### FINAL TRANSCRIPT

# LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

## Inquiry into support for older Victorians from migrant and refugee backgrounds

Ballarat—Thursday, 31 March 2022

### **MEMBERS**

Ms Natalie Suleyman—Chair
Ms Emma Kealy
Mr Brad Battin—Deputy Chair
Ms Michaela Settle
Mr Neil Angus
Mr Meng Heang Tak
Ms Christine Couzens

### **WITNESS**

Dr Sundram Sivamalai, Adviser, Ballarat Indian Association.

**The CHAIR**: Good morning, and thank you for being here today. 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 here today and pay my respects to their Elders both past and present and any other Aboriginal Elders of other communities who may be here today.

I welcome today Dr Sundram Sivamalai, Adviser for the Ballarat Indian Association. I also acknowledge my colleague Meng Heang Tak MP, the Member for Clarinda. My name is Natalie Suleyman MP. I am the Member for St Albans.

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

All evidence today is being recorded by Hansard, and you will receive a transcript after this hearing for you to check. Once that has been completed the transcript will then be made public and available on the Committee's website.

I now invite you to make a brief statement, which will be followed by questions. Again, thank you very much for being here today, Doctor.

**Dr SIVAMALAI**: Good morning, all, and thank you, Madam Chair, and also the other members of the team. Thank you for the opportunity to speak on behalf of the older Victorians from migrant or refugee backgrounds who are residents in Ballarat and the region.

Firstly I would like to acknowledge the custodians of this land on which we are holding this event and pay my respects to the elders past, present and future. I also thank you all for making time and coming to our vibrant and beautiful Ballarat. Unfortunately today is a little bit wet, but we need the rain. It is great to see you all.

My name is Sundram Sivamalai. I am retired but not quite retarded, okay. I maintain my strong advocacy for people from CALD backgrounds. Currently I am the president for the Emotional Well-being Institute, Geneva, whose objective is to explore ways on how the Emotional Well-being Institute can help people who are going through emotional stress from natural disasters as well as the COVID pandemic. I am the member of the ECCV board. I have been a past commissioner with the Victorian Multicultural Commission. For today's session I will also present my views as a member of the intercultural advisory council, which is an arm of the City of Ballarat. The purpose of the intercultural advisory council is to update on issues from the community leaders at monthly meetings so that the council is aware of cultural issues and can support where possible in addressing them. But now I will be talking on behalf of the Ballarat Indian Association.

A little bit about my cultural background: I am a Tamil-speaking migrant from Malaysia. I left my country of birth at the age of 17 because of poverty. I was lucky until that age if I had my daily meals. I lost my dad when I was four years old. My mother was illiterate with six children and had migrated from south India to Malaysia. So due to my circumstances and a zest to better myself I have been through several jobs—labourer, hospital porter, clinical nurse, nurse educator, lecturer in nursing, senior lecturer for a medical school, associate professor in a school of medicine and dentistry and now professor of rural health. Currently I sit on international, national, state and local boards. I have been living in Ballarat since 1988 and understand the needs of the CALD communities in Ballarat, which include migrants and refugees. Today I will be speaking twice, as I mentioned earlier, on behalf of the Indian community and next from the Intercultural Advisory Committee. This is my first time attending a presentation at an inquiry, so please excuse me if I go a bit out of line.

Firstly, about the support needs for the elderly residents from an Indian background living in the Ballarat region, just to give you some statistics there, the 2016 statistics show there are about 540 Indian migrants, and above 55 years of age—that equates to about 10 %—but according to our mayor's last statement at the begonia festival, he mentioned there were about 4,000. The 2022 census should be out in June, so we are a little bit behind time or maybe ahead of time.

Just to give you a bit about the Indian associations in Ballarat—the Ballarat Indian Association, of which I am an adviser; the Ballarat Telugu Association; the Ballarat Hindu Temple & Cultural Centre, of which I am also an adviser; the Gujarati association; the Punjabi association; the Ballarat Malayalee Association; the Ballarat Keralites' Foundation of Australia; and the Friends of India Network. I can provide you more information if you need it. These organisations are known to host celebrations at various times, successfully, with crowds of more than 400 in attendance. I do attend these events and do some presentations on their behalf. Some of the issues I may raise here could overlap between the different groups as well as the categories.

