

FINAL TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

Geelong—Wednesday, 30 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

Dr Deborah Towns, Convener, State Standing Committees, and

Ms Nurcihan Ozturk, Multicultural and Migration Adviser, State Standing Committees,
National Council of Women of Victoria.

The CHAIR: 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, and I pay my respects to their Elders both past and present and any Aboriginal Elders of other communities who may be here today.

Today I welcome Dr Deborah Towns, Convener of the State Standing Committees of the National Council of Women of Victoria, and also Nurcihan Ozturk, Multicultural and Migration Adviser for the State Standing Committees.

My name is Natalie Suleyman. I am the Member for St Albans and the Chair, and to my left is Christine Couzens MP, the Member for Geelong, and also Meng Heang Tak MP, the Member for Clarinda. At this point all mobile phones should be turned to silent.

All evidence taken today is protected by parliamentary privilege, so therefore you are protected against any action for what you say, but if you go outside and repeat the same things, including on social media, these comments may not be protected by this privilege. What it means is you can say just about anything here. I do not think there is much that requires privilege, but anyhow.

All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript for you to check, and transcripts will then 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 then followed by questions. Thank you so much. Who will we begin with?

Ms OZTURK: I can go first. As you said, my name is Nurcihan, and I am the Migration Adviser to the National Council of Women, and I have been that for about seven years. I am also the president of the Turkish women's recreational group. We are a women's group that operates in the City of Whittlesea; however, we have members that come from Brimbank, Hume and Darebin to our group. So a lot of my work is done in the north with our members.

We are interested in this because we are considered to be a seniors group in the City of Whittlesea, and a lot of the members we have are over the age of 55—that is what the council considers to be senior. There are a lot of issues that are affecting them as individuals, as carers, as parents and as grandparents, so that is what I have come to talk to you about today.

Dr TOWNS: So we give a brief overview and then we talk longer or then you ask us questions?

The CHAIR: You can continue to talk.

Dr TOWNS: Do you want to keep doing your thing for a bit?

Ms OZTURK: Okay, yes. One of the questions we were asked to think about was: how do we improve communication between carers and older people? So, you know, whether it is in-home, residential, nursing home or respite level, we believe that government should have a workforce strategy making service providers for older people have people from culturally diverse backgrounds working in those areas and that they should have a system where a number of those things are standard within the organisation and they should be ticked off—not a tick-off just for the purposes of ticking off, 'Oh yes, we've done that, and it's over and done with', but really doing the work behind it and then ticking it off. A lot of times when the issues of culturally diverse and linguistically diverse people are talked about, it is like a box that they have got to tick and they think that that is their obligation, and in reality they do not meet their obligation at all. In paperwork that goes to government for collating information et cetera it may seem that way, but on the ground it is not that way at all.

I do a lot of work as a consumer advisory member of the Northern Health board, and a lot of the work we do with them is trying to bring those cultures together for an understanding of why certain people of certain cultures may do things a certain way. That way the staff of the hospital is aware, and so when somebody says that even though they are in hospital they want to pray, there is room and there are provisions that are made for the person if they are wanting to pray, for argument's sake.

I also believe that there should be a recruitment drive for bilingual workers and bicultural workers, because with the recent influx of migrants they are not only bilingual people, they speak a number of different languages because of the transition and how they got to Australia. So they have picked up languages from country X, where they have spent five years, and five years in another country. They may not be fluent, but they have enough language to get themselves by. They understand also the culture of that country where they spent five years et cetera. So it is not just about being bilingual, it is all about being bicultural as well. Then making provision to collect the appropriate data for the older people so then they are matched with the staff that would cover for their needs, so when a person is in a nursing home, the person that is their carer actually knows them in all aspects, not just Nurcihan by name because that is what they see on their bed.

Employing staff at a senior level with a culturally diverse background—a lot of the time many of those positions are held by Anglo-Saxon people. Their workers underneath may be culturally diverse, but the people at the top are not culturally diverse. Sometimes it is the case where the surname may sound culturally diverse but they have had many generations of being in Australia, so it makes them more Anglo-Saxon than it makes them from X country. I think that is something that needs to be looked at as well.

Also, providing information in simple language—if the information is in simple language in the English language, then translation of that material becomes a lot easier to the other languages that normally things get translated into.

