

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

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WITNESS

Ms Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services.

The CHAIR: Good afternoon. Welcome to the public hearing for the Legislative Assembly's 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. I pay my respects to their Elders both past and present and any other Aboriginal Elders who may be here today.

I welcome Sonia Di Mezza, Chief Executive Officer of Loddon Campaspe Multicultural Services. My name is Natalie Suleyman. I am the Member for St Albans, and 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 from what you say here today, but if you go outside and repeat the same things, including on social media, those comments may not be protected by the 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 be made public and posted on the Committee's website.

I now invite you to make a brief opening statement to the Committee, and we will follow it up with questions. Thank you, Sonia.

Ms Di MEZZA: Thank you, Chair. I also wish to acknowledge the traditional custodians of the land upon which we meet and pay my respects to their elders past, present and emerging.

My name is Sonia Di Mezza. I am the CEO of Loddon Campaspe Multicultural Services, based in Bendigo, central Victoria. I have held this position for the past year and a half. I am also a board member of Elder Rights Advocacy Victoria and a solicitor of the Supreme Court of Victoria. I was formerly the deputy CEO of the ACT Disability, Aged and Carer Advocacy Service, ADACAS, for eight years in Canberra. My professional background is as a human rights lawyer, and I have worked on human rights projects and issues in countries where our refugee communities come from, such as in Pakistan, Afghanistan and Sudan. I am a woman from an intergenerational culturally and linguistically diverse background. I was born in Australia to Italian working-class, blue-collar immigrants, who migrated to this country in the 1950s. I speak five languages. I have worked as a bilingual advocate using the languages that I know.

I am speaking to you today with regard to the subject of this inquiry—older Victorians from multicultural backgrounds. My particular focus is on how we can better promote and support the human rights of older Victorians from multicultural backgrounds living in central Victoria and the regional and rural areas—but first a bit of information about the demographics from our region. Australia has a population of approximately 25% overseas; in the Loddon Campaspe region it is only 10%. We live in a predominately Anglo-Caucasian part of Australia. The three largest refugee communities are the Karen, the South Sudanese and the Afghan Hazara. The main non-English-speaking countries from where our migrants derive are India, the Philippines, Germany, the Netherlands, Italy, China, Thailand, South Africa, Myanmar and Sri Lanka. The most widely spoken languages are Karen, Italian, Mandarin, German, Greek, Filipino, Tagalog, Punjabi, French and Hindi.

Our region is different from the capital cities like Sydney and Melbourne. Based on my inquiries, the staff of aged care facilities are not predominately from diverse backgrounds, and thus there are not a lot of languages and cultural backgrounds to draw from. The aged care staff are not very diverse. We need to actively attract more aged care workers from multicultural backgrounds to come to our region.

We have a housing crisis. They say in Bendigo that for every rental, you have eight people competing for that house. I know that this is what I experienced when I moved from Canberra to Bendigo a year and a half ago to take on the role of CEO of LCMS. Haven; Home Safe says that they tell clients that in order to be able to rent a house you need to submit 100 applications. This is staggering. No wonder no-one wants to work in the aged care industry in our region. There is nowhere for them to live. We need to create more accommodation for aged care staff, to create more possibilities for people to migrate to regional areas for work. In regional Victoria there are great buildings that need a bit of work and that are sitting empty. We need to reclaim them and for the government to invest into more accommodation and housing so that people will move to our regions.

Recruitment and training of a culturally appropriate workforce takes time in order to build relationships. There are not enough staff available from aged care facilities in regional areas who are able to do community care in the home; the distances are too large. There are multicultural communities in regional areas, but they are quite isolated. We need the state government to invest in the training of a culturally competent workforce.

Training to support older people from multicultural communities needs to include interpreter services and aged care and health services. It is very difficult to access interpreters in our regional areas. Yes, we have access to the telephone interpreter services, and the interpreters are very good, but I know from experience that when you have older people with particular vulnerabilities, you may not be able to use a telephone interpreter. You might need a person they can communicate with face to face. The older person may suffer hearing impediments or may experience dementia, making it difficult for them to work with a TIS interpreter. There are very few registered NAATI-accredited interpreters in our region. We are heavily reliant on bilingual workers. But there are areas where using a bilingual worker is not sufficient or is inappropriate. For example, in legal and medical matters we need access to proper face-to-face and accredited professional interpreters. The state government should invest in interpreter training in the relevant languages in the regional areas. If you want more accredited interpreters, you need to provide training and you need to provide accommodation so they are more readily available to our regions.

