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

Ballarat—Thursday, 31 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

Ms Louise Feery, Manager, Health Promotion, Ballarat Community Health,

Ms Kate Diamond-Keith, Gambling Harm and Elder Abuse Prevention Project Consultant, Ballarat Community Health, and

Dr Lesley McKarney, Health Promotion Officer, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network.

The CHAIR: Good afternoon, everybody, and welcome to the public hearing for the Legislative Assembly Legal and Social Issues Committee's Inquiry into support for older Victorians from migrant and refugee backgrounds.

I acknowledge the Traditional Owners of the land on which we are meeting today, and I pay my respects to their Elders both past and present and any Aboriginal Elders of other communities who may be here today.

I welcome Lesley, Louise and Kate, from the Central Highlands Elder Abuse Prevention Network and also, I think, Ballarat Community Health. Thank you for being here.

My name is Natalie Suleyman. I am the Member for St Albans. To my right is my colleague Meng Heang Tak MP, the Member for Clarinda.

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 repeat the same things outside, including on social media, that privilege may not be protected.

All evidence given today is also recorded by Hansard. At the end of the session you will receive a transcript for you to check, and then the transcripts will be made public and posted on the Committee's website.

Today is an opportunity for you to provide us with some evidence, and that will be followed by some questions—pretty simple questions—at the end of it. So thank you so much for being here. Who are we beginning with?

Ms FEERY: I am going to start.

The CHAIR: Okay, Louise. Did you just want to state your name and title for the record before you begin?

Ms FEERY: Louise Feery, Manager of Health Promotion, Ballarat Community Health.

The CHAIR: Thank you.

Ms FEERY: So I am going to start and just give an overview of two of the initiatives that Ballarat Community Health are managing. The first one is the Central Highlands Elder Abuse Prevention Network, which aims to reduce the incidence of elder abuse in the Central Highlands region. It achieves this by supporting organisations and community groups in primary prevention activities to stop elder abuse before it starts. That is in line with the Victorian Government's Free from Violence strategy. The network targets six local government areas in the Central Highlands region: Ararat, Ballarat, Golden Plains, Hepburn, Moorabool and Pyrenees. The focus of the network is on prevention, but we also provide valued information to practitioners about response. Through the network, Ballarat Community Health has delivered a number of activities, one of which is Communities of Practice, and that is really facilitating learning, developing and networking opportunities for prevention and response organisations and staff in the region.

We have delivered a communications campaign focusing on the drivers of elder abuse, specifically ageism. We have conducted art therapy workshops, using art to challenge ageism and really celebrating the stories and lives of older people. We have developed strong connections between local service providers and organisations and linked with Seniors Rights Victoria services. We have promoted local services that respond to elder abuse, and we have developed an online learning module for elder abuse response and prevention, which is co-managed with the Central Highlands family violence committee. The communications campaign has been a general community awareness-raising campaign about challenging ageism, and it has included some intersectional images, including older people from multicultural communities, to ensure the messages are culturally representative.

The second project is our Safer Pathways project for refugee and migrant women experiencing family violence. This is a multicultural family violence project that is funded by the federal government. The project has been working to address several barriers that women from refugee and migrant backgrounds experience that prevent their full uptake and use of family violence services. The main aim of the project is to enable refugee and migrant women who are experiencing or at risk of family and domestic violence or sexual assault to access culturally appropriate support from mainstream family and domestic violence or sexual assault services in

Ballarat and the Grampians region. The focus of this work is on workforce capacity building in the response sector to build their knowledge and skills in culturally inclusive practice and, secondly, communication engagement with women from migrant and refugee communities and building awareness and knowledge about accessing the family violence system and support services that are available. Thank you. I am now going to pass on to Kate.

Ms DIAMOND-KEITH: Thank you. My name is Kate Diamond-Keith. I am the Gambling Harm and Elder Abuse Prevention Project Consultant at Ballarat Community Health. I am going to talk about adequacy of services for older Victorians from migrant and refugee backgrounds. The Central Highlands Elder Abuse Prevention Network and Safer Pathways for refugee migrant women experiencing family violence projects both provide insights into the adequacy of services for older Victorians from migrant and refugee backgrounds, with a focus of family violence and elder abuse services.

