

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

Ms Joy Leggo, Chief Executive Officer, and

Ms Rebecca Smith, General Manager, Community Aged and Disability, Cultura.

The CHAIR: Good morning. 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 that we are meeting on here 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.

My name is Natalie Suleyman. I am the Chair and also the Member for St Albans. To my left is Christine Couzens MP, the Member for Geelong.

Ms LEGGO: Yes, we know each other.

The CHAIR: I am sure you do; yes, we are in the homeland of Christine. And to my right is Meng Heang Tak MP, the Member for Clarinda.

At this point all phones should be turned to silent.

All evidence taken at this hearing is protected by parliamentary privilege. Therefore you are protected against any action for anything that you say here today, but if you go outside and repeat some of the things, including on social media, these comments may not be protected by this privilege.

All evidence given today is being recorded by Hansard, and you will be provided with a proof version of the transcript for you to check. Transcripts will then be made public and posted on the Committee's website.

I now invite you to make a brief statement, which will be followed by questions by the Committee members. For the record I do have from Multicultural Community Services Geelong here today Joy Leggo, Chief Executive Officer, and Rebecca Smith, the General Manager of Community Aged and Disability. Thank you, Joy.

Ms LEGGO: Okay. Thank you, Natalie, and thank you for the opportunity to speak with you this morning. We really appreciate this chance. As brief background information, Geelong Ethnic Communities Council, trading as Diversitat, with 46 years of service to Geelong, and Multicultural Aged Care Services, with 28 years of services, are in the process of merging and are now known as Multicultural Community Services Geelong, as you mentioned, but we have just changed to a trading name of Cultura, and it is literally only two weeks old, so it is very new.

With a \$34 million budget and employing 350 staff, we offer a range of services to the CALD community from early childhood, settlement, training and community support to employment. However, our predominant focus is on the care of the elderly across residential, home and community-based settings. We are the largest and a diverse provider of services in regional Victoria for the CALD community. Our services extend to Colac, and we do have a migration office in Dandenong. We have 44 ethnic communities affiliated under our banner and represent 71 different nationalities within our community.

As you are aware, we have not got any up-to-date data, so we are only relying on 2016 data. But just over 16% of Geelong's population is from a CALD background. Anecdotal evidence to us would indicate that we are not able to meet the need for care of the elderly at this stage, but I will say that I have not been able to get really specific demographic data, and I am hoping, out of the last census, I can do that moving forward. Of interest is the fact that we have a significant Afghan community settling in Geelong, with a high number of single mothers with young children—not relating to the elderly, I know, but we need to be focusing on the needs of these as well so they will age well, and there will be a theme of this throughout my introduction. Working with the local Ukrainian community, who are well established here in Geelong and well resourced, we are expecting and planning for an influx of elderly refugees who will have suffered significant trauma.

Cultura is known for the collaborative manner in which it works with a whole range of agencies across Geelong, including the state government, the City of Greater Geelong, the ACAS team and the regional Barwon department of health. You have changed its name—DFFH, I think. We see partnerships as key to achieving good outcomes. We cannot be all things to all people, but we are important players with our knowledge and expertise in cultural matters. I am going to focus on some broader issues—you might think, 'Oh, where are they coming from?'—in relation to aged care, and then Rebecca will be a little bit more specific from a Cultura perspective.

There are four issues that I see that impact on being able to deliver quality care and services to our elderly. The first one is around workforce. You would no doubt have heard about the workforce shortages in aged care—it is constantly in the media—and the concerns that have been raised out of the royal commission in relation to aged care. I would like to highlight one area that is actually of grave concern to me. We have a registered training organisation that is crucial in supporting our cohort in all the work we do. If I was to offer VET training to someone to complete a certificate III in plumbing, Cultura would be reimbursed \$15.25 to train that person for 1,200 hours to receive their qualification. For a diploma of community services in aged care I am going to be paid \$6.25 per hour for 1,400 hours to train them. I believe this goes to the core of the value that we place on delivering care to our elderly, and what does that say in relation to wanting and expecting good-quality aged care? Residentially we would find that with newly qualified staff we actually have to buddy them for quite some considerable time to get them to the skill level—at no fault necessarily of the RTO, because it directly relates back to the resources provided for them to get that qualification—to enable us, we would say, to let them on the floor to deliver the high quality of care that we would expect. Couple that with our CALD community in trying to give our new arrivals English, a career path and an opportunity. We have got significant barriers just straight up there with workforce.