Then the promotion of active listening—a lot of the time we do not listen to older people. We just assume we know what is best for them, we assume we know the best care for them, but we do not actually listen to them. So we need to take the time to listen to them and find out what their needs are and then work according to those needs.

So that is the response I have to that particular question.

Dr TOWNS: I will have a go now, but you chime in as well.

Ms OZTURK: Yes, I will.

Dr TOWNS: I am Deborah Towns. I have a very Anglo name, Towns, but I actually grew up in Geelong for the first 20 years of my life with what we see as a New Australian name. My father was affected by the White Australia policy, and I guess our whole family was, and that continued right throughout our life until he died in his 80s. So I have always been aware of the attitudes that, I guess, Caucasian people have towards people who look a little bit different to what they think is normal, even though we are a country of migrants. I should have said earlier that I also respect the original owners of this land and the continuing owners of this land that they never ceded.

Having a teaching background as well, I want to talk about the communication issues that we mention here in our submission, especially when people are young, when families first come here and for women in particular. I understand there are about a million people still in Australia, mainly women, who really cannot speak English—who cannot write and cannot speak English. Another assumption is that they go to a school and they learn English, and often they do not—that is, the older women do not—because they can get jobs quite often without having English. Also they may have to stay home to mind the children so that the younger parents and the children can go to school. But as we say here, what happens to them later?

Also some very senior people can come and live here and even be effective people in our universities, because they can speak a range of languages. Quite often what happens when people get older is they lose the ability to speak English, and they may go back to the original language that they spoke when they first came to Australia. They are not able to communicate with the healthcare workers, and that is a huge issue for older people.

I suppose I am doing dot points because I am a bit like that, sorry. But another thing about dot points is that a lot of my research has shown, especially with ageing women—and I mean, I am in my 70s, so some of these things have affected me, but I am not going to be too personal about it—that assumptions are made about people of particular age, that being old is like this category over here. But what we often find, especially when we look at women, is that a lot of the problems that older women have are the similar problems that a multicultural woman would have in her 20s or a First Nations woman would have in her 20s. It is class and race and sex and sexuality. It continues all the way along this continuum. So quite often somebody like me, for example, would have more in common with a woman in her 20s than I would have with other older people who I may see.

We have to keep this in mind: what are we doing about changing this continuum so that, as I said earlier, being a New Australian does not keep affecting you for nearly 50 or 60 years? What are the interventions? And not learning English when you are very young. We still have issues with some families, and I know about this because I have a teaching background; I keep in touch with people. Often the older girl as soon as she reaches school leaving age stays home and minds the children. Is this a cultural thing or is this a religious thing? We have to be careful of all of this business instead of lumping people together in a particular category. As I said, it is this longitudinal discrimination, if you want to call it that—an old-fashioned word, but still—which continues all along as you are ageing. It keeps continuing.

Do you want to jump in, or do you want to ask a question? Or will I address some of the questions here, because I had a bit of a think about some of them?

Ms OZTURK: It is up to you.

Dr TOWNS: Do you want to ask questions now?

The CHAIR: If you have concluded.

Dr TOWNS: I have not finished. I felt that I was talking too much because you are the multicultural advisor, I am not.

Ms OZTURK: I wanted to go to address the issues of women and social isolation, particularly after the pandemic. As far as the Turkish Women's Recreational Group was concerned, we had like everybody else a lot of time in lockdown. We were not ready for it, like everything else, and so we had to find ways of communicating with our members. So we created a WhatsApp group and we kept in touch with one another. Then we did meal drop-offs to some of the women who were going through some difficulties with their health and regularly going in and out of hospital. We made a list of people who were in the vicinity of that woman that was in a difficult situation and could make some meals, take some meals to them, particularly after coming back from intensive chemotherapy where they were not in any mood to be able to cook for themselves. They were able to take things out of the freezer and do it. So that was a bit of a trying time for us.

We also created a Facebook page called Turkish Mums in Lockdown. This was a way of women connecting with one another and sharing ideas, giving tips and then sharing places of interest to visit once the pandemic was over, once we were out of lockdown. They were keen to find out in the morning who was going to post what recipe or idea or some handy tricks that they could apply in their homes.

As far as being on an aged care plan, we need to create some aged care packages which have built into those packages social support programs where the funding to attend those social supports could come out of their packages. Bilingual women carers are needed more—since this pandemic—particularly in their community where there are ethnic groups in particular. These women interacting with other women as carers feel more safe where their carer is a woman rather than being a man.