There is a need for further development in cross-sectoral understanding and cooperation among service providers. For example, family violence practitioners are family violence experts but are not experts in multicultural needs and requirements. Our settlement workers are experts in the needs of multicultural communities but are not experts in family violence. There is continued need for services to collaborate and implement a co-design of services.

Older people in general have difficulty in accessing services due to various barriers, including ageism and community attitudes towards older people. When you apply an intersectional lens to accessing services for older people and the discrimination and racism faced by older people from migrant and refugee communities, this makes service access even harder.

Migrant and refugee older people have similar experiences to other people in relation to elder abuse; however, there are factors that are unique to migrants overall and that heighten their experiences, such as traumatic prearrival experiences that impact the family, not being able to speak English or speaking limited English, lack of knowledge about the health and service systems, lack of individual rental history, lower employment rates and unemployability therefore leading to lower superannuation for older people, visa status, being reliant on partners for a visa and therefore having no financial freedom due to their circumstances, limited transport, low levels of family and friend support, lack of access to appropriate interpreters, lack of trust in the system due to unpleasant prior experiences, not knowing their legal rights and limited knowledge about the legal system and legal rights in Australia.

Many migrant and refugee older people do not report elder abuse because they fear their culture will be misunderstood and not valued. There are many intersectional barriers and there is discrimination experienced by older people from migrant and refugee backgrounds, including that cultural safety is often not recognised by service providers, so when they are accessing services, often signs of family violence are missed due to a lack of understanding about cultural language barriers for older people, who already experience barriers to accessing services. If the services are not culturally safe, older people from migrant and refugee backgrounds will not return to a service or practitioner if their first service is inadequate. Often culture that is different to dominant, white, mainstream Australian culture is not recognised as having value or providing safety or support to a person.

There is a huge reliance on digital literacy, particularly at the moment due to COVID, to access services, telehealth and phone booking services, which many older people from migrant backgrounds may not be able to do. There is a lack of translator services used by services, and women in particular might not want to use a translator to talk about certain issues, including family violence, sexual assault and sexual health. Family members are also used as translators, which would not be appropriate for elder abuse, as the abuse is often perpetrated by adult children and family members.

There is limited knowledge about elder abuse and its forms in migrant communities. There are also consistent reports of difficulties navigating the service system and knowing where to get services and supports. There is fear of community backlash if the elder abuse is reported and a lack of knowledge about this by service providers. Bureaucracy in service provision and the need for documents and paperwork can be overwhelming, and services often do not address the need for additional support and time in progressing these requirements.

Finally, the COVID pandemic has had a huge impact on migrant and refugee communities, particularly older people. During the pandemic migrant and refugee communities were the most at risk from COVID due to

various factors but in particular because they could not understand the messaging and therefore the requirements. In a place like Ballarat, where we do not have significant numbers within language cohorts, this makes it even harder. When Ballarat had a significant outbreak in 2021, communication and language barriers were an issue that made the response more difficult. There also needs to be consideration of older people from migrant and refugee backgrounds isolating in their homes, ensuring that supports provided are culturally appropriate.

I am now going to address the unique challenges faced by this cohort, in particular elder abuse. Elder abuse is now recognised as a form of family violence. However, there are some unique challenges experienced by older people from migrant and refugee backgrounds. Migrant and refugee older people experience all types of family violence but are more likely to experience financial abuse and immigration-related violence. Financial abuse is one of the highest types of elder abuse. Types of family violence can include immigration law-related abuse, where the abuser misinforms the partner and controls the legal immigration status or threatens to have them deported; unfamiliarity with one's legal rights; dependence on the main visa holder or sponsor for information about services such as Centrelink and the partner misinforming about the availability of such supports; and power and gender inequalities. Some traditional cultures insist that a woman must stay home and take care of the household instead of seeking paid employment.