Firstly, I would like to highlight the issue about intergenerational understanding in Indian communities, which raises the issues of belonging and respect for aged people. Culturally Indians have very close-knit families, and often three generations or more live together. Therefore the Indian children are often cared for by the aged parents in the homes of the sons and daughters. These aged parents are often ready-made babysitters for them to look after their grandchildren. Many of the older Victorians are not entitled to and do not get an aged pension. Their role in caring for the children is also without any remuneration from their families because the children feel they are given free meals and accommodation. It is taken for granted the older people will continue the babysitting and house guardian roles without complaint. This is true because they are from a very reserved cultural background. They would not lodge any complaints about their own children's family. This may be changing now as we are getting into the Australian scene and many of them are living here.

Furthermore, there is no opportunity for them to verbalise or share their emotional stress with anyone. They may continue their suffering in silence. So loneliness among aged parents is not uncommon. I will come later to some of the recommendations. Some of the aged parents are not consulted appropriately to get their opinions about how they feel in helping their families, but they are often told to care for their grandchildren until the parents return from their social visits. Many times, the aged babysitters end up preparing the meals for their grandchildren and families. The aged parents who are left at home with the grandchildren or by themselves do not know how to call for help if there happens to be an emergency while everyone is away. This kind of unfair treatment of the elderly parents very often keeps on going, as the older migrants do not complain because they do not want to wash their dirty linen in public.

To further hurt the emotions of the elders, their grandchildren, who they have cared for since birth, do not respect them. The school-going grandchildren have observed the unfair treatment and may have misunderstood that it is accepted in the Australian context. The grandchildren's disrespect of the grandparents, from their learned-at-home behaviour, tends to hurt the older migrants very much and erodes their sense of belonging to their own family and also their self-esteem.

Establishing peer support in the older generation for themselves takes much longer than for those who were born here, so for them to spend time in seeking peer support is not as easy. They are spending more time in helping their grandchildren, and therefore they do not have time for their networks and tend to miss out on finding time for connecting with their old-aged peers.

One of the recommendations that could be considered is intergenerational information sessions for families would be advantageous. These sessions could be conducted either through videos in specific Indian dialects or in person so that parents and grandparents who attend these sessions will know and accept the accepted behaviours and at the same time understand the individual rights and what could be constituted as an abuse according to the Australian legal guidelines in the Australian context. Government initiatives to promote such information in workshops, with some financial support from government, will be welcomed by the Indian groups. The positive outcome of these sessions could prevent ill treatment and reduce the social and emotional problems for Indian elders. Those older people who want to mix with others but are unable to do so because of their family burden could access connections via video links or telelinks, but they would need to be inducted properly, and this takes time and proper consultation. To reduce abuse from children, the school education curricular framework should promote discussions on family values and the need for caring for their aged elders.

Spiritual needs of migrants from Indian backgrounds—there is a growing challenge to address this issue. Many Indians, especially elders, may spend hours praying as part of their Indian daily rituals. Sometimes prayer can last from 15 minutes to 2 hours in their home altars. Many elders may also feel the need to attend prayers in temples is equally important. There are several large temples that attract large numbers of Indians who have vehicles and are able to drive to the prayer ceremonies. Many of them are healthy and younger—around the 30 years of age bracket—with children. Several families who understand their parents' spiritual needs are

prepared to drive them several kilometres from regional areas to attend temple prayers and spiritual celebrations. For example, Ballarat families are prepared to travel more than 100 kilometres for 30 minutes of prayer time in Deer Park or Sunshine. In some circumstances the older Indians do miss out on the temple visits because their children are busy with work. Those Indian elderly residents who are not licensed to drive or do not feel comfortable driving in Australia need to depend on public transport, which does not reach close enough to temple vicinities in a timely manner for when the prayers begin. This issue is a challenge for rural and regional Victorians from migrant backgrounds—not only Indians.

