F I N A L T R A N S C R I P T

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

Melbourne—Monday, 31 January 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 *(via videoconference)*

Ms Yvonne Lipianin, Manager, Seniors Law, and

Ms Megan King, Principal Solicitor, Seniors Law, Justice Connect.

The CHAIR: I declare open the Legislative Assembly Legal and Social Issues Committee public hearing for the Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds.

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

I welcome Megan King, Principal Solicitor, Seniors Law, Justice Connect, and also we have Yvonne Lipianin, Manager, Seniors Law, again from Justice Connect.

I also acknowledge my colleagues participating today: Christine Couzens, the Member for Geelong; Michaela Settle, the Member for Buninyong; Neil Angus, the Member for Forest Hill; and Meng Heang Tak, the Member for Clarinda. My name is Natalie Suleyman. I am the Member for St Albans.

Please ensure that mobile phones have been switched to silent and that any background noise is minimised.

All evidence taken at this hearing is protected by parliamentary privilege. This means that what you say here today is protected against any action, but if you repeat the same things on other forums, you may not be protected by this privilege.

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Could I please remind members and witnesses to mute their microphones when not speaking, just to minimise any interference. If you have technical difficulties at any stage, please disconnect and contact committee staff using the contacts you have been provided.

I now invite you to make a brief opening statement to the committee, which will be followed by some questions. Thank you again for being here today.

Ms KING: Thank you, Chair. I will kick off. In the face of rising unmet legal need Justice Connect designs and delivers high-impact interventions that increase access to legal support and progress social justice. Our Seniors Law program provides specialised legal help to older people on legal issues associated with ageing, with a particular focus on preventing elder abuse. We specialise in Health Justice Partnerships or, as I will call them today, HJPs, and our lawyers work on site at several hospitals and community-based health services in Victoria and New South Wales, providing face-to-face assistance to patients identified by health staff as experiencing or being at risk of elder abuse.

To us this inquiry presents a unique opportunity to understand the issues and identify the targeted supports that people from culturally diverse backgrounds need to prevent and respond to elder abuse. Justice Connect can draw on 12 years of frontline service delivery at health services and direct client insights that emphasise the benefits of early intervention and service-based approaches to reduce the impacts of elder abuse, particularly for those from CALD backgrounds.

In Victoria specifically our Seniors Law program works with two health partners: St Vincent's Hospital and cohealth. In my role as Principal Lawyer at Seniors Law I oversee all the casework of both these partnerships. I have been on the ground in these HJPs for almost five years and during this time have assisted many older CALD Victorians experiencing elder abuse. Our cohealth HJP in particular services a high percentage of CALD clients. For example, from 2020 to 2021, 60% of all clients accessing our cohealth HJP were born in a country where English is not a primary language, and 43% of all clients required an interpreter. It is from this high CALD case load that we clearly see how a lack of access to tailored legal services disproportionately impacts those from culturally diverse backgrounds.

It has been our experience that older people from culturally diverse backgrounds are more likely to discuss elder abuse with a healthcare worker than seek the assistance of a lawyer. Culturally diverse communities may not be aware of available legal supports and can often have a mistrust of lawyers. Lack of awareness, misconception and mistrust act as a barrier for culturally diverse people directly accessing legal assistance when experiencing elder abuse. However, through the HJP model CALD clients can build a relationship of

trust with a health worker, who in turn can explain and provide a supported referral to us. Working holistically helps to ensure that the most supportive and culturally sensitive approach is taken in addressing the elder abuse that the older person is experiencing. Without this partnership approach it is likely that many cases of elder abuse for older CALD Victorians will go unnoticed and unaddressed. It is important to note that the recently released prevalence study into elder abuse has found that people from CALD backgrounds are less likely to engage in future planning by having legal safeguards in place, such as a will or a power of attorney. At Justice Connect we are continuing to work towards reducing elder abuse in CALD communities with a range of strategies. For example, our current project, 'Safeguarding Now, Preventing Future Abuse', focuses on encouraging people from CALD communities to safeguard their personal and financial affairs by future planning. We see this work as key to preventing elder abuse because it encourages older people from CALD backgrounds to appoint a trusted decision-maker to assist in the management of their affairs as they age.