Elder abuse is mainly perpetrated by adult children against older people. This is not unique to migrant and refugee communities. There needs to be continual education of the perpetrators of elder abuse about the rights of older people. There is a sense of entitlement amongst adult children and other family members who care for older people about making decisions for elderly parents and financial decisions. This is also experienced by older people from migrant and refugee backgrounds—particularly financial abuse—and because of the unique barriers migrant and refugee people experience when accessing services, often elder abuse in migrant communities will go on unaddressed. Therefore there is a need to educate and raise awareness within this group of adult children. Often arrangements between parents and children start off being beneficial for both but the older person ends up experiencing abuse over time.

Models used by Ballarat Community Health in the Safer Pathways project include peer-led education and engagement with communities. This model of peer engagement can be a culturally safe way of engaging and providing education and information about services and supports. This model needs to be continued and also used to engage with older people from migrant backgrounds. The Safer Pathways project has also undertaken multicultural humility training with local hospital staff. This training raises awareness amongst practitioners to be able to admit that they do not know everything about different cultures and prompts them to ask questions to develop their knowledge about how to support and provide services to migrant and refugee populations. I am now going to hand over to Lesley.

Dr McKARNEY: Thank you, Kate. I am going to talk about ideas to advance the physical health and wellbeing of Victoria's multicultural seniors, including global best practices. So the Central Highlands Elder Abuse Prevention Network, as Louise spelled out at the beginning, works to advance the health and wellbeing of older people by addressing the drivers of elder abuse and ageism more broadly. The network promotes an understanding of these drivers, with an intersectional focus and an equity lens. This is implemented through communications campaigns, training and workshops with service providers and organisations.

In a challenging ageism campaign, Ballarat Community Health implemented an art therapy project called the Library of Life. The Library of Life is a collection of stories and artworks created by participants of the Sharing Stories celebrating life workshops. It is a positive ageing project that invites people over 65 to creatively respond to a series of questions, sharing some of their achievements and their hopes, fears and dreams. It is part of a campaign to reduce stigma against older members of our community and value life after the age of 65. Digital representations of these stories can be found on the Ballarat Community Health website under 'elder abuse'—and I believe there is a QR code that will take you straight to that website included in your pack. This is an example of using creative practice to communicate. This approach is a good way to connect and help people share their experience. It does not rely on language and written communication and would be beneficial if targeted at migrant and refugee older people. Thank you.

The CHAIR: That is great. Thank you so much for your contributions. We would like to start with some questions. How can hospitals and the healthcare sector do and be better in support to identify and respond to suspected elder abuse?

Ms DIAMOND-KEITH: I think that is about education and knowledge for the staff. I think, you know, we find a lot of the time services around family violence in general are improving, but there is still quite limited knowledge about how to respond to elder abuse, where to get support. There is not a huge amount of knowledge around the Seniors Rights Victoria website and also I think a lack of knowledge around what elder abuse actually looks like—that it usually presents as financial abuse or psychological abuse, and older people particularly if they have other intersectional factors, like migrant and refugee older people, might not want to disclose it. So I think that is about training and knowledge and staff being able to recognise it more.

The CHAIR: So do you have specific programs that are targeted for specific migrant communities?

Ms DIAMOND-KEITH: Not specifically, not in the prevention network, but the Safer Pathways project does.

The CHAIR: Is that something that you would see needs a bit more support?

Ms DIAMOND-KEITH: Definitely.

Dr McKARNEY: The Safer Pathways project works across all age groups. It does not necessarily focus on over 65s, but obviously we are an inclusive project and in all of our services that are developed we try as much as possible to co-design with community. We have been running this project for almost five years. We have had three extensions of our project deadline, which has been great, but the funding will end at the end of June. At the moment we are running multicultural health educator awareness sessions for community. It has been particularly hard over the last two years to engage community. It was very difficult to engage community online, but it is proving to be quite difficult to get them to come back out in person to events as such. And try as we might, it is really challenging in regional areas, where you do not have a particular density of any one ethnic group or language group, so you have to present often in plain English and you can by doing that eliminate a whole cross-section of the population. So there are challenges in delivering these services in regional areas. Ballarat is a very diverse community. But our—as it was in the 2016 census—5% of people born overseas is very, very diverse. So they are, you know—

The CHAIR: And just to pick up on that, how is your workforce? As in, do you find it challenging to attract people from diverse communities to work, and if so, is there something that can be improved to—or whether the government needs to do more in this space?