The second point for me is about the grant process. Whilst our residential CHSP—commonwealth home support program—short-term restorative care and home care packages are funded by outputs, and I am aware we have got a Commonwealth and a state government intersect happening here, the work undertaken in our settlement and community support programs is in the majority funded in one-year blocks. It is very difficult to implement real change or see real difference in that time period, and we need longer funding to be able to effect real change. So I would like to think consideration could be given to longer contracts with well-developed key performance indicators and outputs that are to be delivered.

I would like to spend a moment talking about trauma counselling for our new elderly arrivals, and while I will focus on Afghanistan and Ukraine, this has been an ongoing thing since even post World War II. A significant number of our cohort have significant mental trauma across all our programs, from early childhood to the elderly. You may or may not be aware that Barwon Child, Youth & Family are the only provider in Geelong that holds funding through Foundation House for torture and trauma counselling. Now, Cultura has an excellent working relationship with BCYF here in Geelong, and they have been incredibly supportive of us. Our great working relationship with them is strong, and they have come in and assisted with our Afghan refugees in particular. We need to do that, but the point for me is that mental health is something that we see is an issue for our elderly, and we need to look at this from a perspective of it not being trauma counselling but specialised cultural counselling and also from a community supports perspective, because some of that trauma can be dealt with from a community support level. One of my very passionate staff told me the other day about the wisdom of our elders. We mainly hear this term in reference to Aboriginal cultural leaders, but every society, every cultural community has wise ones. These are our clients. They are the keepers of our knowledge, culture, stories and mastery of some aspects of work, paid or unpaid. Everyone has some time, activity, experience and learned skill they feel a comfort with. Routine and safety are essential. Mental health issues for our clients from refugee backgrounds are generally determined by trauma, abuse and isolation. They are isolated through: no cultural connections; language; employment; and fear. Cultura's role is for them to feel connected and valued. Whilst we are here to talk about our elderly, it is perhaps a holistic approach from when they first arrive that needs to be addressed so that they are able to age in some peace.

And my other last point—before I hand over to Rebecca—in my opening comments is about strategic engagement advice. Three years ago the state government funded a regional strategic partnership program and attached a strategic engagement coordinator position, which has proved to be a highly effective and efficient model for supporting new and emerging communities across regional and rural Victoria. The funding for this finishes in June this year, and as it is a place-based, flexible and longer term funding project, we have been able to achieve some real outcomes. It has allowed for local needs to be met and capacity strengthened while also highlighting strategic issues in creating system changes across regional and rural areas. So it has allowed us to come together more as a regional group. And I would like to strongly encourage that these positions be funded again, and I personally would like to see a greater focus on this placed on the life journey of our communities within this program. They are my opening comments, and now I will pass to Rebecca.

Ms SMITH: As Joy said, my response will focus on some specific challenges, with examples of how we have responded in supporting this cohort. When asking older Victorians what they want as they age, their consistent answer is: to continue leading a full and active life connected with family, friends and their

community. To do this sometimes requires accessing external assistance. Our systems to access assistance assume that one size fits all and also require a high level of individual ability in a number of areas: literacy; English-language skills; ability to navigate a complex system, which often requires a level of digital literacy as well as competency in using technology; a questioning mind; ability to self-advocate; and also ability to ask what other options there are. For our migrant and refugee seniors, this is not a confident skill set that they possess.

Cultura are funded to provide assistance to navigate health, aged care and NDIS eligibility and intake short-term through our access and support program. Access and support, as you know, was originally funded by the state government and is now within the Commonwealth Home Support Program but will finish at the end of June 2023. As people have existing links and relationships with our organisation through the range of settlement and migrant programs we offer, this is an advantage to us, as clients know where to come for information and support as there is no wrong door.

As a provider of services, we have found that this cohort faces many unique challenges. The language barrier is a known hurdle. However, when coupled with the inability to access telephone or face-to-face interpreters in a specific language or dialect—and we have recently had issues with the Karen and Karenni languages—and when you are wanting to link with crucial programs like Centrelink and My Aged Care, then this becomes a major barrier. It is also not assisted by the fragmentation of our care systems—state, federal, under 65, over 65—and the long waiting times and the increasing digitalisation of services and requirements, particularly where you have to enter basic information via technology to actually even get your foot in the door.

One of our strategies has been to work with younger CALD family members, who often have developed the English and digital literacy skills and can connect with their relatives to at least commence the process. We also share information in many formats: hard copy language translation; how-to YouTube videos in language; using digital apps like Telegram; connecting with community leaders to share information and why we need to share that information; and facilitating small group training sessions with language support from our bilingual support workers. We also use outreach to other internal programs as well as attending known events where CALD members may gather—and our recent example is the Pako Festa, which we have here.