I also want to emphasise how important strong relationships with health workers are to our HJPs. Our CALD clients may never have connected with our Seniors Laws program if it were not for cohealth staff making the original referral. Our legal service is fully integrated into the health setting so that staff view the lawyer as part of their team. Our lawyers work onsite at cohealth and conduct regular training for health staff on elder law legal issues and how to spot and refer clients experiencing elder abuse. Health professionals are our link to culturally diverse communities. For example, I will now talk about Kim, a former client. Kim attended an activity group for older members of the Vietnamese community. She mentioned to cohealth's outreach worker that she had given some money to her son so he could start his business. She had mortgaged her property to do this. Having attended one of the PD sessions delivered by the lawyer, the worker recognised the client would benefit from some independent legal advice and encouraged Kim to speak to the lawyer about it. Justice Connect's lawyer met Kim and arranged for one of our pro bono member firms to advise her on the legal risks and drafted documents to reduce them. Had Kim not accessed this legal help that employed early intervention strategies, it is possible the legal consequences for her could have been severe and very difficult to undo. This is why early intervention in cases of potential elder abuse is particularly important.

HJPs are often successful because they piggyback on the trust that the older person builds with the health worker. They remove mistrust and misunderstanding of the legal system. They can address elder abuse in a holistic manner with a range of professionals, and they have access to free interpreting services. And for CALD clients they mean that culturally appropriate legal services can be provided in a place that they feel comfortable and safe.

I will now hand over to Yvonne, the manager of our Seniors Law program, who will talk in a bit more depth about our service. Thanks, Yvonne.

Ms LIPIANIN: Thanks, Megan. As Megan stated, Justice Connect has over 12 years experience in designing innovative, free legal services that respond to the issue of elder abuse. Over the years we have trialled several different methods of service delivery to try and meet this area of significant unmet legal need, including running outreach clinics staffed by pro bono lawyers at hospitals and health centres, operating a mobile legal clinic for residents in aged-care facilities and delivering training to health and other community professionals on elder abuse to build their capacity to recognise and respond to the issue. However, co-located legal clinics and ad hoc training sessions were not leading to the development of strong relationships with those staff working most closely with older people, and as a result we were not reaching those older people most vulnerable to abuse. Seven years ago we first trialled the HJP model at cohealth, and our experience since has been that this is the most effective model that we have used to really reach and deliver legal help to older people at risk of abuse, including and in particular culturally diverse clients. We have since established several more HJPs across Victoria and New South Wales and have solely delivered our legal services through this model for the past seven years. As Megan said, the reason this model works is because of the truly integrated, collaborative nature of the partnership between legal and health services.

The HJP model is a resource-intensive model. To develop the relationships with health staff required to make it work, each HJP requires a dedicated lawyer to be based on site at the health service several days per week. Being based on site also allows a lawyer greater flexibility and time to respond to clients' needs, an important factor when working with culturally diverse clients who often do require significantly more time to build trust and a rapport with a lawyer, especially when using interpreters. At cohealth, because of the size of the organisation, the huge number of patients it serves and the vast geographic area it covers, when funding has permitted at times we have employed two lawyers to be based on site at the service.

The HJP model also requires employing the right kind of person to the role: someone who is empathetic, patient and adaptive to working with clients with a range of different needs, including adeptness at working with interpreters, and who is proactive about relationship building and seeking out opportunities to connect with health staff. It also requires leadership and commitment from the health partner to making those opportunities happen and to promoting the importance of the work, and a culture of inclusiveness and openness to change. This is a model that works, but one that requires money, commitment, patience and time.

Currently our HJPs are funded through an array of different funding sources, including several different state and federal government grants as well as philanthropic funding. All our Victorian HJPs currently rely on funding from multiple sources to operate. In the last 12-month period, for example, our HJP with cohealth was funded partly through two different streams of grant money from the Department of Justice and Community Safety and partly through a philanthropic grant. While some of this is multiyear funding, some of it is one-off 12-month funding, meaning we constantly live with the uncertainty as to whether we will be able to continue our services beyond the end of the funding period. Most of our lawyers are on short-term contracts, and we are often unable to confirm continued funding for their employment until weeks before their contracts expire. Understandably we have lost excellent lawyers because they are unable to live with this uncertainty.

While all businesses suffer when they lose talented staff, the HJP model is particularly susceptible to staff turnover because of the critical importance of relationships to the model. Every time we lose a lawyer we need to invest significant time and effort all over again into building health staff's trust and willingness to work with a new lawyer, and in the meantime we often miss critical opportunities to reach and help older patients who are experiencing abuse. We recommend that the state government invest more funding for specialist intensive integrated services like HJPs that focus on prevention and early intervention strategies to support older people from culturally diverse backgrounds who are experiencing abuse.