A recommendation that could be considered is that governments at state and local levels encourage and allow sites for tailor-made buildings to support the Indian groups to build their places of worship. I note that support is happening at the moment, but this has to be enhanced and promoted further. According to Indian culture, the value of their spiritual needs is a high priority. They will not hesitate to come forward with donations or to raise funds to build the temples. This support to the community temples will also save money for the government. Although prayers may be the main events at Hindu temples, there are other events which are of generic purposes that can benefit the wider community. You have seen lately examples of how the temples have come forward to help people in need during the COVID pandemic. Yoga classes, vegetarian culinary sessions, meditation sessions for seniors and meals for the disadvantaged are some of the other associated activities from the temple protocols.

The last rites for Indian elders in a culturally appropriate manner—I think this is something that has been an issue here. Many of the elders who pass away do not have the appropriate rites during their funeral and prior to their funeral. The elders from Indian backgrounds are held with marked respect for their wisdom and life experience. The Indian community feel that respect to their elders should also be given when they are finally buried or cremated. There are several challenges in addressing respect for the elders who are nearing death or are dead. In regional Victoria, like in Ballarat, there are no local Indian priests who can be readily called upon to assist the grieving families with holy blessings according to the Indian culture. The grieving families often desperately search for one and finally have to accept a priest who is available away from Ballarat, which can be costly because of travel and out-of-CBD service.

Ideally they need funeral parlours that are culturally appropriate to say goodbye in the Indian way in order to pay full respect to their dead elders. Currently Indians have to blend in in the funeral processes, with the servicing parlours mainly at the moment built for Anglo-Saxons. Many a time there are several conditions and guidelines that Indian families have to accept, although not quite appropriate, to cremate their beloved ones. The funeral process is often slow and accommodates the grievers and the criers and is not time driven but more process driven. This is again a cultural difference. So the current practice does not give full satisfaction to the grieving families and also to relatives in saying goodbye to their beloved ones. Maybe a recommendation here: in Australia, regional Victoria, we have masses of land, and there are opportunities for governments to explore how communities from CALD backgrounds can be supported in their funeral needs.

Activities for older Indian migrants after business hours, especially after business hours, is another suggestion here. As older individuals want to age well, they also want to take up opportunities that are available to them, but there are no leisure centres for elderly Indian residents to exercise in. The migrant elders would prefer a centre where they can have some ownership—that is, exercise within 24 hours at times when they are free. It would be great if the venue encouraged Indian members so that they could join their friends to do some physical exercise and be socially connected to keep their emotional wellbeing. The limited, current non-Indian centres that are available now are well managed during business hours but not after 5.00 pm, apart from a few. Most of the Indian elders during business hours spend their time with their families, either helping at home or minding their grandchildren. Usually you can see them more freely after 5.00 pm.

So, a possible recommendation: there could be a venue available for the elderly people to come and join their friends, exercise and have a cup of tea rather than go elsewhere or be left at home to become isolated, or the government could explore providing vouchers for CALD seniors for currently existing venues in which to do their regular exercise to maintain their physical, mental and social health. For a small outlay the government would save the expenses of hospitalisation and medication and prevent them from loneliness and isolation. I may stop there for the time being, I think.

**The CHAIR**: Did you want to continue? Because then we could start questions.

**Dr SIVAMALAI**: I will have more at the second part. I will be talking again after the break. It is okay. Thank you for listening.

**The CHAIR**: Thank you. That was a very in-depth submission already. I like the set-up: you have already got some recommendations as well, so that is very helpful.

Dr SIVAMALAI: Thank you, Madam Chair.

The CHAIR: I wanted to ask: it is the first time we have actually heard in all of this inquiry about the end of life in relation to older migrant Victorians. Do you see that as just a regional challenge? I know in my area, like Sunshine and Deer Park, they are well catered for. We have temples and many places of faith that cater for multifaith groups. But is it just a regional challenge in relation to the funerals that you spoke about, having access to an appropriate priest of your culture, or do you think that it could be spread to parts of Melbourne as well?

**Dr SIVAMALAI**: Thank you, Madam Chair. When we do a comparison between metro and regionals, I think the regionals are being left out on many things. So this is one example, and some regions are a little bit more well served.