We know that community leaders have found that they have a good range in which to be able to share information and are requesting information on areas such as mental health, financial scams, family violence, social supports and activities. So they have actually found that that has been a good way to disseminate information. I will give you a recent example. We were given some funding through the state government for COVID, trying to encourage senior migrants and refugees in the community to get COVID vaccinated. It was so successful. I think we supported 200 individuals to get the full three doses of the vaccination. This also involves us providing transport and sometimes a bilingual worker to attend the general vaccination clinics with the older person as well as partnering with local health services and holding clinics on site at our Norlane offices. We also arranged and facilitated sessions with language support, where both seniors and their family members were assisted to upload their information via the digital certificate onto their phones.

In relation to providing information, translated general materials for older language groups are able to be found, but similar resources for the new and emerging communities are quite sparse. Translating individual materials for migrant and refugee clients, such as individual support care plans or service agreements, in their language is not achievable. It is very costly trying to actually make sure the information is correct, and also legal information does not translate very easily either.

We also run a number of ethno-specific and cross-cultural aged support groups that allow community members to maintain community and social connections in a welcome, calm, safe and listening environment for three to five hours, where they enjoy activities such as playing cards or doing mindful moves, which assists them with their mobility. And they receive morning and afternoon tea, all for a few dollars.

We have tried to be innovative at times with how to connect, and recently we have completed a cross-cultural funded theatre project, where older people from different diversity groups, including CALD and LGBTQI, created a theatrical performance that drew on their life stories over a number of months. It was disrupted by COVID of course but has produced two videos, one of which has been televised on SBS. We have recently completed an evaluation on that, and the findings were that really theatre is one of those mediums that enable older participants to develop self-confidence and build social inclusion and understanding as well as have a

positive impact on their mental and physical wellbeing. Cultura as an organisation saw this as an opportunity to honour the lives of elderly people from diverse backgrounds and what they have to offer to our society. However, our clients have also indicated that the contribution fee for some of these aged support programs and transport to get to and from there—the affordability and availability—are often such a barrier to attending such groups.

The City of Greater Geelong had a positive ageing consultation survey recently, and transport of course was identified by many as one of the main challenges for this group. It is also complicated by the fact that they may have family members who can support them, but they have to go through the whole process of learning how to drive, having a car and getting the support, which is a barrier in itself.

Ms LEGGO: And just to butt in for one moment, that is why we have a learn-to-drive program for our younger cohort—not to do with elderly again. I am trying to make the connection that it flows the way through, because that empowers them so much. Give them the ability to drive, then they can reach out, get further into their communities and get jobs—all of those sorts of things. So the flow-on is significant. Sorry.

Ms SMITH: That is all right. That is fine. Just my last statement: as a provider of services we are fortunate to have a number of bilingual support workers working with us. However, Joy has highlighted the workforce shortages that we have and the ability to recruit qualified workers that have had the appropriate training and experience—they are becoming harder to find and also to retain, as we are in competition with many other sectors. As Joy has highlighted, through no fault of their own or their RTO, they do not often come job ready, and they lack experience in applying what they have learned into practice. As Joy said, we have to then buddy them and spend a good deal of time mentoring them to actually get them to a level where we are encouraged to let them out into the community, because most of our community services are in people's homes; they are not actually in a centre-based environment. We are having to do that because of the compliance and regulatory standards. We need to maintain our NDIS and aged care approved provider registration. That is it from me.

The CHAIR: Thank you, Rebecca. Committee members, we will open up to questions. I will start with Christine.

Ms COUZENS: Thanks, Joy and Rebecca. We really appreciate your contribution today. You have sort of unloaded a whole lot of stuff.

Ms LEGGO: Well, we do not get this opportunity often.

Ms COUZENS: No, and I know the amazing work you do, so thank you for everything you are doing, particularly with multicultural aged care facilities. It is pretty unique, so thank you. Just on the workforce issues, what needs to change to increase that training and get more people into the workforce?

Ms LEGGO: Well, I think, Christine, the first thing is to really look at that subsidy rate—

Ms COUZENS: Yes, the training rate.

Ms LEGGO: Yes, the training rate, you know: I am not having a go at plumbers—please do not think that—but \$6 an hour to train someone to work with our elderly, who are now having far more complex needs when they come into residential aged care. Their stay is shorter. It is great we are keeping them at home and all of those sorts of things, but we need to have a skilled workforce to be able to do that and we need to have good trainers to be able to implement that training. It is a flow-on effect. You know, working in aged care is not seen as—

Ms SMITH: An industry to be in.

