

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

Mr Brad Battin—Deputy Chair

Mr Neil Angus

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr Meng Heang Tak

WITNESSES

Mr Matthew Wilson, Director, Community Wellbeing, and

Dr Sundram Sivamalai, Intercultural Advisory Committee Member, Ballarat City Council.

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

I acknowledge the Traditional Owners of the land on which we are meeting. I 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 here Matthew Wilson, the Director of Community Wellbeing for the City of Ballarat, and also welcome again Dr Sundram, an Intercultural Advisory Committee Member, City of Ballarat. My name is Natalie Suleyman; I am the Member for St Albans. To my right is Meng Heang Tak MP, the Member for Clarinda.

All evidence taken here today is protected by parliamentary privilege. Therefore you are protected against any action for what you say today, but if you go outside and repeat the same things, including on social media, those 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. Then transcripts will be placed on the Committee's website and be available to the public.

I now invite you to make a brief statement, which will be followed by questions. Thank you, Matthew. We will start with you.

Mr WILSON: Yes, I will. Thank you very much. I would like to thank the Committee for inviting us to speak. I, too, acknowledge the traditional custodians, the Wathaurong people, of the land that we are meeting on today and pay respect to Elders past, present and emerging.

I also acknowledge the contributions that I believe have been made by previous speakers on behalf of community committees and agencies within the City of Ballarat. From Council's perspective, this afternoon we will be seeking to provide some broad context on the overall municipality and what is relevant to the inquiry. I would like to acknowledge Dr Sundram, who will be also sharing some remarks, as an Intercultural Advisory Committee Member with Council. He is an incredibly esteemed member of our community. I am grateful for your presence with me here this afternoon.

Dr SIVAMALAI: Thank you, Matthew.

Mr WILSON: In terms of the City of Ballarat, we were the first city in Australia to join the Council of Europe's intercultural cities network, in 2017. Our intercultural services team is a primary point of contact for individuals and community groups from CALD communities in Ballarat. The team provides services and programs with easy access points for people, including for newly arrived communities. We deliver, through that team, a number of programs that may be of interest to the inquiry—namely, the intercultural ambassador program, which was started in 2019 and aims to enhance community awareness and social acceptance within Ballarat, foster leadership within multicultural and Indigenous communities and highlight the positive contributions migrants and Indigenous Australians make to our community.

Another program is the intercultural employment pathways program, which provides one-to-one support with things like résumés, employment paperwork, navigating tax and superannuation systems, assisting with online forms—all these things. For people for whom it does not necessarily come as a first point of familiarity or where language might be a primary barrier, this program is a tremendous support to them. For example, people often find it difficult opening a bank account. This program provides support to do those types of things. This program has been successful over the past three years and has achieved over 60 employment outcomes for people from refugee and migrant backgrounds. The Council itself has employed 10 people, or 10 participants, from that program within our own staff, including five who have joined the community care workforce, which is of relevance to this inquiry's interest in ageing well in Ballarat.

And in reference to Dr Sundram, the Intercultural Advisory Committee provides advice to Council and oversees the implementation of our intercultural city strategic plan. Since 2019 around 75% of members of this committee have represented older migrant residents in our community.

So they are the intercultural services. As far as our ageing well services are concerned, we provide home care services for older residents under the commonwealth home support program. We currently provide those services to approximately 3,897 residents, and around 8% of our current clients were born outside of Australia. Approximately 4.8% of our clients were born in countries where English is not the first language, and I will speak to language being a primary barrier for self-efficacy and ageing well shortly.

Our ageing well team also run social connection programs and a food service, delivering meals, and we provide the regional assessment service and support the senior citizens clubs in Ballarat. A number of our community care workers are from culturally diverse backgrounds, and we match workers where possible to fit language or cultural needs. We ensure that our staff are well trained and undertake cultural awareness training.

We are undertaking a process currently as a council in partnership with community to develop Growing Older Well in Ballarat, our ageing well strategy. That is referencing very strongly a growing older well in Ballarat consultation, which was undertaken in 2018, and also drawing on the community engagement for Council's current plan. A number of issues were highlighted which would be of interest to this inquiry, those issues namely being that navigation of services remains a challenge across health, housing, transport, finance and specifically aged care-related services. Navigating the aged care system via the My Aged Care gateway is a complicated process for older residents, and the first interaction to access assessment and services is via that gateway, which is an online registration process or a call to a national call centre. So if language is an experienced barrier, those two access points present an additional challenge.

Information and communication are vital. People often do not know what support is available. Finding information about services available and how to access these services is often difficult. When information is available, it is often only in English, which is not always accessible to all. The digital divide is a significant barrier, particularly for older people. Social isolation and loneliness, which are matters of particular interest to Council, continue to be major issues, and it would be of no surprise to the inquiry that they have been exacerbated through the period of the pandemic.

