

# FINAL TRANSCRIPT

## LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

Coburg—Tuesday, 1 March 2022

#### MEMBERS

Ms Natalie Suleyman—Chair

Mr Brad Battin—Deputy Chair

Mr Neil Angus

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr Meng Heang Tak

#### WITNESSES

Mr Kieran Hough, Senior Social Worker,

Ms Farah Abdyashoa, Aged Care and Disability Support Worker, and

Ms Lina Hassan, Aged Care and Disability Intake and Case Manager, Victorian Arabic Social Services.

**The CHAIR:** Good afternoon, and welcome to the public hearing for the Legislative Assembly Legal and Social Issues Committee's Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds.

I acknowledge the traditional owners of the land on which we are meeting. I pay my respects to their elders past and present and to any Aboriginal elders of other communities who may be here today.

My name is Natalie Suleyman. I am the Member for St Albans and the Chair of this committee. To my right is Michaela Settle MP, the Member for Buninyong, and to my left is Meng Heang Tak MP, the Member for Clarinda.

All mobile telephones should now be turned to silent.

All evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you go outside and repeat the same things, including on social media, those comments may not be protected by this privilege.

All evidence given today is recorded by Hansard. You will be able to proofread a version of the transcript. Thereafter transcripts will be made public and posted on the committee's website.

I now invite you to make a brief opening statement to the committee, which will be followed by questions from the members.

Today we have from Victorian Arabic Social Services Ms Farah Abdyashoa, Aged Care and Disability Support Worker; Ms Lina Hassan, Aged Care and Disability Intake and Case Manager; and Mr Kieran Hough, also from Victorian Arabic Social Services. Is it Farah that is speaking?

**Ms ABDYASHOA:** Kieran.

**The CHAIR:** Kieran, go ahead. Thank you, Kieran.

### **Visual presentation.**

**Mr HOUGH:** We have a brief PowerPoint giving an overview of our services and our organisation. Before we start I would also like to acknowledge that we meet on Aboriginal land and pay our respects to elders past, present and emerging.

You have already covered exactly who we are. My name is Kieran Hough. I am a Senior Social Worker with Victorian Arabic Social Services. As an organisation we are a statewide key service provider. Our head office is based in Broadmeadows, although we do operate across the state, responding to the needs of various communities across the state. We predominantly work with the Arabic speaking background communities, and this is inclusive of Arabic, Assyrian, Chaldean, Kurdish, Turkish, Armenian, Somali, Sudanese and Eritrean, and the Afghani and Persian communities. We also as an organisation have an open-door policy, so we are not exclusive to various language groups.

These are some of the services that we provide, which include aged care services, home care services, NDIS support, access and support. We run planned activity groups for people with disability, aged care and carer pension cards. We also do volunteer coordination for members of the community to volunteer. We also provide citizenship services to community members along with youth services. We do run a registered training organisation with courses around English as an additional language and community service based courses. We also have a gambling harm program for people experiencing gambling harm and affected others, funded by the Victorian Responsible Gambling Foundation, and we also provide family services as well. The access and support program is designed to help people who have difficulty in finding out about services and accessing these services for a variety of barriers that may exist, including language and familiarity with navigating support structures within Australia. It is designed to provide short-term support for older people, people with disability and their carers who need help to stay living at home, have diverse needs or circumstances and also need help accessing services.

There is a wide range of issues that face people who engage with our services. This is not an exhaustive list, but some of the issues that we do find commonly presenting in community members who engage with our service

include financial hardship, and this can also be combined with mental health concerns and physical health concerns, which can be exacerbated by this financial hardship. Homelessness is an issue that we also have occurring. We also help people, again, with access and supports, so people who are not knowledgeable of the services they are entitled to or the avenues to access these services, and this can also be things such as Centrelink, Medicare and other bureaucratic government systems, which can be difficult to navigate. We also work with people who are experiencing elder abuse. This can be through a number of facets on the abuse wheel, including physical abuse, verbal abuse and also, unfortunately quite commonly, financial abuse as well. We also work with people who have issues related to gambling harm. This is both as themselves as the gambler but also as affected others who are impacted by family members, including both partners and children, where this can, again, facilitate financial abuse. And then we also have support for people who are accessing citizenship ceremonies—and that has been particularly prevalent in the last two years where things have become more digitised; not everyone who we work with is a digital native, and therefore they need additional supports in accessing these services—and then also, especially over the last two years, a lot of individual support calls to provide ongoing touching base with people and trying to combat isolation.