The need for face-to-face interpreters is increased by the fact that people from diverse cultural backgrounds with cognitive impairments such as dementia and Alzheimer's have their memories unravel back in time. What this means is that the language a person with dementia learns—in this case it would be English—is lost, and they revert to only being able to speak their native language. I cannot tell you about the number of times I met elderly women, Italian women, with dementia in locked dementia wards in Canberra. When they would speak to me, they would speak in the dialect of their village, in one case the Neapolitan dialect, which happens to be a dialect I speak.

Dementia is different from mental health. With mental health you do not join the person when they are entering a delusional state, but with dementia you can be with them. So when they spoke about people in their villages I would respond and let them know I was right there with them. So we need specialised dementia training for aged care workers and bilingual support that people with dementia need and deserve.

Let me give you an example: an aged care provider in Bendigo contacted my organisation, Loddon Campaspe Multicultural Services, the other day—this week, actually. They had an elderly Italian woman who needed someone to explain her advance care directive to her and her daughter in Italian. A telephone interpreter would not suffice. And I know a lot of second-generation Italians like myself, that is children of migrants, have lost their Italian-speaking skills. I can still speak Italian because I learned it at high school and university. So I volunteered to help them with this, because there was no-one else who could do it, and advance care directives happen to be an area of expertise of mine. As the CEO of our organisation I had other things I should be focused on, like running the organisation, but there were no other options, so I went and helped out. I went to this family and helped their elderly Italian mother understand about advance care directives she wanted in place for her elderly husband living in a residential aged care facility. The family told me that the Italian community in Bendigo is becoming elderly. They have no interpreters to help them. There is just one elderly Italian man who does his best to help the community to understand forms that they need to fill in. The nursing home where the husband is living does not have access to Italian interpreters. It is predominantly Anglo-Caucasian in terms of staff and residents. There are no ethnic specific residential aged care facilities in our region.

I would now like to talk about elder abuse. Elder abuse is an issue in our regions because no-one knows anything about it. Elder abuse is particularly nuanced in the culturally and linguistically diverse communities. There is not a lot of information or understanding about it because in our communities it is considered something of great shame. We need to break the cycle and increase people's understanding of elder abuse. We need a statewide, in-language campaign on elder abuse. We are seeing a strong campaign across states in Australia related to family domestic violence. Elder abuse is a form of domestic violence, so we need to increase public awareness of this issue. I gave a talk the other day in Bendigo at a multicultural seniors lunch about elder abuse in culturally and linguistically diverse communities. It was evident from the reactions of some of the audience that this presentation was greatly welcomed and that there was not a strong understanding or awareness of elder abuse. To be of any use the statewide campaign on elder abuse must be in language. It should rely not only on social media but also the information mediums which older people tend to use to

receive their information—for example, radio, newspapers and in-language television programs screened on SBS et cetera.

Some of the biggest issues we are seeing in the multicultural communities relating to elder abuse in general relate to asset-for-care cases. It goes something like this: an elderly widowed woman from a multicultural community—and I have seen this in my community, the Italian community—has relied on her husband all her life to manage the family finances, and as the male, the leader of the family is the husband. Once he dies, the decision-making power traditionally goes to the eldest male. They might enter an asset-for-care arrangement, where in exchange for letting the mother move into the son's house with the family and not having to go into a nursing home he might get the title to the woman's house. When things break down—perhaps the elderly woman's care needs are too great or perhaps the son's wife does not like having her mother-in-law around—they might force the elderly woman to go to a nursing home. When she asks for her property or assets back, the son says he has the right to hold onto them—we are in Australia now, and it is the person's name on the title deed that determines who will own the property, not the whole family—plus the son suffers from an ailment that we know is called inheritance impatience. He believes it is his right to access the inheritance. This is wrong. It is not his inheritance until the woman dies and either bequeaths the property in her will or the law assesses that he is entitled to the estate. To get her property back, the elderly woman, who probably speaks no English, must litigate. There is no contract, so she will have to go to the equity courts to prove her interests and barrister up. She faces her ageing years alone, without access to her family or grandchildren and with no money to pay for all of this. In many cases she gives up.