If you are talking about Sunshine and Deer Park, they are already on the fringes of the CBD. So when we are looking at a place like Ballarat, we have been through some challenging circumstances where we had grieving families, where we know that the spouses are going to leave the world but we do not have the appropriate connections to bring in a priest, you know, to do the last services and so forth. Also, during the funerals and also preparing for the funerals, we have to again depend on what is available, and often we find that people living in rural areas need to have that connection.

If you are in metro, you have an alternative, you have some choices. Whereas here we do not have priests who are living here. Once again, if you have the temples, you tend to have the priests come along. We do not have a Hindu temple here. So as such, I think, we do not have the priest who lives here who could be updating and helping the grieving families as they go through the process.

So it is an ongoing challenge. I think in terms of looking at the funeral sessions themselves, it is another big challenge, because you find that many of the existing ones have time limits, whereas when you look at the Hindu processions, they are not time framed; it is the process. The community comes along. If the community takes an extra half an hour, then so be it, but I think at the end of the day they want to see the beloved ones, you know, be saying goodbye in an appropriate manner.

The CHAIR: Exactly, because I know with my electorate—I mean, there is a temple, I would say, in just about every suburb, from St Albans to Sunshine—Plumpton, Rockbank and it just spreads. There are so many multifaith centres catering for many multicultural groups. So we have spoken about that. Is there a large Indian community in Ballarat?

**Dr SIVAMALAI**: If you look at the mayor's figures, he is looking at about 40 000 migrants here. Of that I think we are looking at 10% of that could be allocated to the Indian subgroup out of those migrants, and then 10% of that and you are looking at the older Indian population. So they are quite a close-knit community. They try to help each other where they can, but again when you have challenges like this, again the community grieves with them. It is not just the family who go through the grieving, but also the extended and the community who are connected with them.

**The CHAIR**: Would you say this is one of the biggest challenges, or is there another issue that is far bigger? What is the biggest challenge for the community at the moment?

**Dr SIVAMALAI**: I think we have been very lucky that we had the support from the state government in refurbishing the land that we actually purchased to erect a temple. And the challenge that came along, as you asked, Madam Chair, is there is still a little bit of, to use the right word, discrimination and vilification against CALD communities, and Indian communities stand out. I think if both of us were to go, they might look at you and you may be bypassed, all right?

The CHAIR: I do not think so!

**Dr SIVAMALAI**: Whereas I would stand out, you know? This sort of thing is very overt—

**The CHAIR**: Yes, I understand. My colleague and I are very passionate about coming from ethnic backgrounds ourselves. We totally understand what you are saying, and we have faced these challenges in our own journeys. When there is a place of worship or a centre there is always a little bit of community—

Dr SIVAMALAI: Tension.

**The CHAIR**: concern. And I think that there needs to be more education. And once it is built and once it is running you always find that everybody then embraces it and it becomes the centre of a community. These are things that every community goes through, but hopefully it does not hold up too much of the project.

**Dr SIVAMALAI**: Well, we had to go through quite a challenging time. People were disturbed. We had intentions of having free meals for the unemployed and so forth—that is part of the Hindu philosophy as well. We had to go through VCAT. The residents objected and the councillors did not support it, so we had to take the case to VCAT, and there was a bit of a challenge there. We were not in a position to easily afford solicitors and lawyers. We had a barrister, but I did a fair bit work for the barrister with the president of the cultural temple, you know. So yes, we faced that, but we were not perturbed, because as you said, it is just ignorance. So educating them and giving sessions on cultural awareness, which I have done many times and other places and which I am planning to do—we will institute that. And also, to add a little bit further, we raised money for the victims of the fire and we donated to the very people who actually stood against us to some extent. We donated—I know it is not a lot—\$4,800, which they welcomed and accepted.

The CHAIR: Excellent. That is wonderful to hear. Did you end up getting through VCAT?

**Dr SIVAMALAI**: Yes, we did, with a lot of constraints: the numbers have to be limited, you cannot have this, you cannot have that. So what can we do? We accepted and went along with that. I think over time we can win them over; of that I am confident.

The CHAIR: Yes, and that centre will be a temple and also for other activities?

Dr SIVAMALAI: Of course.

The CHAIR: That is important. Would that temple also include older—

**Dr SIVAMALAI**: It will definitely embrace other cultures. It will definitely embrace cultures that are currently present here and any interfaith groups—you know, it does not matter, because—

**The CHAIR**: What I am trying to say is that once you have the temple, I suppose a bit of a hub for the community, older community members might be able to access other programs.