We have here just an example case study where obviously the name and certain demographic details have been changed for the person's privacy. But this is an example of just a fairly standard case that we may see coming through the door. In this case the person who we have named Raafat is a 67-year-old from Iraq who has come with a wife and son to Australia as a refugee and as a result they faced a number of issues in accessing services and also had a number of health support issues as well as mental health concerns that they needed support with. As we have worked through that through engagement with our services we have then linked them through to additional services, so in this case Senior Rights Victoria, My Aged Care and public housing to address housing issues that they were experiencing. We also used this to build rapport with the service user in order for them to feel comfortable to disclose additional issues, and in this case it was elder abuse, where because we had helped them with other services they had then grown to trust us and then disclosed these issues, which we were then able to support them with, which included supporting them in taking out an intervention order on a family member who was the perpetrator. We also managed to link them up with our community engagement group, so the planned activity groups that were discussed earlier, which was helping to combat isolation and create a friendship network and link in with people with similar backgrounds and cultural backgrounds. Then, as well, we were able to help them with housing issues and able to support them in acquiring public housing, and that is that one.

Here we have a few photos of the planned activity groups just to give you an idea. A lot of these photos are pre COVID, so over the last two years obviously a lot of in-person meetings have not been able to be done, so we have countered that by doing a lot of one-on-one phone calls with each individual member to make sure that their needs were met and they were supported. Here are just a few more photos, and that is essentially the end of the presentation.

**The CHAIR:** Thank you, Kieran. Are there any further presenters? Lina.

**Ms HASSAN:** We find when we are working with migrants and refugees issues around, say, setting an appointment for them or even giving them a time set for us to support their need or to meet with them. Sometimes they come even one hour or two hours late, so we give them the option that some clients can walk in if they have any issue. We give them the opportunity to sit and wait and then to be seen for their needs. We try to empower them with program access and support. We are trying to empower them, taking care and linking them with other services. Sometimes it works—feeling empowered and then they can go, but sometimes we find that there is more time that they require. It is because of the language as well, because we are trying to empower them to be independent. Like we said, sometimes we are faced with some of them having elder abuse. So we are trying to support them so they can come to us using public transport or using their multipurpose taxi card, so we apply together. We try in different ways. But having them come to us is not just for the eight weeks. We are trying to say 'Let go', but their issue is ongoing or they come back again with a different issue.

We want to say to the client, 'You are fantastic'—like you say, a happy ending. When they have the situation of elder abuse in the house you try to encourage them and have other services come to support them. In the end they are happy in the public housing. When they go, they come back after a year and there is another issue where they are not happy with their neighbour in the public housing, where there is some drug issue around as well. So they feel fear. They are not happy again. So we start all over again to try to move them from place to place. We refer them to other organisations, because we are there just to support them with advocacy and refer

them to other services. We find working with other agencies like Home at Last and other agencies together is like an umbrella to support them to reach their goal, even though we reached it last year but things have changed. We still are flexible, so wherever they need a change and they need us to step in, we are there to support them. It is empowering them but it is, again, a different way, trying to focus on the outcome and the goal, again, for them.

**The CHAIR:** Thank you, Lina.

**Ms ABDYASHOA:** From my clients that I have I have noticed that in the ages between 63 to 67 they are not eligible for aged pension, and with the English barrier they have to find jobs. They have JobSeeker. It is very hard for them with their English barrier. At 64 years old—I have a lot of clients that are 64 years old—they are not eligible for NDIS and not eligible for My Aged Care. So it is tricky. There is no support. There is no family in Australia. I have tried again and again with, for example, my client to link her with NDIS. In the end we got the approval, but for around two years there was no support, no services for her, and she has heart problems and she has cancer. It is very hard, so this is what I need to focus on.

**The CHAIR:** Thank you, Farah. If there is no further evidence, I will pass on to committee members for questions. Meng, do you want to start?

**Mr TAK:** Thank you, Chair. Let me ask just one question, maybe two. In terms of communication to those of non-English backgrounds, I can see that in the service that you provide there are so many different community members. What is the best way from your point of view in terms of communication to our elderly?

**Ms ABDYASHOA:** Face to face.

**Mr TAK:** Face to face.

**Ms HASSAN:** And we try to encourage them to use the interpreter services when we link them with other services as well. We are there to support them but we encourage them to use interpreters, so they have this option. Even if they are from Lebanon or Iraq or Syria they all speak one language, which is the Arabic language. But they all prefer face to face because, again, the digital issue is a big issue.

**Ms ABDYASHOA:** And it is hard to use the interpreter as well because there is the option when they start the call. So they come to our office to support them with the options.

