on the prevalence and nature of elder abuse among Aboriginal and Torres Strait Islander peoples. Critically, there is a noticeable gap in research that meaningfully engages with and amplifies the voices of Elders themselves.

Existing national studies, including the National Elder Abuse Prevalence Study have primarily focused on the general population and offer only limited insights into the experiences of First Nations Elders. Without dedicated research, the specific risks, protective factors, and culturally shaped dynamics of elder abuse within Aboriginal and Torres Strait Islander communities remain poorly understood - and, as a result, often invisible in national policy responses.

Despite this data gap, there is widespread acknowledgement that Aboriginal and Torres Strait Islander Elders face heightened risk and significantly higher rates of underreporting. Barriers to disclosure are complex and layered, rooted in fear of shame, cultural and familial obligations, trauma from past government interventions, and a lack of trust in mainstream institutions. As identified by the National Ageing Research Institute, stigma and bias within service systems further deter Elders from seeking help, particularly where providers lack cultural understanding or unconsciously reinforce deficit narratives.⁵

The final report of the National Elder Abuse Prevalence Study found that approximately one in six older Australians experience elder abuse.⁶ However, the study was limited to participants aged 65 and over, overlooking the fact that for Aboriginal and Torres Strait Islander peoples, the definition of an older person begins at 50. As a result, the true prevalence of elder abuse among Aboriginal and Torres Strait Islander Elders is likely significantly higher.

A critical issue is the lack of a coordinated, culturally safe response system. Currently, there is no single, accessible, and trusted service that Elders can turn to for support. Instead, services are fragmented across health, legal, housing, and social sectors—each with different access points, eligibility criteria, and operating hours. Most services remain open only during standard business hours (Monday to Friday, 9–5), which does not reflect the lived reality of Elders who may require support outside of these hours, in moments of crisis or distress.

This lack of out-of-hours support is particularly concerning given that abuse often occurs behind closed doors and outside of professional contact hours. It is during evenings and weekends, when Elders may be most isolated or vulnerable, that help is least available. In addition, existing mainstream helplines and response

⁵ Dow, B., Brijnath, B., & Joosten, M. (2018). *Cultural diversity and elder abuse: Implications for service development*. Melbourne: National Ageing Research Institute (NARI). Available at: <https://www.nari.net.au/resources/publications>

⁶ Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies.

systems often lack cultural safety, and do not always offer First Nations-specific pathways, further deterring Elders from reaching out. This is why dedicated, culturally safe services such as the IUIH ELSS are so critical.

Aunty Carina's Story

Aunty Carina is 75 years of age and has been living in a domestic violence relationship with her de facto partner Mark for 45 years. Aunty has several health issues and was finding it increasingly more difficult to live in the home environment safely. Mark also has health issues, exacerbated by his long-term addiction to prescription drugs. Mark would regularly injure himself at home and coerce Aunty Carina into physically assisting him, which was beyond her safe physical capacity. Mark would threaten Aunty to prevent her from contacting emergency such as police and ambulances and would refuse any assistance from outside services in his care.

Aunty Carina contacted our service with assistance from her daughter through the IUIH Moblink phone service. We were not able to safely contact Aunty Carina, however, as a patient of one of our health clinics, we were able to meet with Aunty when she had health appointments. Our lawyers saw Aunty Carina at the clinic several times to provide her with advice and support, building trust and confidence over time. With this support and the offer to represent her in her domestic violence matter, Aunty took the steps to secure her safety. Our lawyers prepared the Application for a Protection Order, attended Court to obtain an urgent Temporary Protection Order and Ouster Order to remove Mark from the home. Our lawyers continued to represent Aunty in Court until a Final Protection Order was made. We provided Aunty with advice about other related legal matters and remain available to assist her if required moving forward.

Our lawyer became aware that Aunty Carina had difficulties managing everything in the home and was quite isolated. With Aunty's consent, we provided an internal referral to the IUIH Aged Care and Home Support services to ensure that Aunty is well supported to continue to live independently and safely at home. Aunty Carina has also been linked in with an IUIH Elder's Day Respite group for her social wellbeing. On all accounts, Aunty Carina is living well and regaining enjoyment of life.

Community Understanding of Elder Abuse

One of the most pressing challenges in responding to elder abuse in Aboriginal and Torres Strait Islander communities is the lack of shared understanding of what constitutes abuse. Many families and community members are unaware that certain behaviours, while often grounded in care or cultural obligation, can still cause harm and meet the definition of abuse. In many cases, the line between support and control is blurred by intergenerational expectations, financial dependency, or social norms around sharing and reciprocity. While the intent may not be malicious, the impact on the Elder's autonomy and financial security can be significant.

Similarly, there are situations where family members make decisions on behalf of Elders without formal consent, believing it to be in their best interest. This may include withholding information, controlling who visits or speaks with the Elder, or managing medications and finances without legal authority. These actions are often framed as protective or culturally respectful, yet they can limit the Elder's independence and mask deeper patterns of control.

At the same time, deliberate and harmful abuse also occurs, including manipulation, coercion, financial exploitation, and neglect. However, many Elders are reluctant to speak out, particularly when the perpetrator is a close relative, carer, or someone they depend on or who depends on them. Disclosure is made even more difficult by fear of shame, cultural obligation to family, or a desire not to bring trouble upon younger generations.

Strengthening the Frontline: Workforce Development in Community-Controlled Services

Frontline workers play a vital role in identifying and responding to elder abuse, yet many report feeling underprepared, unsupported, or uncertain about how to raise concerns safely and appropriately - particularly when cultural dynamics, family relationships, or trauma histories are involved. This is especially true within Aboriginal and Torres Strait Islander communities, where elder abuse may be masked by complex social obligations or misidentified as standard caregiving behaviour.

Within ATSICCHOs staff are often deeply connected to the communities they serve. This brings both strengths and challenges. Trust and cultural knowledge allow for deeper engagement with Elders, but navigating disclosures can be complicated when workers are part of the same kinship networks as the Elder or the person causing harm. Without clear guidance, culturally appropriate tools, and a safe space to debrief, staff can feel overwhelmed, unsure of their role, and afraid of “getting it wrong.”

There is an urgent need to invest in tailored workforce development for ATSICCHOs staff across aged care, primary care, social health, and legal services. This includes:

- Culturally informed training on identifying red flags and patterns of abuse
- Practical guidance on responding to disclosures in a way that centres the Elder’s safety and agency
- Opportunities to practice sensitive conversations, particularly in situations where carers or family members may be present
- Ongoing supervision, peer support and reflective practice to prevent burnout and vicarious trauma.

Importantly, any training must be led by the community-controlled sector and reflect Aboriginal and Torres Strait Islander worldviews of ageing, kinship, caregiving, and respect. Mainstream elder abuse frameworks often fail to account for these nuances, leaving staff without the tools they need to act with both cultural integrity and professional confidence. Routine health and aged care assessments, such as the 715 Health Check or Home Care Package assessments, offer critical touchpoints for safe and proactive conversations, but staff must be supported to use these moments effectively. This includes recognising when to refer, how to document concerns appropriately, and where to go for further advice.

Attachment A – IUIH Network and Clinics