We encourage older women to attend more of their ethno-specific groups where they can meet for a couple of hours a day, come out of isolation, talk about other things, talk about grandkids and talk about what is happening in the community. As an organisation we like to keep our members informed as to their citizen rights about what is available for them as far as services, as far as what is available for them from the councils et cetera. Local governments have a responsibility to employ bilingual workers, because when you look around the demographics of most of the councils they are predominantly from a non-English speaking background, so they need to be able to cater for their ratepayers and try to be more ethno-specific in delivering some workers from their places of origin.

Then there is the assumption that just because they are ethnic and just because they are migrants their family is always going to be around them. But when you look at the life span of some of the migrants that we have got, they are second- and third-generation, now, Australian. They are now becoming more anglicised than they were if I was going to say Turkish. It is no longer a thing that you automatically assume that because they are migrants their kids are always there for them. Their kids are now leading busy lives as well, so they are literally making appointments with their kids.

We are finding this with My Aged Care, where we are seriously finding that a lot of the migrant groups are left behind the eight ball under this My Aged Care system. They are totally on the lowest of the plans. They think that having somebody coming around to do their house cleaning and then mowing the lawns is a great idea, but they have more entitlements that they have not been exposed to because of the process they have taken and the way they are asked these questions. To ask a person of, for argument's sake, of Turkish background, a 70-year-old woman living at home, 'Well, who assists you with your shopping?', they will say automatically, 'My kids do'. But the reality is the kids do when the kids are available, so the parent could be waiting two weeks for the child to come around to help them with their shopping. But according to that form they have said that their kids help them with their shopping, so that goes out of the question and that no longer is an entitlement for that person. They do not know that these simple questions that innocently they answer are depriving them of an entitlement that they legitimately have.

We also believe that there should be increased funding to CALD community groups. We do a lot of work voluntarily. We spend a lot of our own money, our own time, building community so they can be an informed community, so they can hear in their language what is happening around them, so that if they talk to a neighbour, they know what is happening around them as well—in the broken language that they have got that they normally speak with their neighbour.

Transportation is vital for elderly people to get about. When they are up to a certain age then their mobility becomes a huge issue, and if no-one picks them up to get to a community group, then they are stuck at home. They are in total isolation. They rely on people to get them about. There are organisations out there that do pick up from home and drop off at the venue of the community group, but some of the charges are quite exorbitant. For them to be on a pension and then pay My Aged Care, then pay a taxi to get to a social group, they have to weigh up, 'What's more important to me—to have money that I can do my shopping with or have the money to pay for a taxi?'. These are all things that occur, unfortunately, when you get to a certain age and you make decisions based on funds that you have got, and they are not necessarily the correct decisions, because they lead to isolation and then mental health issues. We as an organisation are trying desperately hard to get people out of isolation so they can at least for 2 hours of one week know that they are going there. They dress up to go there, they make a little plate to share with everybody else; it makes them feel that they are wanted and that they are alive, really.

The CHAIR: Thank you.

Dr TOWNS: I will say a few more things if that is okay. Talking about older women, as I said, as a group they have a lot in common with all sorts of women—the issue of superannuation, for example. Very few older women have sufficient superannuation, whether they have a Caucasian background or a multicultural background. I suppose I am going back to the education issue and perhaps preventing these issues in the future, because I am old enough to know that a lot of the issues that the National Council of Women and Nurcihan have referred to would have been issues 20 years ago. That is a generation back. What about the generation in the future, when they are going to be old? What have we done about it? So I am asking that question: what are we doing about it in schools? Are we making sure that people are getting sufficient education and training so that they can support themselves in their older years?

One of the biggest changes of course is that older people are living as older people for a much longer time, but we still have not prevented or stopped these issues of a lack of superannuation or the fact that it is women more than men who live to be older—I think it is nearly 10 years older on average. These problems and issues that we are talking about here are going to last for a longer time unless we start doing something about it with education and training.

Going back to another point I made earlier, when children go into our schools, the teacher teaching English as a second language maybe makes the assumption that these children have had schooling. Well, they often have not had schooling. Often boys and girls come to Australia at maybe 10 years old and have never been in a formal classroom, and girls maybe because of cultural background have not had that education. I guess I am also interested in changing things so that we prevent these problems that we have been referring to in the last 20 minutes so they are not still here in another 20 years. Because, as I said, these were issues 20 years ago, and we are still talking about them now, so I am asking about that. We have to look at the short term and the long term, not just make another report.