The prevalence study has estimated that 14.8% of Australia's population aged 65 and over who live in the community have experienced elder abuse in the past 12 months. Despite this shockingly high prevalence, only seven HJPs Australia-wide specialise in responding to elder abuse. More dedicated funding is required to ensure we are better placed to respond to the needs of older culturally diverse people experiencing abuse in a holistic, client-centred, culturally sensitive and safe way.

In summary, our key messages are older people from CALD communities who are experiencing elder abuse are less likely to be able to access information and support, so there is a greater risk for this cohort that the abuse will go undetected and unaddressed. Integrated legal services can play a key role in preventing and ending elder abuse, but these services need to be culturally safe and accessible to CALD communities. HJPs are a unique service model that enable CALD older people experiencing or at risk of abuse to access health and legal supports under one roof in a trusted setting. And prevention is key—more investment is needed to raise awareness around elder abuse and to provide future planning, education and support tailored to the needs of each CALD community. Thank you.

The CHAIR: Thank you so much for your presentation. Committee members, I will now ask you to provide some questions. I will start with Michaela, thank you.

Ms SETTLE: Thank you, Chair. Thank you very much, Yvonne and Megan, for your presentations—really informative—and thank you for being here with us today. I just need to clarify something in my head. You talked a lot about cohealth. This is something that comes up again and again. I am a regional MP, as is Chris Couzens, and we have always got an eye to the regional situation. Are there other community health organisations that these HJPs operate through in the regions, so in my instance Ballarat Community Health, for example?

Ms LIPIANIN: Those focusing specifically on elder abuse, you mean?

Ms SETTLE: Yes. Well, and creating these relationships with the HJPs. Because this has come about through your relationship with cohealth, is that right? Am I misunderstanding?

Ms LIPIANIN: That is absolutely right. So there are a number of other HJPs that operate in Victoria. Beyond those that Justice Connect operate there is one more run by the eastern community legal service partnering with Eastern Health, I think, so that is in Melbourne as well. There are not, as far as I am aware, any Health Justice Partnerships in regional Victoria as yet.

Ms KING: Sorry to interrupt, Yvonne. Michaela, there is one that is starting up in the Barwon region, I believe, but that is in its infancy. But yes, other than that elder abuse specific, I am not aware of anywhere else in Victoria, particularly in regional areas, that there are ones operating.

Ms SETTLE: Okay, thank you. A big gap there.

Ms KING: Yes, definitely.

Ms SETTLE: Thank you for that.

The CHAIR: Thank you, Michaela. Any further questions? Neil, thank you.

Mr ANGUS: Thank you, Chair, and thank you, Megan and Yvonne, for your evidence and for your written submission as well. I am just interested, how big is your organisation? How many lawyers have you got?

Ms LIPIANIN: Well, Justice Connect is bigger than just the Seniors Law program. We run a number of different programs, one focusing on homeless law, for example. But in terms of our Seniors Law program, we employ five lawyers across Victoria and New South Wales, and one is our administrative and project and data lead as well, so it is a relatively small program operating across two states.

Mr ANGUS: Right, okay. And you mentioned you were tied up with St Vincent's. And who was the other one you said?

Ms LIPIANIN: In Victoria that is St Vincent's Hospital and cohealth.

Mr ANGUS: cohealth itself, right. You answered one of my questions during the course of your evidence, and that was just how you were funded, because I just could not quite get my head around all that. Is there a charge to the user as well?

Ms LIPIANIN: No, it is an absolutely free service. No charge to the users themselves.

Mr ANGUS: Okay, so it is the federal/state grants and the philanthropic, you said.

Ms LIPIANIN: Yes. Each partnership is funded differently. So cohealth, as I said, is funded by two different streams of funding, from the Department of Justice and Community Safety and some philanthropic funding at the moment, but our other HJPs in New South Wales, for example, are funded from federal funding, with some support here and there from philanthropic grants.

Mr ANGUS: Okay, thank you very much.

The CHAIR: Thanks, Neil. We will move to Chris.

Ms COUZENS: Thanks, Megan, and thanks, Yvonne, for your contribution and participation. We really appreciate it. You talked about the challenges of funding and the difficulties that that causes when you have not got enough funding, obviously. If the funding was available, are there particular strategies that you would put in place or programs to meet this demand? Have you got ideas to put forward on that?