That is why we need access to advocacy, interpreters, legal assistance and education. To raise awareness of elder abuse amongst our culturally diverse communities, we need to provide training and education to aged care workers, family members, friends and older people themselves. In fact we should provide it to everyone. It should also be provided by bilingual educators to ensure it is properly understood. In Canberra I provided elder abuse training in language—that is, in Italian and Spanish—to those communities there.

Amongst the culturally and linguistically diverse communities there is great stigma about placing older people in residential care. It goes like this: our parents looked after us, it is our responsibility to look after them when they get older. I know when my mother could not care for my elderly grandmother and had to put Nonna in a residential aged care facility she came to my sister and I and cried. I was eight at the time. She asked if she was bad for doing this, and we told her it was okay and that she was not doing a bad thing. There was no My Aged Care in the 80s in Sydney—or anywhere in Australia. My mum was experiencing carers burnout. She was fearful that she would be judged by the rest of the extended family. But the message I give our multicultural communities is this: if you look after an elderly person 24 hours a day and you do not have the skills to do that and you suffer carers burnout and take your frustration out on the older person, then that is more shameful on you and your community than if you put them in a nursing home. We need to spread the word about this with more in-language training and education. We need it to come from our religious and community leaders to the community.

The answer in relation to reducing stigma in supporting older people to enter nursing homes can be highlighted by one Greek family I heard about in Canberra. The elderly Greek woman was over 100 years old and lived in a residential aged care facility, but she was far from forgotten by her family. She had numerous children, grandchildren and great-grandchildren. There was a rota, and each day one of the family members would visit her, keep her company and bring her some Greek food they had prepared that she could eat. Of course this woman was blessed to have such a large and extensive family to support her. Not every older person from a multicultural background has this. But I am sure that this particular family, although they were from the Greek culture, did not feel ashamed by how the woman was treated, and I believe this explains why she went on to live to a very advanced age—because she was loved and supported by her family and community.

There is another case I have heard about in Sydney. A woman from Chinese heritage lived in a residential aged care facility, and every day, like the Greek family, her family would visit her and bring her Chinese meals that she was accustomed to eating. One day management put their foot down and said that it was an OH&S issue, that they could no longer bring in the food and that the woman would have to eat food prepared by the nursing home. The woman died soon after because her digestive system was unaccustomed to eating a Western diet. This is an example of what happens when we do not get culturally appropriate aged care right—we risk fatally harming older people.

I have asked people from our Karen community, the largest refugee community in the Loddon Campaspe region, if they use My Aged Care services. They asked me, 'What's that? Centrelink?'. The multicultural communities are not using My Aged Care services or getting aged care services at home. It used to be, I remember, that about 6% of all aged care users were from CALD backgrounds, but I do not know what the uptake is in 2022. This is a country where 25% of the population were born overseas, so there is not enough uptake of My Aged Care by the multicultural communities.

Once again, statewide education campaigns, including in regional areas and in language, need to take place to raise awareness. We must use the community and religious leaders to spread the word. We must increase the number of home care packages in our regional areas to accommodate this need. We must help our elderly multicultural communities to understand and know that My Aged Care is there for them and what it is about. How many elderly widowed Italian women did I tell in Canberra that the cleaners that would come would not be giving the house an industrial clean the way they did themselves when they were young housewives supporting their families or that the food is not what they are used to?

Culturally appropriate aged care services are also badly needed. In order to strengthen collaboration between councils, service providers and community organisations we must have a collaborative approach that includes organisations and leaders from multicultural communities. The City of Greater Bendigo has an active and healthy ageing group. We should extend this to include lived representation of older people from multicultural backgrounds.

Elder Rights Advocacy Victoria is part of the national Older Persons Advocacy Network, OPAN. The outcome of the Royal Commission into Aged Care Quality and Safety has seen an increase in advocacy funding to OPAN and the member organisations, including ERA Victoria. We are hoping to create some advocacy hubs in regional areas, which is an important step forward in ensuring that older people have support and a voice so that they are better able to exercise their fundamental human rights.

I want to just echo something Sundram said: we need to increase the navigator system that is funded through FECCA and COTA and other organisations. When we applied for funding, it was all heavily focused on Melbourne, so we could not get any funding for navigators in Bendigo. Thank you very much for listening.

The CHAIR: Thank you, Sonia. That was a very full submission of all the issues, so thank you. Heang, do you have any questions? I will pass to you.