The CHAIR: Thank you. We might conclude at this point and open for questions.

Ms COUZENS: Thank you both for your time today. We really appreciate it and your submission. I was interested in your comments about the workforce and having a workforce strategy for CALD workers. What do you think needs to be done to enable that to happen and to sufficiently deal with some of the issues that we have got?

Ms OZTURK: Well, the first thing is that you need to change your policy. If you are wanting to include all of community and the policies are not there, then those policies definitely need to change to incorporate that—and that is not to say for certain positions. When I work with councils, why is it that only certain positions go to CALD community groups and other positions, senior positions, are for non-CALD groups? There is a disparity. For change to happen you have to make that policy change, even if you say that it is over time for x positions—senior positions. We already know what we are doing at the grassroots level, but we want to get up there with the management people and do our job, because we can do that work. There is nothing to say that Nurcihan cannot do the work that Mary can do or Jane can do.

Ms COUZENS: So in terms of skills and training, though, what do you see as being the solution there in skills and training for multicultural community members who can enter the workforce, whether it be with older people or in different areas of community?

Ms OZTURK: I know that under My Aged Care there has been a huge focus on getting people trained up to be able to do PCA work—able to do home cleaning, lawn mowing et cetera. So there has been a deliberate drive, you know, to focus on the CALD communities because they see that that is where their need is. That is where the clientele is. That is where the gap is. But is it only those jobs that the CALD people could do? Why can't the manager of that department be a CALD person and then have all workers underneath them doing the work of a PCA—mowing lawns, washing dishes—

Ms COUZENS: So opening up those opportunities?

Ms OZTURK: Yes.

The CHAIR: Heang, did you have a question? Thank you.

Mr TAK: Maybe a comment rather than a question, Chair. In your submission we heard about calling for bilingual, bicultural workers and also funding for volunteers—you know, the list goes on. Can you maybe talk a bit more from your experience in terms of partnership, collaboration, between local government, state government and community organisations and how this can be strengthened?

Ms OZTURK: Again, it is a policy change. But also channelling funds differently to the way that it used to be done I guess is another way of looking at it, focusing on, initially, asking your community what they want rather than you already having a plan of what you want and then getting the community to agree to what you want. Sometimes you go into meetings with local government and the agenda is already set for you, so what is the point of me being there. If you ask the community what they want, they tell you what they want, and then it is the role of the local government, state government and federal government to work around their community to deliver those needs. People do not ask for things because they just thought about it and thought it would be a good idea; people have been doing without for so long that they actually know, because they have got a sound foundation of doing without for so long.

Mr TAK: Perhaps just one last one, Chair, talking about missing out on entitlements because maybe when they—I have never seen the paperwork—tick off who helps them with certain home duties and all of that they tick 'My children', would it be correct for me to say if it was an older parent that could not read and write English it would be the children that tick the boxes?

Dr TOWNS: Exactly. That is right, because they do not want to be seen to be not doing that, perhaps.

Mr TAK: And how do we—

Dr TOWNS: Well, that is a good question.

Ms OZTURK: The young ones, when they are assisting their family with paperwork, automatically assume that, 'Yes, yes, yes, I can do all of this', but when it comes to reality in delivering on the ground for their parent,

it is not the case. So it should not be left to the child or whoever is in the family that is helping them to complete the form. The question should be asked of the parent or the person making the application—

Dr TOWNS: Around the standard, yes.

Ms OZTURK: ‘What do you need?’, you know? Because, yes, there is this stigma of, ‘Well, my child’s gone to university, and if they can’t help me fill out a form, then who can I call on?’. Often I have people come to me at our group and they have come with the form, and they say, ‘Nurcihan, can you help me fill out this form?’. And then at other times I hear the same woman talking about and bragging about how their kid is well educated—this, that and the other—and I look at them and I think, ‘Well, you know, your kids should be able to help you with this’. But that is just in my mind that I am thinking about that. Anyway, I will grab the form and then I will sit there. I will ask them each question, and then if they are vague about the answer, I will try to elaborate on that question. That is not necessarily what their child would do. So whoever is the person seeking the assistance should be the person that should be asked the questions.

Mr TAK: Thank you, Chair.

The CHAIR: Thank you, Heang. Christine.