Ms LIPIANIN: Well, we have always got ideas about how we could meet the demand out there. Do you mean beyond the health justice partnership model? I mean, obviously we use this model because it works, and funding permitting we would love to see it replicated elsewhere. I think what our work has shown us is the importance of partnering and the importance of relationship building. I think we emphasised that a lot in our presentation. It does not necessarily have to be in a health setting, though. I think the key to this model is really about working out which services older people are already accessing, who they are already talking to, where they already have relationships of trust and going there, partnering with those services, building our own relationships with those services to create that link to the older people. Look, we are always interested in thinking about how we could reach older people through different models. Did you want to add anything to that, Megan?

Ms KING: I think you summed that up really well, Yvonne, but yes, I would just emphasise that trust point. We need to go to those organisations where older people trust the workers there, and then we cannot just be a

legal clinic that sort of pops up there for half a day a week or something. We need to really be integrated with that service, to be seen as part of the service, for it to be an effective model. And that is why they are resource intensive, these services, but so effective.

Ms COUZENS: So obviously multicultural groups would play a significant role in that. Local government—what is your view on the role of local government?

Ms LIPIANIN: I mean, local government does a lot. They run a lot of services for older people. You know, I think it would depend on the nature of the services that you are talking about. Anything, really, where you have a service that is working closely with older people and those older people trust the people that they are working with and might confide in them or where the workers know these people well enough that they can pick up on warning signs that something might be amiss. So wherever you have those kinds of services and those kinds of relationships, whether they are run through local government or whether they are run through Health, I think an integrated service like this could work.

Ms COUZENS: And you mentioned the issues around the workforce, given the funding and not being able to maintain lawyers necessarily. Do you see other workforce issues around these particular challenges?

Ms LIPIANIN: I mean, I think it is often a difficult area to work in. So we need to make sure that we are looking after the wellbeing of our staff, because I think it can be quite confronting. I think certainly in the delivery of legal services—I do not know if this is necessarily answering your question—one area in which we are restrained is that sometimes those older people who are most vulnerable to abuse are the ones who might have some cognitive decline or who are suffering from dementia. We cannot assist, unfortunately, if the older person does not have the capacity to instruct a lawyer. So I think that presents some issues delivering services to this cohort. But to the actual workforce, I think the funding is the main issue, because I would say that our lawyers are incredibly dedicated and really committed to this work.

Ms COUZENS: So those lawyers have access to interpreters or the resources that they need, so that is not an issue for your service?

Ms LIPIANIN: Look, generally—

Ms KING: It is really not. I would just say as well that one of the benefits of our partnership with St Vincent's Hospital is that they have onsite interpreters that we can use, because we see patients on the ward there and we can use those interpreters, and through cohealth we can use the TIS service as well—we also do have access to onsite interpreters through the TIS service. Access to interpreters has never been a large issue for us. I think one of the issues is more often that the quality of the interpreting services sometimes can be not great, particularly when you are trying to explain complicated legal issues to a person, so improvement in the experience of interpreters would be something I would like to see.

Ms COUZENS: Thank you.

The CHAIR: Thanks, Chris. Any further questions from any members?

Mr TAK: One from me, Chair. Thank you.

The CHAIR: Thank you. Heang.

Mr TAK: Thank you. One question: how does Justice Connect engage? I heard in your submission and also your oral submission that it is through St Vincent's Hospital, but in terms of the multicultural community organisations that work directly with, let us say, senior, older people in terms of prevention, do you feel that there is enough understanding of elder abuse and all of that? One example you have already given, Megan, was Kim's situation, but there may be more in the community in terms of lending and giving money to children, and then after marriage, you know, sometimes there is separation, and the parents find that the financial support provided to children could not be returned.

Ms KING: Yes, certainly we have seen quite a lot of that through our partnerships—that specific scenario of children being given loans and securing a mortgage over their parents' property, for example, that then cannot be repaid. And in the submission we have got another example there of a lady who had a mortgage over her property that she could not pay back and had to take out a reverse mortgage to be able to stay in her home. In

terms of connecting with different multicultural groups, through cohealth we do a bit of outreach work, some community presentations, but by building those really strong links with those multicultural workers that go out and work a lot with those communities we get a lot of referrals in that way. It can also help that then that worker often will speak the language of the client, and that can assist as well. It is not without its difficulties sometimes, because we need to use professional interpreting services as well, but I think the problem—and Yvonne sort of mentioned this—is in Victoria we had three lawyers up until the end of last year and now we only have two lawyers this year. Sometimes the time to be able to adequately engage out in the community is very limited, so it would be great if there were more of us and we could do a bit more of that intensive outreach work and get in with community groups more. Yvonne, is there anything you want to add to that?