**Ms HASSAN:** Like if we need to refer them, for example, to My Aged Care, there is a step—step one: ‘What is your name? What is your address? What is your Medicare number?’—all of that to give them the opportunity after to find, for example, an interpreter. But they need to have some form of communication before they start. We give them the freedom to tell the reality, at the same time empowering them. We are there just as a support. But you are free to tell them about their needs—they have issues—what services they require. Because even sometimes they are illegible, what they send them, the letters, and they do not know—does this letter mean they are accepted to be in the home care package, level one or level two? So they are not aware. They say, ‘No, no, no, I don’t need that. I don’t’, but we say, ‘Come here, we will explain it to you. You can talk to them, and wherever a service has a gap you will be able to say your voice’. Because sometimes family members step in and say, ‘No, no, no. I don’t need that. I don’t want that’, but you can hear the background. Like, the mum—‘Yes, I want that, son’, and he says, ‘No, no, no. I don’t need that’. So there are a lot of times where the service provider says, ‘Lina, we can hear through the interpreter that there is someone else saying, “No, no, no”; are you able to be involved?’. So, through me and Farah, we are involving in a way, making sure that the client is on her own and making sure that the client has access to an interpreter. We can say to her, ‘There is no-one here to influence you. Tell us what you really want’, like for an appointment access—maybe have, for example, a physio appointment, and he is saying, ‘No, no, no. She doesn’t want’. But having me in the home I ask them to call her with an Arabic interpreter, and then she says, ‘Yes, I want to access that’. Even taking a lot of time so the clients can reach their need, having that, supporting them, they accept that.

During corona it was hard because we could not do the home visits. No-one could come to do the home visits, so it was like delay, delay. But in the end we managed. With the corona restrictions we managed to be at home but supporting them physically, and the interpreter with them on the line was the other service provider. And now she can access the services with a volunteer supporting her to take to places. We feel like we reached one step of her goal. It is full on.

**Mr HOUGH:** Could I just follow up as well. I think there is one issue that we have found with communication and community communication from more mainstream services and also at times government services, and it is to do with the sort of blanket approach to CALD services. If you talk about the people of Arabic-speaking background, in some services they see it as an amorphous single group, whereas, for example, Egyptian Arabic is very different to Lebanese or Iraqi Arabic, which are very different to Algerian or Moroccan Arabic, which means that sometimes when important messages are trying to be conveyed if the mainstream service is not aware of these intricacies they will just request someone who speaks Arabic. That person may then be trying to convey very complicated medical issues when it is not actually a fairly simple translation issue because there are also these regional dialect differences as well.

**The CHAIR:** Thank you.

**Mr TAK:** Just one more. If we go back to interpreting or interpreting services, have you come across difficulty in terms of access to trained interpreters? Or has there been any hesitation from clients to use interpreting services either on the phone or in person?

**Ms ABDYASHOA:** Because when they call, they start to give them options. For example, with Centrelink there are options in English, so they cannot understand their options. So we help them with that as well.

**Ms HASSAN:** They feel reluctant sometimes. Because we have the intake system, when clients come we explain to them that the intake is important, especially now with corona and before corona, and that we need to have their names and details. People are at first reluctant to give us their names, their ID, so there is still this fear for some of the clients. They say, 'No, I'm here just to have the information'. We give them the option. We say, 'Yes, but if you just give us the name and the phone number, in case there is a breaking case of coronavirus and we need to have that'. With some people you feel they are reluctant to give you that, especially if you put it again to the interpreter and they are saying, 'Can you tell me, what is your address?'. And as well there is the communication, the hearing—because for her, if we say, 'Your address?', she still cannot read and write in her own language. It is when we step in that they say, 'No, no, no, sorry, we can hear you. You are giving it to her'.

Just make it simpler. If she comes to our service provider as a client, of course I will say, 'She gave us consent. I am talking on her behalf'. If we can start with step one: just give these details and then allow the interpreter after, because the client herself does not know her age or, you know, her address, her phone number. She has just her Centrelink ID, but for her it is hard to read it. But when we help we hear, 'No, it's not your job, let her do it, but if you're going to stay here, it's going to be the same'. Even if you talk slowly or you do not talk fast, she does not know how to give her address. So it is that where we are facing challenges with the mainstream. We are empowering them to use interpreters, but to get this stepped out we have a lot of problems in accessing the interpreters.

**Ms ABDYASHOA:** And in cases of elder abuse, they cannot use an interpreter. They want us to advocate for them, because it is a shame in the Arabic community to say there is elder abuse or family violence. So, yes, they prefer to speak on their behalf.

**Mr TAK:** Okay. Thank you, Chair.

**The CHAIR:** Michaela.

**Ms SETTLE:** How do you think the Victorian and local governments can improve the capacity in the workforce? Obviously you are all very skilled with the people you work with, but then you are referring them on to My Aged Care. How do we increase the capacity in those organisations to have cultural awareness and to address some of these things you are talking about? It is a big question.