Dr SIVAMALAI: Correct.

**The CHAIR**: So this becomes an opportunity for your community to have more programs, more opportunity from the centre?

Dr SIVAMALAI: Correct.

**The CHAIR**: My question is: do you think that is probably a better way forward rather than trying to navigate all these services at the moment, which can be very confusing?

**Dr SIVAMALAI**: Correct. I think the elders, apart from their sleep and rest at home, would need some outlets, so they would find that some of the classes they would love to go to would be like meditation classes or yoga classes. Also they could come along there to meet others of similar age, so keeping their mental wellbeing and social connections. Also doing some activities and exercises for the elderly would be all part and parcel, yes. And they could also use their skills and their experiences in culinary areas, cooking food and all that, so they are valued and also run some sessions where they could teach a little bit to the younger generations about the culture and the philosophies and how to be good citizens.

**The CHAIR**: Excellent. Heang, can I pass over to you for questions?

**Mr TAK**: Yes, thank you. Perhaps if I can maybe go back, when we use the term 'Indian community'—and you mentioned in your introduction you are Tamil—how many subgroups are we talking about?

**Dr SIVAMALAI**: I think the current groups that I mentioned, as I highlighted in the introduction, would be the Indian association, which is a non-political, non-religious organisation, whereas the Ballarat Hindu Temple & Cultural Centre picks up that aspect of it; then we have the Telugu association, who have a completely different language; then we have the Gujaratis; then we have the Punjabis; then we have the Malayalees; then the Malayaleeys have got another group called the Keralites, whose origin is from the same state, but these are the associations; and the Friends of India Network, and many of the doctors belong to this group—this is a little bit elitist.

Mr TAK: I see. And are the Tamils mainly from Malaysia?

**Dr SIVAMALAI**: Yes. We have the Tamils. In particular in Ballarat we have Tamil speakers from Malaysia, from Singapore, Fiji, Sri Lanka and obviously from India.

**Mr TAK**: To come back to that question though, Dr Sivamalai, would all of the subgroups be able to work together, share culture and speak the same language?

**Dr SIVAMALAI**: Absolutely. This is the beauty. I think when you compare metropolitan to rural, the rural hospitality is, you know, a little bit more than the metro hospitality. I am sorry to say this.

Mr TAK: All right. Yes.

**Dr SIVAMALAI**: And also when you look at these groups, they all come together. I think you have to visit our begonia festival at some stage—

Mr TAK: I look forward to that.

**Dr SIVAMALAI**: for the parade and all of that. You can see the groups coming together and sharing food and giving away little gifts to the kids and so forth. They do not hesitate. I think they all look forward to these events and celebrations. I think the Telugus do have their celebration—I think there is one coming up this Sunday, I just heard.

Mr TAK: For new year?

Dr SIVAMALAI: Yes.

Mr TAK: That is right.

**Dr SIVAMALAI**: And definitely all the non-Telugu speaking people of Indian origin will also join in. And again, not to forget we also have some Chinese here. They also join in.

**Mr TAK**: Yes, that is right. If I can go back to the question of spiritual prayers and monks, do you have any difficulties in terms of getting monks from home countries?

**Dr SIVAMALAI**: Absolutely. I think we have that big challenge all the time. If you want to have a priest here, we have to look at probably the accommodation for them and other sorts of support for them. Then if they are going to be based here, they certainly need to have sufficient business, you know. That sort of thing, so that they can live with that. We need a little bit of support maybe from the government so that we can actually sponsor, in a way, priests to come to the regional areas. I know that the federal government has become very tight and very strict with this issue.

Mr TAK: With the eligibility and the requirements and all of that?

**Dr SIVAMALAI**: Yes, the migration or immigration protocols. So if that could be supported, that would be great. We could actually find a suitable priest that would serve the needs of the growing community. The population is growing. The Indian population is definitely growing quite rapidly.

**Mr TAK**: Thank you, Chair. I concur in terms of the spiritual funeral services. I believe that in metro the service providers understand more the needs of the particular community, but I am also interested to hear maybe if that is an area that can be explored in terms of awareness or education with the service provider.