Ms LIPIANIN: No.

The CHAIR: Thank you, Heang. No further questions, committee members? No? Neil.

Mr ANGUS: Thank you, Chair. In your written submission you talked about your current project, Safeguarding Now, Preventing Future Abuse. When you are talking about that project, is that going to have an outcome in terms of a written document? Can you flesh that out a bit for me, please?

Ms KING: Yes. Yvonne, do you want to take that one?

Ms LIPIANIN: Yes, sure. Yes, we are in the process of finalising a report, because that particular project has come to an end. We will be producing a report, and we would be happy to provide that to the committee once it is finalised.

Mr ANGUS: Is that imminent?

Ms LIPIANIN: I would say in the next month or so.

Mr ANGUS: Yes, excellent. That would be very helpful. Thanks, Yvonne. Great.

Ms LIPIANIN: No problems.

Mr ANGUS: Thank you, Chair.

The CHAIR: Thank you, Neil. I will conclude with one final question. What lessons can you pass on to other service providers on how to engage with older people and provide culturally relevant services?

Ms KING: I would say again—to harp on on the same point—building those relationships with the outreach workers who engage with those communities, making the most of good interpreting services and having time and patience as well when engaging with CALD communities, because it does take a lot longer when you are using an interpreter, but there are many rewards to come from it.

The CHAIR: Thank you, Megan. Neil, is that your hand I can see?

Mr ANGUS: Yes. Sorry, Chair.

The CHAIR: Go on.

Mr ANGUS: Just to keep going on that, how well known do you think you would be out in the broader community?

Ms KING: We would not be very well known, our service, mainly because we try and work with workers. We really heavily promote ourselves to the workers of the health services, because we find that if we take direct referrals from the community, which is what we used to do in the past—and Yvonne talked about how we have sort of progressed the way that we offer services, particularly to multicultural communities—it is not as effective, because you need that assistance of their support worker to help them fully engage with the service and to stay connected. So that is why we really heavily focus on the worker being that, you know, middle ground between us and the client that brings us together. It is sort of a triangle relationship, if you will, which is a bit different to the normal lawyer-client relationship, and that is why these are more specifically tailored programs.

Mr ANGUS: So given you have only got the two lawyers available, have you got backed-up work that you cannot get to?

Ms KING: Not so much at the moment. I think we are pretty quick in the way that we work with clients, in that, you know, particularly I have been in this role for five years, so I have seen a lot of the same things over and over again. But at Justice Connect one of our strengths is we have a really large pro bono network, so we have commercial firms that will take on pro bono referrals from us. The more complicated, bigger legal matters can be referred to those pro bono firms, and they pick them up for us and run with them. So that is a way that we can see more people but not necessarily have to do all the work ourselves.

Mr ANGUS: Great. Thank you.

The CHAIR: Excellent. Thank you so much for that.

Ms LIPIANIN: I was just going to add one point to that, sorry, if that is okay.

The CHAIR: Yes, Yvonne.

Ms LIPIANIN: Okay. Obviously because of COVID at the moment we have had to adapt our service delivery, so we are not on site. We have not really been able to offer our services on site for some time because of lockdown, and that has necessarily kind of restricted the number of referrals that are coming through. We are still getting referrals coming through, which I think speaks to the strength of the relationships that we had already developed with health staff before we went off site, but nonetheless they have slowed down. And I think that really talks to the success of the model, in that the model is really about being co-located on site, because when you are off site, you are out of sight, out of mind to a certain extent. When you are on site and you have that physical presence there and you are talking to the staff each day, then that is when you really do see the referrals coming in. So at the moment we are not as at capacity as we would otherwise be.

The CHAIR: I think that concludes this part of the submission. Thank you very much, Yvonne and Megan, for your thorough submission. The next steps will be that the committee will continue on. We have got a number of other public hearings to continue with this inquiry, and we hope to put forward some strong recommendations by June this year to Parliament and to government.

On behalf on the committee, thank you very much for all the work that you are doing. Of course it has been extremely challenging in the last two years, but again we wish you all the very best in your endeavours and in the work that you do. Thank you.

Ms KING: Thank you. Thanks for having us.

Witnesses withdrew.