Transport, which I believe is an issue that would be of interest to the inquiry, is a significant issue in Ballarat. Our topography requires the use of public transport, particularly as residents age, and the transport network, particularly the bus network, is in need of review—different routes, more frequency of travel and consideration of the movements that residents wish to undertake rather than necessarily considering that all parties want to move towards the train station as the point of destination.

These issues are exacerbated for older residents, particularly those from culturally and linguistically diverse backgrounds and, as I mentioned, particularly as a consequence of language and in some instances cultural barriers. Support to navigate those systems is much needed, and we would commend them for consideration to the inquiry.

As I said, we are refreshing Council's strategic work in this space. We are undertaking an ageing well in Ballarat strategy process, which is out for community consultation imminently. We are basing that strategy development on the World Health Organization's age-friendly cities framework and age-friendly domains, and as we undertake that work we would be more than happy to share that with Parliament or the Victorian public service as required. The key focus is very strong. It is on equitable access and inclusion for all people, particularly those that are ageing in place in our community, and we are seeking to have no barriers in place for older people within our city.

We have a number of recommendations that we would like the inquiry to consider. We would like to see continued funding of approximately \$350 000 over three years to Council from the Department of Jobs, Precincts and Regions for the intercultural employment pathways program. That is the program that I referenced earlier, where there were approximately 60 employment outcomes over three years for people from migrant or refugee backgrounds. It has been very successful, and we would love to continue that program. We also encourage the state government to invest in the intercultural ambassador program across the state. It has been a fabulous initiative to integrate, elevate and enhance the place, the voice and the recognition of people from overseas communities in our city, and we highly commend that as both a representation initiative but also a social participation and inclusion initiative.

A local navigation service to help older people connect with and navigate the service systems across the domains referenced earlier: that needs independent and honest brokering for advocacy and access to services. We feel that Council as a local government authority is well placed as an honest broker within the community to do such work, and we would commend consideration of that to the inquiry.

We would like to see a local, decentralised model of support, where organisations such as Seniors Rights Victoria and other support services have a presence in regional cities, utilising the advantage that regional cities present as major hubs to more remote parts of the state. We would like to see a deeper and broader investment in local agencies that are focused on providing support to our older migrant and refugee residents, including councils, community health, regional multicultural services—those that are well placed to develop and implement programs and services that meet locally identified and therefore locally known needs of residents who are older and who are from migrant and refugee backgrounds.

It is vital that culturally appropriate communication and engagement methods are used across all levels of government, particularly through the use of plain English and/or translated resources. We need mandatory education and training for services to provide culturally appropriate services, including the development of standard modules or curriculum—but delivered locally by local providers who know our communities.

We would also like to see better funding for interpreters and appropriate training for staff utilising interpreters, and we encourage the state government to advocate to the Commonwealth Government for oversight of the aged care quality standards to ensure all aged care service providers are delivering inclusive and culturally appropriate services, particularly in the context of the reforms currently underway across the nation within aged care.

Last but certainly not least, reviewing the public transport system is a recommendation that we would like considered through the inquiry.

Very importantly, before I ask Dr Sundram to speak also on behalf of Council, we strongly encourage an all-levels-of-government approach to the way settlement support services are planned, delivered and—importantly—funded. Ballarat stands to be a place of great benefit to people of skilled migrancy but also refugee settlement background. However, we are aware that the need to have refugee settlement support service funding follow places of secondary migration and not just first place of residence within Australia is critical to a city like Ballarat, and in particular the regions. So we would commend some consideration of that to the inquiry also. Thank you very much for hearing me.

Dr SIVAMALAI: Thank you, Matt. Once again, hello to the Chair and the team. I am going to highlight a few points, complementing where Matthew has given an overall picture. I want to start off with English support, as Matthew has mentioned—how critical that is, particularly for the elderly. We should not assume—because they have been here long enough it does not mean they are conversant and also able to read and write in English. Many working migrants who are contributing to the Victorian economy have invited their elderly parents as guardians to their children, as I mentioned earlier today. These guardians have limited English and therefore are housebound and limited from participating in other social events, apart from in their own culture.

Although there are English classes well catered for migrants, often they are not specifically for the elderly. Elderly residents have to be supported further to attend these classes. Many migrants of refugee background may need support, apart from just inviting them or giving a call—‘Come over, we have a session’. They need support, as Matthew mentioned, such as transport to attend the classes. And the families should be supported so the elders can attend the classes; sometimes they may have a compelling demand at home, so they find it very hard to come over. So they need to be supported in that aspect as well. The families of elders also should understand that coming to the classes may be a stressful commitment in the beginning but has a lot of benefits in the long term, such as: it will improve their social skills and opportunities to link in with other ethno-specific groups, and subsequently it can prevent boredom or loneliness, as you mentioned too. Many who have attended have progressed very well in their career paths. Although they border on being older people, still they are valuable members of the community.