**Dr SIVAMALAI**: Correct. It has always been a real challenge because you do not know when you are going to die. So it happens, and then you need a quick response, and the family is grieving—

**The CHAIR**: And it is so important to be culturally aware in your last journey, to have your culture respected.

**Dr SIVAMALAI**: Correct. And many of the elders who have been here, according to the cultural scenario, are well respected and are part of the community, you know, for guidance and information and any of the history of the Hindu cultures and so forth.

Mr TAK: And—Chair?

The CHAIR: Yes.

**Mr TAK**: Doctor, I think with what you said before in terms of the legal framework—elder abuse, financial abuse—that is where I am going. In terms of education, where do you think it is best to start? We heard from many contributors as part of this evidence process that the victims—the parents and grandparents—may be a bit hesitant, shamefaced, to report.

**Dr SIVAMALAI**: Absolutely.

**Mr TAK**: So in terms of education, where do we start?

**Dr SIVAMALAI**: I think the education has to be done in a very culturally sensitive manner, number one. As I said, looking at the younger generation, I think family values and those sorts of things can be included in the school curriculum. I am not sure how much that is happening now. Then looking at conducting sessions—that could be as a generic approach across the board. I think that could be approached in that way, not saying, 'You are the perpetrator'. They have good intentions, and sometimes we find the parents—the young parents looking after their children, the grandchildren—have good intentions but do not realise they are probably sliding into the area of being abusive to their own parents. Again—and I did not highlight this earlier—come in all the other issues of the wealth and all those transfers, which I will pick up in the next session.

**Mr TAK**: All right—looking forward to that session then.

The CHAIR: Thank you. I just had one final question on aged care. Aged care has become, I suppose, a challenge in particular for migrant communities. Most people want to stay at home until they must leave. How important is it to have aged care facilities that are culturally appropriate, that understand, let us say, your traditions, your culture, your food, and have staff that speak your language? How important do you think that is for ethnic communities—or, I should say, migrant communities?

**Dr SIVAMALAI**: Absolutely. If they can bring the life they had in their own homes, previous homes, to the new-found land, I think that would be ideal. Ideally, if we could have aged care facilities for the Indians where they could have tempting food and be looked after by culturally attuned staff, that would be excellent—who can also speak the language, who can understand them and also know the values of the Hindu system: that elders are not to be abused; they should be respected, and on occasions they are worshipped. You know, the living are worshipped. You can see that some of the parents actually worship them before they leave the home. So that would be the ideal way, and also that they have access to services—emergency services, all the other services such as shopping services and transport services—that would be the best and ideal way.

**The CHAIR**: But services that are culturally appropriate—

**Dr SIVAMALAI**: Yes. All I am talking about is—yes, they have to be, culturally.

**The CHAIR**: because at the moment there seem to be gaps. If you are at home, the services you receive could be from any agency and not necessarily—and I can see that creates challenges as well.

**Dr SIVAMALAI**: Of course. And many, many of the recipients or the clients may not say anything about it. If they feel it is still a bit not right, they will not complain about it, just in case—'Next time she won't even come into my room to give me some help'—you know? So there is that hidden—

**The CHAIR**: That is right. There is that retribution of it, yes.

Dr SIVAMALAI: Yes.

**The CHAIR**: All right. So we are running out of time. Did you have a supplementary that you wanted to add?

**Dr SIVAMALAI**: I am coming back to talk with the city council.

The CHAIR: Okay. All right, then. Excellent.

**Dr SIVAMALAI**: Yes. I will highlight a bit more on this. So, as I said, this is my first part of it.

The CHAIR: Oh, wow.

Dr SIVAMALAI: You will hear me more.

**The CHAIR**: Well, let me say, Dr Sivamalai, we are out of time. We have gone overtime; that is how much we have really valued your evidence today.

Dr SIVAMALAI: Thank you, Madam Chair.

**The CHAIR**: Thank you so much, and I am looking forward to the next session. And all your contributions to your community—it has just been really inspirational to hear all your journeys. So thank you again.

Dr SIVAMALAI: Thanks for the warm words. Thank you.

Witness withdrew.