Dr McKARNEY: I think it is actually presenting those opportunities, particularly to international students. I see them as a ready-made workforce, if you like. If given the option to enter the family violence and domestic violence workforce or a sexual assault workforce or the aged care sector and improve our diversity and inclusion in those areas, then we will improve the outcomes for many clients over 65. And I know Kate and I both work with a young Indian woman who completed her social work degree here—came over as an international student—and is now working for the Orange Door here in Ballarat—

The CHAIR: That is great.

Dr McKARNEY: and she is seeing a notable uptake in interest and disclosures from women in her community, simply because they can actually finally relate to someone in that business, in that service.

The CHAIR: And that is what we have heard during the inquiry. Clearly if there is someone from that community that speaks the language, you will find that there will be much more confidence and trust, whether it is an aged migrant or somebody else, to exchange with that person much more easily than, I suppose, someone that does not have the language. So that has been picked up in the inquiry, that that is something that needs to be improved in the workforce and in the sector to encourage, I suppose, more diversity.

Dr McKARNEY: Diversity in the workforce definitely but also, I guess, the uniform rollout of cultural safety training and taking it one step further from cultural humility, which I have had some experience delivering to the health service here in Ballarat, but making it even broader and embedding that as a career-long, lifelong journey of self-awareness and change, I think, is really important.

Ms DIAMOND-KEITH: The Safer Pathways project, in partnership with Women's Health Grampians, which is another organisation in Ballarat, developed an online learning module around migrant and refugee women accessing family violence services, and there is lots of information in that module around the lived

experience of women accessing services. And it was interesting, the case study we presented, around how a woman from a migrant background—you know, the supports and services that she might need are very different to perhaps someone born here in Australia. It is to do with those factors that I talked around, around visa status and access to Centrelink and services. So I think there is a lot to be done in that area around educating service providers and practitioners that it is not a one size fits all, that there are different factors that influence.

The CHAIR: Excellent. Heang, do you have a question?

Mr TAK: Yes, Chair, thank you. Thank you for your presentation. In terms of the elder abuse education pathway ageing well, if you talk about the perpetrator, has there been any education targeted at the perpetrator in terms of, 'This is not okay'—just in case it is unintentional?

Ms FEERY: Yes, you are right. Sometimes it starts off being a co-benefit for both and then often ends up with the older person being disadvantaged. And I suppose, Kate, what comes to mind is some of the work that we have done with the CORE training out into the workforce around who are the perpetrators of elder abuse, because, you know, if you are looking at family violence, it is really prevention of violence against women, and males are predominantly the perpetrators, but with elder abuse there is an equal. It is adult children, so we have tried to include it in some education program with CORE, which—Kate, do you want to talk about that?

Ms DIAMOND-KEITH: Sure. I also work for Women's Health Grampians as well as Ballarat Community Health, and we have a regional prevention of violence strategy called the Communities of Respect and Equality Alliance. As a part of that we deliver prevention of violence training to 120 organisations in the region. That training is really focused on prevention and the causes of violence against women, but we have now embedded a lot of work into that training around intersectionality, which has included training around elder abuse and what elder abuse looks like, who the perpetrators are and how to prevent it, and also how services can recognise it and respond to it. That has been a great partnership between Ballarat Community Health and Women's Health Grampians around embedding information around elder abuse.

Mr TAK: And in the regional areas, like you said, if you look from the lens of refugee and migrant families, that would add another layer of difficulty, I would say.

Ms DIAMOND-KEITH: Yes, it does.

Mr TAK: And have there been preventative measures in terms of training or, let us say, awareness campaigns?