Ms COUZENS: Do you think there is a need for those forms to be revamped in such a way that when they are completed there is that opportunity to identify—

Dr TOWNS: Yes, that is a good idea.

Ms COUZENS: They might say, ‘Oh, yes. My child can do this’, and there is further questioning around how often they can do it or really exploring—

Ms OZTURK: Pinpoint, yes.

Ms COUZENS: Yes.

Dr TOWNS: Yes, so they are really answering the questions.

Ms OZTURK: Yes. That is why when I am helping them fill out the form I elaborate on that form. If the question is: ‘Does someone help you in the house and wash your dishes?’, I say to them, ‘Who washes your dishes?’. They will say, ‘I do’, and then they will say, ‘When my kids come over, they do’, and I say, ‘But in your home, 24 hours of the day, who really does it?’.

Ms COUZENS: Yes. And that is because they are lucky enough to be talking to you, but if they have got somebody else doing it, they will just tick the boxes—so maybe looking at a review of how those forms are put together and the sorts of questions that really need to unpack the actual issues.

Ms OZTURK: Yes. I think that unpacking is the key to really providing the service for that person.

Ms COUZENS: Yes.

Dr TOWNS: That is very good.

Mr TAK: Can I just have one more?

The CHAIR: One more? Okay.

Mr TAK: Just a short one. Reading a report some time ago it had almost exactly the same line that you alluded to. Sometimes women from migrant backgrounds at workplaces do not make complaints.

Dr TOWNS: Exactly. Yes, it is a cultural thing.

Mr TAK: Sometimes it is ‘Will I lose my job?’ or ‘Should I make a complaint?’. Then everything is very good because nobody makes a complaint, but as a matter of fact—

Dr TOWNS: That is very true.

Mr TAK: Is that happening?

Ms OZTURK: I spent 16 years in the trade union movement working with women particularly who were in the same situation. They did not want to say anything to the boss about what was going on in their workplace, but they would in their lunch room have that discussion themselves on a daily basis. So then there was me, as the union rep that went into the workplace. I started talking to them about, ‘How’s it going? What’s happening?’ and then I started to take out this information from them. Then suddenly if you go to the boss and say, ‘Well, actually your workers have got a problem with X, Y and Z’, they say, ‘What are you talking about? They never come to me’ and this, that and the other. It is really about how you communicate and listen to what kind of outcome you want to come out of it.

Mr TAK: Yes. Thank you. Thank you, Chair.

The CHAIR: Thank you. Just on a final question that I had: you really spoke in depth about at-home care and the services. My question is around aged care facilities and those that are ethnically based and culturally based. I just wanted to seek your view of how important it is when you have someone that is ageing at home that cannot remain at home and has no carer to actually transfer them, let us say, from a Turkish community to an in-house aged care facility.

Ms OZTURK: Look, I think that the reality is that as you age you go back: your mind goes back and everything else goes back. So you have a situation where if they have come from environment X—it does not matter what nationality—as they are ageing, they are going back. So for you to be in that environment from 20 years ago still in your community is a far better option, because your language is there, your culture is there and your religion is there, and you know that somebody is there to understand all those things. I have friends who are visited in a setting. They are Turkish, and they are staying in a nursing home where there are no language skills.

The person was just in the bed 24/7, not able to communicate. And so if you were going to die in five years time, you would die a lot sooner—that is just my opinion—because you are lacking those skills. You want to eat your type of food. You want to smell your type of food. You want to hear your type of prayer. You want to hear the talk of your language in the background as well.

Dr TOWNS: Music.

Ms OZTURK: Being culturally sensitive at that age, at that time, is of huge benefit to those people that are in a nursing home situation. I know from my community that it is not something that is accepted within the community, to put their elders into a nursing home, so that is already a trauma within them—that they have been put there away from their family. So even though their family may visit them regularly et cetera, in their mind the kids have let go of them, so they have already gone 10 steps back just by being put into that environment. It is not to say that the care is not exceptional or this, that and the other; there are a lot of other things that happen in the background that are not seen because they cannot talk about it, they cannot express it, they cannot tell you what they are feeling about why they are there.

The CHAIR: I think at this point we will conclude. Thank you so much for your—

Ms OZTURK: I just wanted to—

The CHAIR: Please.

Ms OZTURK: finish up on one thing about the positive aspects of ageing. I just thought that I wanted to—

Dr TOWNS: Yes, there are positive aspects.