Ms LEGGO: Yes, exactly. And we want to turn that around and say, 'You can make a real difference in aged care and give people an opportunity for a career path'. And we see for our CALD members of our community, and we get the languages then. And it flows on to us and it makes a huge difference, because running a residential CALD facility is about that conversation—the weather today or the grandkids or whatever—in their own language; that is just as important as other things as well. And then in the dementia unit, most people lose their learned language of English as they age with dementia—the ability to be able to communicate then. Just think—'I've lost my language, I'm back to my native language, and I can't understand

what anyone's talking to me about, and I've got a level of confusion anyway'—how that must be in their world. So the importance of that is significant.

Ms SMITH: And the importance continues on into community and home environments, where their children might be out working for the whole day and they might be isolated for the whole day. To have someone come in and relieve that that can speak in their language and take them to places that they enjoy—you know, it is the same skills and qualifications. It is a bit harder, probably, in that community, because you do not have the immediate connection with a senior person. You do have to be a bit responsive and a bit autonomous as well.

Ms COUZENS: And your training is within the multicultural community too, isn't it?

Ms LEGGO: Absolutely, yes. We encourage it. We have got a settlement arm. So we do it all, from the new arrivals to the settlement, looking at getting them into training through our RTO, and our RTO is focusing on the care economy, because that is where we see we need to go. So we have got a whole continuum, and I suppose that is why I am focusing, especially in CALD, on it needing to be from the cradle all the way up to the elderly. And it is about celebrating the cultures. Post-World War II immigrants were really keen for their kids to assimilate and not learn the language of their parents. We encourage that; we want that to keep going. That is really important, yes.

Ms COUZENS: On the grant processes you mentioned earlier, a one-year block of funding—is that state, federal or both?

Ms LEGGO: It is pretty much state, Christine, and it is basically to do with our settlement and community support team. Our Commonwealth funding is a bit more through outputs, and the packages are competitive. People have to come to us through word of mouth, and residential is the same. We have developed those networks and those connections over a long period of time. But we have got to go for a specific lot of funding all the time in our community, especially in the community support team. They do some really innovative stuff, but we get to a certain point where the funding has run out, and we cannot see that through to see some long-term systemic change.

Ms COUZENS: Yes, okay. You mentioned that you do not have any up-to-date data on the need there. Anecdotally, I mean, there probably is.

Ms LEGGO: Yes.

Ms COUZENS: Yes. And I know it is a bit tough, because you do not have figures, but what would you see as being the most critical area to focus on to improve? So you have got MACS, for example, and all the services attached to what was Diversitat and is now Cultura. What would you see as being some of the key critical points there to improve the services? Is it an expansion of MACS, for example?

Ms LEGGO: No. To be honest, I do not see residential beds as necessarily being an answer at the moment. The stays are getting shorter, and that changes the whole focus. I think it is in the home-based space. I think it is in Rebecca's area, and Rebecca can talk about the old old and the young old that she is caring for, but I also see it is in the community support, which is about the programs that are run to support those new arrivals who cannot access any of Rebecca's programs. We have got a significant elderly cohort there, so Rebecca really cannot under community aged and disability do programs for them, but our settlement and community development community support team can. We have got a program called A Room to Grow, and it is about getting our Afghan elderly and our Karen and Karenni people together and supporting them as they age until we can get them to a position where they could perhaps access services. Would you like to make a comment about that, Rebecca?

Ms SMITH: Yes. I suppose that we cannot as an organisation be a jack of all trades, but I think for us it is also about really homing in on the alliances within the regions. So I was in a meeting yesterday where we were talking about establishing an alliance for carer support so that we are in contact and regular connection with the key programs in the area but we have got the CALD-specific expertise where we can maybe through a range of our programs support people to actually access those generalised services or mainstream services. I think interorganisational alliances are probably one of the key things that I believe across Victoria we have to really

start homing in on a bit more rather than operating in silos. I mean, COVID probably has affected that in numerous ways.

Ms LEGGO: I would say though that Geelong has been an exceptional place for providers to work collaboratively together over a long period of time.

Ms COUZENS: And you and I have had numerous discussions about the housing situation for refugees coming into our community. Are there issues for those elder communities in accessing appropriate housing?

Ms LEGGO: Yes. We run a supported residential service which is auspiced by the state government, and we are actually looking at, especially for our Ukraine community, the elderly. So that might be an area that we can put them in. It would completely change our funding model for that, but we see a community need there. That is something that we could look at doing. And we have also strategically got an opportunity perhaps to look at putting in some short-term housing. It will take us a while to do that. I think housing is an issue everywhere—

Ms COUZENS: Yes, it is.