Ms DIAMOND-KEITH: Yes. Our communications campaign, which I have included some examples of, has had some representation of people from migrant communities on it, but that campaign has really been around challenging ageism—challenging those ideas. As Louise was saying, often with the perpetrators of elder abuse it starts out as the perpetrator of elder abuse wanting to look after their elderly—it often comes from a point of 'I want to look after them', but it is done in a controlling way that ends up not benefiting the older person in the end and benefiting the perpetrator. So we have really tried to raise awareness and challenge those ideas around older people needing to be looked after and not being capable of making their own decisions. We are trying to challenge that and say, 'Well, no, older people can make their own decisions; they just need the right supports', and that also applies to migrant and refugee older people. They just need the right supports. It probably looks a little bit different, but if the right supports are in place, then they can make their own decisions.

Mr TAK: Yes—sorry, Chair, if I may have another 1 or 2 minutes—some of the refugee and migrant older families may have just himself or herself with one or two kids, but some other families may have a bigger family. Would that also lead to a bit of competition?

Ms DIAMOND-KEITH: It probably would, yes. And when I think about older people from a migrant background coming to Australia to live, they might have automatically started to live with their family members due to some of the factors I talked about—a lack of rental history and those sorts of barriers. That then presents even more difficulties, because they then end up having to live with their children because they cannot get a rental somewhere else, and then the abuse can start from there. But their choices then become

limited because they have not got the option to live somewhere else or access services or access financial supports.

Mr TAK: All right. I already heard other questions from the Chair, but how can the Victorian Government encourage or play in this space?

Ms FEERY: We have spoken about the workforce in the hospitals and the other services, but where I am in community health, in health promotion and prevention, we believe there should be more investment and resources in preventing elder abuse before it starts. What we are finding is there are projects that are great projects, but they are short term. They are short lived. We have got funding for two years. We just get started and the funding ceases, or it is increased for six months, which does not give us that long-term vision and plan for what we want to do. So I would be advocating for resources in prevention and also making them within a decent time frame to actually get an outcome.

Mr TAK: Yes. I think, Chair, in terms of family violence you can take away the perpetrator from that home, but in terms of elder abuse, because the older parent has to live with that family, how do you separate the perpetrator from that household? It is a very difficult one.

Ms DIAMOND-KEITH: And often there is a different pathway around elder abuse. You know, we have really tried to promote connection into Seniors Rights Victoria. Many older people of all backgrounds do not want to report it. Because it is their children they do not want to report it to the police, so we have really tried to connect Seniors Rights Victoria and make them really visible in the Central Highlands as a service provider. They can do that with the older person in their home and put those supports—a lot around legal issues—in place with that person in a supportive and collaborative way and in a way that the older person is happy with how it progresses. It is quite a different pathway.

Ms FEERY: We also really encourage and promote the importance of being part of community groups and reducing that social isolation, which again is extremely difficult for people from multicultural communities. But I was thinking, Lesley, about your project and the work that you did at the start about education on Australian law.

Dr McKARNEY: Yes, particularly in collaboration with the Women's Health Grampians It Takes Courage group, which was a ready-made group of very diverse women, diverse age groups, diverse backgrounds, we presented over a couple of years a series of workshops on Australian law, the drivers of family violence, how to identify it and how to respond either as a bystander or a victim-survivor. Is important also to educate everyone about, I guess, Australian law and societal expectations around violence not being acceptable in any culture, in any home, and preventing elder abuse but also preventing—dare I say—older migrants abusing their daughters-in-law, for example, which we unfortunately hear quite a lot of. The family violence is not limited necessarily to one perpetrator in a large household, so it is really education across the generations and reducing that intergenerational conflict as well. We are working with the South Sudanese community at the moment—it is community led and community driven in terms of the content—to get conversations happening within homes between the generations and grow greater understanding among parents about what young people are experiencing growing up in this culture, and grandparents as well, so that they can reduce conflict and mental health issues.

The CHAIR: Excellent

Mr TAK: That is all, Chair.

The CHAIR: Thank you. At this point this concludes the questions, but I will take the opportunity to thank you very much for your valuable contribution today and for taking the time—I know you are very busy—to be here with us and provide that evidence. The next steps will be the Committee will deliberate in the coming months and prepare a report that will be handed to the Victorian Parliament with some strong recommendations. If you want to keep up to date with that progress, you can do so via our website or via our secretariat. But again, thank you so much. I look forward to presenting the conclusion of the report at the end.

Witnesses withdrew.