The enormous value of learning the main language of communication in Australia is unlimited. I think people need to know that. We are living in a country that is English speaking, so we have to somehow or other make an effort to be here—once again, a recommendation complementing Matthew’s. Elderly residents of migrant

and refugee backgrounds will be interested in attending English classes if they are delivered by qualified and culturally sensitive teachers who understand the special needs of the aged. For those migrants who have been through torture and trauma, we need further tailor-made extra support. Recruiting eligible and qualified teachers from their own cultures will bring great benefits to both the individual learner and the ethno-specific groups.

I want to touch next on the ethno-specific framework providing services to the older migrant—as an example, the healthcare system. Older CALD residents deserve to be cared for and supported in a culturally sensitive manner, which includes that their ethno-specific needs, such as faith, language, gender et cetera, are considered when caring for them. Unless the healthcare system has a practical, culturally appropriate framework, many of our older migrants from CALD backgrounds may not receive the quality care that they deserve. The current framework that is applied is supportive but could be more sensitive to accommodate the diversity of cultures in our state. There are current government guidelines on how the care is best delivered for clients from CALD communities, but it lacks continuous quality improvement, or quality assurance.

Although many CALD elders may prefer that they are cared for by their families until they die, it may not be possible. So I am suggesting here or talking about bilingual healthcare professionals, including the interpreters as well. The bilingual health professional can be the family's surrogate in caring for them. It is expected that well-trained bilingual workers would maintain effective communication, because many older migrants may revert to their mother tongue in their later years. As we know, they tend to lose their English and go back to their language of heritage. The employment of bilingual health professionals may also be able to extract honest concerns and uncertainties—the elder CALD residents' views about their care. Many may fear to criticise because negative comments or calls for improvements may affect the current care that they are receiving.

The bilingual health professional is in a better position to explain and alleviate any concerns that they may have about upcoming changes to their care, such as operational procedures; getting fully informed consent—not just consent but fully informed—so that the person who is receiving that sort of treatment understands the side effects, the benefits and so forth; discharge planning issues; issues of power of attorney, so that if something were to happen, the family link who is next in line can step in to take on the leading role to care for that individual; and advance care planning—you know, all those sorts of things. You find that when you have this bilingual worker who speaks the language, it is easy to communicate effectively to the client. More importantly, collaboration with the elders from ethno-specific backgrounds in their own language will invite them more freely to express themselves without hesitation and to have a say in the planning of their care. Very often when we talk about health systems, we say the patient is the most important person, but very seldom do we have them have to have a say in their own care. The denial of this person's views on their care is an important issue.

In some cases those who had a traumatic journey before reaching their destination need a trusting relationship, and establishing a rapport with elderly clients in their own language will encourage them to discuss some of their stressors. Interpreters may and can be used in difficult circumstances to substitute the bilingual workers, and this sort of support is very much lacking in rural and regional Victoria. Once again, the recommendation on this specific point: the elderly residents can enjoy their ageing in a happier way with their family if the family carers are financially supported or—the next best thing—care can be given by bilingual health professionals who are sufficiently prepared. This approach saves a lot of money for the government because there is no orientation of the culture here, but at the same time it also minimises the use of interpreters—if you can have bilingual workers.

Emotional support for older Victorians from migrant and refugee backgrounds—it is already stressful for people migrating from another part of Victoria or from overseas to settle in new places. If they have been tortured, the emotional stress is even greater. The support for mental health is very inadequate, especially in regional areas. The number of qualified mental health professionals is low. Several GPs, who may not be mainly trained in mental health services, often treat the elders for mental health mainly through medications. As we all know, when you have medications there are long-term consequences, and there are a lot of side effects unless they are carefully monitored. In addition to medical treatment, these elders will also benefit from counselling and social support. Recommendation: there need to be more qualified counsellors and health professionals with mental health experience to provide care and support. I know the government is addressing this, but there is an urgency, particularly for emotional and mental health support.

I think the navigation of services has been mentioned quite a bit, but here the recommendation would be, following on from what Matt has already mentioned, that the state government in conjunction with local

governments should explore systems for addressing this deficit of navigation. There is room for what I would qualify as local service navigators. You could have a badge—‘I am the local service navigator’—in local areas for migrants so they are readily identified, and people could seek help through them.

This is a social and legal services session of inquiry. I would like to bring attention to basic legal information. Very often when people talk about how ‘You have to go to the court; you have to go here if you have got infringement notices’ people panic, particularly the elderly. Sometimes they do not even know they have made a mistake or infringed. So older migrants need to understand the basic rules of the law and how to live harmoniously without breaking them. There is a need for regular updates, such as how to drive safely in the country and how to avoid parking infringements and, if they do receive an infringement notice, how to settle it without causing too much stress. Older migrants may not understand, for example, their children can complain about them to the police that they are being mistreated. These are things they may have taken for granted in their home country, but coming into Australia these are things that need to be updated. They may need regular updates on changes to laws such as tenancy laws so they are not bullied by real estate agents. I could go on with a list of the legal information services.