Ms LEGGO: but we do get concerned about our vulnerable people—no English, we do not want to see them homeless either. So that is a constant battle.

Ms COUZENS: Great. Thank you. I will finish there.

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

Mr TAK: Thank you, Chair. Thank you, Joy and Rebecca. In terms of partnership and collaboration, it is good that you also explore this option. I concur with Rebecca. Talking about my own past experience, translated material sometimes is not really effective, is it? So as a qualified interpreter before coming to this job, it is just so hard sometimes. Now, in terms of partnership and collaboration, from your experience—I know that Cultura, you just said, is only official in March, but based on your organisation and many years of experience—what can you say or see in terms of partnership and collaboration between local, state and especially community organisations?

Ms LEGGO: From my perspective I think it is about, again, in our settlement and community support team there being fantastic collaboration between the local department of health—I keep using the old terms, sorry.

Ms COUZENS: Yes, that is all right. We know what you mean.

Ms LEGGO: You know what I mean. It goes back to the collaborative nature of what happens here in Geelong. There is no-one trying to build silos. I think there is an identity that if there is a real need then we can come together, and that was proven with our messaging app that we developed, which is fairly unique. We worked on that—really the City of Greater Geelong, the Department of Health and ourselves—and that message has proved to be really effective. And the videos that we have taken also and put up have been really effective—by our community leaders delivering those messages. So that is what has been the thing. It has not been a staff member, it has been a community leader delivering a message. And the message could be around family violence; it could be around a whole range of things. We would like perhaps the opportunity to further expand that and see where that could take us in the future. I think we have got some really good, strong collaborations already in place, and we just want to continue to build on them.

Ms SMITH: We certainly also have roles, such as a regional diversity adviser situated within our organisation that actually meets and works with the providers in the whole Barwon south-west region, looking at how they can explore and better service people from culturally and linguistically diverse environments. I think one of the things where we see our role into the future is really being at the core of the training, so really offering it internally but also externally—providing cultural safety, cultural awareness, working with bilingual workers, all of those realms we understand, and where we can also work with providers in our region to share that knowledge. Nobody can be a jack-of-all-trades. We need to be good at what we do, but we need to also really connect and be in partnership with a whole screed of providers in the region—and as Joy said, Geelong is very unique in being quite collaborative. I have worked in Melbourne in many organisations, but Geelong certainly has that uniqueness where everybody is really quite willing and able and wants to connect.

Ms LEGGO: One of the things that I perhaps find a bit frustrating is the fact that from a regulatory compliance viewpoint not enough emphasis is placed on the importance of delivering good cultural care and/or services and it is a bit one size fits all. I get a bit frustrated around that, because they do not recognise that what we are doing might be quite outside, but it is delivering the service that that particular person from that particular culture needs.

Mr TAK: And I think a hearing like this would put more emphasis on the appropriate cultural care.

Ms LEGGO: Yes.

Mr TAK: Would it be correct to say, though, in terms of partnership and collaboration with local community organisations already there, that there is an acknowledgement from local and state governments to in a way also empower local communities?

Ms LEGGO: Exactly. It is those 44 affiliated communities, and we are just starting to get some of the new and emerging ones. You know, when the Italians and the Polish and everyone came out post World War II, they came out with nothing. They are exactly like our Afghan and Karen and Karenni communities now. So we are trying to start to work with our older communities to mentor these newer communities, help establish them to get their community halls, get their dance groups, their youth groups and all of that sort of stuff, and engage them into the community—just like, Rebecca mentioned, with the Pako Festa. So we have got to do the same sort of work that happened 40 years ago, 35 years ago. I see the cycle continuing.

Mr TAK: Yes. And just one last comment, Chair: I think that is also very important, because with community organisations from ethnic communities do you experience sometimes that they are not really good with paperwork in terms of applying for funding?

Ms LEGGO: Yes.

Mr TAK: But we know that they are doing the important work on the ground.

Ms LEGGO: On the ground. And that is why we are here—to provide that resource to those communities to help them to just organise their public liability and all of those simple things. That is what we see our role as.

Mr TAK: Thank you so much.

The CHAIR: Thank you. We might conclude at this point. Thank you so much, Joy and Rebecca, for your valuable contribution today. The Committee very much appreciates you making the time to be here, prepare your evidence and speak to us today.

Ms LEGGO: Thanks for the opportunity to be here.

Witnesses withdrew.