**Ms HASSAN:** Yes. We tried. Me and Farah came up with like a representative form, because sometimes we do all the home work, me and Farah—we do the assessment, we do the referral—and they call them once or twice, and if they do not answer the phone, they are going to say to us, 'We tried to call them. No-one answered. Can you do another referral?'. To do that, just the first step is for the client to come. It takes each client up to two hours, really, believe me, to do the assessment and to do the referral. Plus they come to us with, 'No, I don't want anyone. I don't want someone to come and give me personal care'. And I look at it like, if he has disability in his hand, I say to him, 'Don't worry; the person who comes is like a nurse'. We have to explain it is kind of like a nurse—and we stick to the culture, like female and female—and that like when you go to the

beach you wear shorts. I am trying to make it just like that, because I could see this man could not even do cooking because of his hand disability. So what I did with him was try to say, 'Look, a man will come to do that. They are like a family nurse background; don't worry. As well you can still have him wear shorts, and he is there to support you. He can just help you with places you can't reach. You like to have a nice smell at the house, isn't it, and fresh?'. Because you could tell the house—he has this disability and he is not allowing any services to interfere to clean the house.

So we have a lot going on before they themselves access it and in fact say, 'Yes, we agree for this person to come and give us personal care or home help'. After we do all of that, they call them once or twice and say, 'Sorry, they have to put their referral in again'. Even if we do their referral again, we try now to be a representative for them. I know that like with my time, for example, we are so busy, but we are trying. When we receive a phone call on their behalf we will say, again, for example—this is a fake name—'Lina, can you be at one o'clock near the phone? Have your phone charged and be on the couch and have a cup of coffee, because My Aged Care is going to call you and it can take up to one hour. Just relax and have everything ready near you for when they call you'. We give them kind of like a scenario: 'So you have everything near you—your ID, your Medicare report, your doctor—and every detail is near you. They know your name, but in case they ask you'. We give them kind of like a scenario. After that the process is on them. But again, that is if they can reach them.

It is a lot of that for me and Farah. Sometimes we say, 'Come to VASS', and they do the assessment. But that takes time, and we need more workers just to have that. We are so blessed by the government. They always say to us, 'We are thankful to the government for home care, CHSP, the power bonus, the utility grant'. They are accessing that, but they always come to us so glad they are in this country and they listen to us about the financial support. We found that, but like I say, we need more funds for us to support us, because settlement—even this we call it the settlement program services—is a lot. We still provide access and support, but I am only here to support them for eight weeks and let go. With our job, with those people who are frail with disability or with a language barrier, how am I going to say, 'I have to exit you from the service'?

It is not happening the way you predict. We are empowering them, but there are still a lot of gaps. We need your help, your support, for us to be able to do that, to support them, because so many are refusing services. They are in need. The home care package has not been given or assigned to a person who does not need it, but they are reluctant to use it because their family members interfere and they do not know how the service is going to work with them because they are from the mainstream. But we tell them that the support worker can speak your language or can support you to access services.

**Ms ABDYASHOA:** Maybe more funds for social activities for the elderly. Because we do not have funds, we cannot provide them transport, so it is very hard to improve their mental illness and to socialise more. It is very helpful to have more events and more activities for them.

**Mr HOUGH:** I think also just looking from the perspective, as you were saying, it is a big question about how government services and mainstream services can greater integrate with CALD services. As you said, it is a huge question, so we are not going to be able to give a complete answer to that, but I think one of the things that we have found have been key things is basically continuing to strive for greater diversity in mainstream and government services. I think one thing we are starting to see a positive impact from is the increase in funding for free TAFE courses for community service workers. We are starting to see more mainstream services that have people from diverse backgrounds who have traditionally maybe had financial barriers to accessing training to work in these services and are now starting to work in these services, which is great for integration between us and these mainstream services. And obviously I know the government does push for diversity in workforces, but obviously it is an ongoing process that we can always try and do a bit better and a bit better and a bit better. I think just having that diversity would be great.

The other thing is—and this is obviously on an individual level within people who work in mainstream services and in governmental services—looking for a culture where, and I have come across some workers who are fantastic at this, obviously there is training in cultural understanding within various services but treating it as an ongoing, continual process and creating a culture of continual self-development and professional development rather than at times where unfortunately we have seen people who have basically gone, 'Well, I've done this two-hour online course on X culture, therefore I am now culturally competent'—you know, as if they have

suddenly gained competency in a 1,000-year-old culture with massive diversity within that culture. That could just be basically continuing to work on the attitude around that.

**Ms SETTLE:** Thank you.

**The CHAIR:** If there are no further questions, this concludes. Thank you for your submission and taking the time to present to us. Thank you to Lina, Farah and Kieran for being here today. Your evidence is very valuable to us. The next steps will be that we have got a number of public hearings to continue. We will deliberate on all evidence and put forward a report to government with some strong recommendations, but we are really thankful for all the work you do as well in your communities. And again, thank you for taking the time to be here today.

**Mr HOUGH:** Thank you for providing us with a platform.

**Ms HASSAN:** Thank you for the opportunity and for hearing us as well.

**The CHAIR:** Thank you so much.

**Witnesses withdrew.**