Recommendation: apart from ongoing regular information on basic laws and how to live with them, there should be special requested sessions by the ethno-specific groups on specified aspects. Although there could be regular tenancy information, sometimes you might want to provide some specific information for ethno-specific groups. Elders in the community from migrant and refugee backgrounds need to be recognised as valuable members of the community. There are many occasions during functions and events where the voices of the migrant elders are not heard. They often speak softly and are polite and are not rude enough to interrupt the conversation that is ongoing, okay? They always hold back. ‘I’ll go next.’ The elders from CALD community groups are often not heard unless a chairperson, the person who leads the conversation, understands that views from the elderly are equally important and the chair is cognisant of the cultural differences—the way they speak, the language challenges they have and so forth—and offers them the platform to be heard. The elders from CALD backgrounds often feel they are isolated unless they have families who strongly support them. In some cases they are vilified. Let me also say they are also discriminated against at public events.

Recommendation: information on the rights of the individuals—what constitutes bullying, for example, in public places and so forth—should be ongoing. Invited speakers with lived experiences from these sorts of examples, such as bullying and intimidation and vilification, would be of great value at these hearing sessions. I think I will maybe stop there. Thank you, Madam Chair and team.

The CHAIR: Heang, did you have any questions?

Mr TAK: It has been very thorough.

The CHAIR: It has been a very thorough submission with recommendations. I think you have covered such a wide range of issues, which is fantastic. I might just take one question, and that is: how can local government be supported by the Victorian Government to improve the capacity of the workforce to provide culturally inclusive and trauma informed care?

Dr SIVAMALAI: I think one of the criticisms, if I might be brave enough to say that, is often before you start planning for the health care I think you need to do an audit, right? This also goes back to the planning of the health workforce. If you take a step back and say, ‘Okay what is our current state, how many healthcare professionals are qualified?’ and not bring in people who want a part-time job to buy a fridge or something like that, you know. I am not demeaning them, they are coming in and giving a good service, but I think it is the government who should be looking at all the measures to make sure the services are not under par so that they are giving the full service.

If they do the auditing of that, then they can look at, ‘Okay, how many clients do we expect to be there?’. I know COVID is an unusual example that gave a nightmare to many of us, but in terms of the normal running of the healthcare system they should be able to plan properly. And then look at, ‘Okay, how many of these people are from CALD backgrounds, culturally and linguistically diverse backgrounds, and what are the top three or the top five where we could engage them in such a way that they are fully prepared and they culturally understand the environment?’, and if they are metropolitan or if they are rural. Let me also say the rural issues are a little bit different to the metropolitan issues. The population in the rural communities is a little bit

different, and their services have always been a challenge. These are the issues that have to be tabled and to be addressed if you really want to service the CALD communities in a way that is culturally, linguistically and spiritually appropriate.

The CHAIR: Thank you.

Mr WILSON: I might just quickly add to that also if I may. I think that represents one of the great challenges for government. Cutting across different agency-based service structures and implementing social inclusion initiatives like cultural competency training is a great challenge because essentially you are trying to break across different tiers of bureaucracies within different service agencies. So where I believe state can do that successfully is to work in partnership with agencies and through local government at the local level.

As you would be well aware, one of the greatest assets in dealing with structural bureaucracies is very strong local knowledge and very strong local relationships, where you establish coalitions of the willing, if you like, to achieve outcomes that go beyond service descriptions. I guess the other aspect is to really champion cultural competency as a highly regarded professional skill that is a desirable universal skill for people working in social and human-centred services, and that is something that governments of all levels can support each other to achieve.

The CHAIR: That is great. I think that concludes the questions. Can I take this opportunity on behalf of the Committee to thank you very much for taking the time to provide your evidence. It has been very valuable to us. In particular, Dr Sundram, you have been with us all morning.

Dr SIVAMALAI: It is a pleasure.

The CHAIR: It has been a pleasure and really insightful to hear your observations and your evidence to the Committee. The next steps will be that in the coming months we will deliberate and provide a report back of the recommendations to government, and hopefully they will be strong recommendations. If you would like to keep up to date, you can do so via the website or via our secretariat. But again, thank you so much. We have really enjoyed your submissions today.

Dr SIVAMALAI: Thank you.

Mr WILSON: Thank you.

Dr SIVAMALAI: And thanks for coming to beautiful Ballarat. It is a great opportunity for providers to share our interests and expectations with you.

Mr WILSON: Very much so.

The CHAIR: Thank you. We look forward to hearing more from you and from Ballarat. Thank you. All the very best.

Witnesses withdrew.