Mr TAK: Yes. Thank you, Chair. Thank you, Sonia, for your passionate presentation and submission. In terms of encouraging bilingual or bicultural workers into aged care health providers and especially into regional areas like Ballarat, what do you have in mind, and what does your experience tell you how we should approach that?

Ms Di MEZZA: Well, our organisation, LCMS, has an employment program, and the Victorian Government is very active in trying to get more people to work in the regional areas. But everything has to line up. The jobs are there—there is fruit rotting on the trees and there is aged care work. But people do not want to go there because they have got nowhere to live. They have got no accommodation. Housing is a crisis. It is no good having a job if you have got nowhere to live. If you go to Sydney or Melbourne, most of the aged care providers are from multicultural backgrounds. They have got everything that they need and they can work there. So we need to look at the complete package to make it more attractive for multicultural workers to come to Bendigo and Ballarat and regional areas to work.

Mr TAK: One more question about awareness in terms of financial elder abuse: we have heard from previous speakers a bit about how we approach that mostly from a victim's perspective but I believe it also should be from the other side's perspective.

Ms Di MEZZA: From the providers or the abusers?

Mr TAK: From the abusers—in terms of education.

Ms Di MEZZA: I think you are really right about that. I think older people have a disadvantage, or it could be an advantage: they were educated without information technology. It is easier to rip off older people because their knowledge about information technology is not that good. So we must involve the older person to

understand how their rights can be protected. But in terms of abusers, sometimes people are working from their own cultural background; overseas it is okay to do what you are doing, but in Australia it is actually elder abuse. For example, in many cultures the property is owned by the whole family and the community, but it is not like that in Australia. The person whose name is on the title, it is their property, and it only becomes an inheritance once the person dies, so they cannot use it while the person is still alive. So you are right: there has to be education so people know you cannot do that, it is elder abuse.

The CHAIR: Thank you. And just add to that how important it is to actually promote these campaigns in language but also, as you touched on, including the faith leaders, including community leaders, so really getting to the grassroots of a community when trying to promote a program or a campaign, because there is a lot of stigma and clearly a lot of fear as well about coming out and reporting your child—your son, your daughter—because that will create more problems, and then there are the flow-on effects of that. Just to go back to that, do you think there is enough work being done by government and councils in relation to elder abuse?

Ms Di MEZZA: No. We have to do a lot more. I am seeing the start. The Ethnic Communities Council of Victoria and the senior rights service in Melbourne, they are reaching out and are beginning to do this education—also our organisation, Elder Rights Advocacy. But I think you really touch on something very important, and it does not just affect CALD people but also mainstream Australia. You have spent your whole life protecting and bringing up a child, and it does not stop when they are an adult, even when they harm you. Because you are the parent—and we know most of it happens with adult children—you still protect your child. It is a natural instinct. That is the hard thing about elder abuse.

The CHAIR: You mentioned in your submission that there is more and more reliance on campaigns through social media, the IT world and so on, and I really wanted you to talk about the important role played by ethnic radio, ethnic newspapers and other media streams for migrant communities—the traditional migrant papers, SBS and 3ZZZ and all the ethnic radio.

Ms Di MEZZA: Absolutely. I think this is a very important point. We have seen it in COVID. People think, ‘Easy solution, efficient, cost effective: put it on social media’, but you are not touching older people. I know before my father passed away three years ago—he was 87—he had never touched a computer in his life. That is not how older people get their information. It is always the really traditional things that the young people are moving away from—newspapers, radios, SBS in their language. That does not mean to say we abandon social media. There are videos that we produced in the pandemic in language which we put on social media and the younger person can show an older person. We also have to be mindful that translated information is never enough, because we have some people whose education was interrupted by war or socio-economic circumstances who might not be literate in their own language. Everyone in the world can speak, practically, but not everyone in the world can read and write. So this is always important, but the best way of communication is always going to be face to face. Now, that is the most expensive way, but that is where we have to kind of start and kind of work back and make sure we cover all bases.

The CHAIR: Excellent. Thank you. I think you have covered everything for us today. Thank you, Sonia. We really do appreciate your valuable contribution to this inquiry. Our next steps are that we will deliberate and our final report will be tabled in the Victorian Parliament with some strong recommendations. But thank you for your submission. I can see you are so passionate, and it is wonderful to see that. We wish you all the very best in your endeavours.

Ms Di MEZZA: Thank you, Madam Chair. Thank you, Member Tak.

Witness withdrew.