Ms OZTURK: I wanted to share some of these stories because, to me, I do not think, through governments, we actually share that positive aspect of a person who has aged. If we are talking about someone who has migrated here as a child and at a very young age has had to learn to be an interpreter not only for their family but for their community, that person now is in that older age bracket. And if we are talking about a person who as a child wore a key around their neck while their migrant parents went out to work, that child now is in that older age bracket. The young men and women that started to work in textile mills—they went in there as young boys and girls, and they retired 40 years later from the same workplace; the only English language that they knew was pertaining to that workplace. The cotton, the wool, the material—that is the language that they knew

of that workplace. That is the English language that they had because they never had the opportunity to learn formal English outside.

So if we are wanting to show an example of ageing positively, these are positive things that have come out from migration, and we have contributed to this society. We have contributed to Victoria, to our local government, to our federal government. We have contributed as human beings. We have come to Australia, most of us by choice, some of us because of need—you know, we have had to flee circumstances—but we have made a choice to come to Australia. I think that this part of our journey has not been exposed at all through any level of government, and I think that this is something that should be looked at by governments to say, ‘Look, you know, Nurcihan Ozturk came here as a migrant in 1969 at the age of seven and now is 60 years of age, and what has her contribution been along those lines to this society? There have been positive steps that Nurcihan has taken along the way to get to her 60 years of living in Australia and contributing to society’. And so if the government wants to focus a campaign on what is involved in positive ageing, I think this is something that needs to be explored and celebrated with the rest of the community, because we have contributed. We have paid racism dues. We have paid being bullied. We have paid changing our names because somebody could not pronounce our names.

Dr TOWNS: Anglicising our names.

Ms OZTURK: I mean, when I started my first work and they said, ‘What’s your name?’. I said, ‘Nurcihan’, and they said to me, ‘Can we call you Nancy for short?’. I just looked up at them and I thought, ‘That’s my job. I just started to work here. If I say no, are they going to sack me?’. And then I turned 16, and I said to them I wanted to leave that workplace. And they said, ‘For you to leave, your mum and dad have got to come here because you’re not old enough to resign’. And I thought, ‘If I’m old enough to work here and I’m not old enough to resign’—so my mum came into work and said, ‘My daughters don’t want to work here anymore’, because we were on junior rates doing the same rate of work as adult pay but we were not being paid the same. So when they found out that that was the reason why we wanted to leave, we were put on adult wages, and I thought, ‘Well, at the age of 16 I could only go up from here’. And that is the way, and I have never looked back.

Ms COUZENS: Well done.

Ms OZTURK: People have contributed, and I think that needs to be recognised. And it needs to be recognised in a formal way by, in this case, our State Government.

The CHAIR: I think we all agree.

Ms OZTURK: It is something that I have a lot of passion in because I believe that we have made it good for Australia by being here. We have not taken anything away; we have contributed. And we have paid our dues. We have paid all those things: now we have got a human rights bill, now we have got this Act and we have got that Act. It is because of us—we pushed, we pushed and we have got those things now that today society can use altogether and share altogether. Sorry.

The CHAIR: No, thank you very much. That was a very passionate contribution.

Dr TOWNS: Good on you.

The CHAIR: Thank you, Nurcihan, and I am sure both I and my colleagues totally echo the sentiments you have conveyed. And the success of the migration story—I think you are absolutely right—there needs to be much more positive promotion of that and acknowledgement of that. And it is in all sectors and all walks of life that migrants have contributed. But today we are really thankful that you have both attended, and your evidence has really been passionate and thoughtful. Our next steps will be: we have got one more public hearing tomorrow in Ballarat, and then hopefully we will have some time to deliberate on all the evidence and put forward a very strong report to table in the Parliament of Victoria. We hope to do that before July this year, but we will keep you updated through our secretariat on how we are progressing, and I am sure some of the recommendations you will see—

Dr TOWNS: That is good. We will be looking, won’t we?

The CHAIR: will be positive. Thanks again.

Dr TOWNS: Thanks for having us. Thank you very much.

The CHAIR: No. Thank you for all that you do in your communities. I know that you do a lot of work in Whittlesea. I do follow your Facebook page, so there you go.

Dr TOWNS: There you go. Thank you very much.

The CHAIR: My pleasure. Thank you. Take care.

Witnesses withdrew.