

FINAL TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

Melbourne—Friday, 18 February 2022

MEMBERS

Ms Natalie Suleyman—Chair

Mr Brad Battin—Deputy Chair

Mr Neil Angus

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr Meng Heang Tak

WITNESSES *(via videoconference)*

Mr Eddie Micallef, Chairperson, and

Mr Emiliano Zucchi, Chief Executive Officer, Ethnic Communities' Council of Victoria.

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

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

I welcome here Eddie Micallef, the Chair of the Ethnic Communities' Council of Victoria, and of course Emiliano Zucchi, the Chief Executive Officer. Thank you for being here.

I also acknowledge my colleagues that are here today: Neil Angus, the Member for Forest Hill, and Meng Heang Tak, the Member for Clarinda.

Please ensure that all mobile phones at this point are switched to silent and background noise is minimised.

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 or in other platforms, such as social media, those comments may not be protected by this privilege.

All evidence given here today is being recorded by Hansard and being broadcast live on Parliament's website. Please note that any footage can only be rebroadcast in accordance with the conditions set out in standing order 234. You will be provided with a proof version of the transcript following the hearing. Transcripts will be made public and posted on the committee's website. Can I also remind members and witnesses to mute their microphones when they are not speaking, again to minimise any interference. If you have technical difficulties at any stage, please disconnect and contact the committee staff using the contacts that you have been provided with.

I now invite you to proceed with a brief opening statement to the committee, which will be followed by questions from the members. Thank you very much. Will Eddie begin?

Mr MICALLEF: Yes, I will. Thanks, Natalie.

The CHAIR: Thank you, Eddie.

Mr MICALLEF: The inquiry is into support for older people from migrant and refugee backgrounds. I think it is a timely inquiry and it is a very important inquiry, so I compliment the Legislative Assembly for having such an inquiry. I understand from my previous experiences as an MP the importance of the recommendations that come out of this inquiry going into the Parliament. I also acknowledge Neil and Heang, who I consider as friends. I might be conflicted in that sense, so I will announce that. And Natalie, I certainly know of you, and even though we have not had a lot of interaction I am very pleased to attend this inquiry. Look, it is unfortunate it is not face to face, because I think you get much more out of face-to-face inquiries and living by Zoom is not the best way to be, but certainly it is a way of operating during this difficult period we are going through.

I know I am preaching, and Neil has probably heard me say this before—and Heang, given he lives around the corner from where I used to live in Springvale—but the ethnic communities council represents 220 ethno-specific organisations and eight regions. We are a member-driven peak body. We are also part of FECCA, which is the Federation of Ethnic Communities' Councils, so we work at both the state and federal levels. Even though this is a state inquiry, we pass on all the information and policy deliberations through that.

The ECCV is certainly well placed, if I can put it in those terms, to advise on support for the needs of older people from migrant and refugee backgrounds. We all know we have had different waves of migration—from the early Greek, Italian and Dutch migration, and my own Maltese background—in the past. When I go to functions at the Maltese Community Centre I see an ageing group of people there, and that happens in the Greek and Italian areas as well. I have done a lot of work with those communities in aged care in the past.

We have been well supported. We have also had a very strong aged-care policy committee, which is now called Positive Ageing, so it has gone through that transition. When you read our submission—and Emiliano will go into more detail with it—I am not telling you anything you do not know. CALD people need to access services. They have difficulty with language and cultural barriers. All those sorts of things are pretty important barriers to

them having a successful interaction with the facilities that are available. So if you get a percentage of people from the general population accessing services, you will get a lower level than that from migrant and multicultural backgrounds, and that varies depending on their literacy, their understanding and their adaptation to the culture and so on—a whole range of issues that make it extremely difficult for some sections of those communities to be able to effectively interact with the facilities that are available.

Victoria's population is highly diverse, and around 50% are from CALD backgrounds or have some connection with CALD backgrounds. As I said, they face inequity and poor outcomes more than the general population. The pandemic has also drawn our attention to the fact that migrant and multicultural communities are disproportionately affected by the pandemic, and I think you can read that into the overall situation of the way multicultural and migrant communities interact. I think we need to work on how we equip those communities. Do we do it by education? Do we do it by communicating? Do we do it by giving them better resources, talking to them, interacting with them at all levels? And even amongst our multicultural communities getting them to mentor some of the new and emerging communities, which is often the way to go. We also understand the fact that there is racism in the broader community, and there is also what I call intercultural racism. I am loath to acknowledge that, but we have to acknowledge the reality that some of the newer communities are not well received by some of the more established communities. They are the challenges that I believe we need to respond to.

I will finish up my opening statement by saying that we welcome the opportunity. We look forward to working in partnership with the Victorian Parliament—I will put it in that sense—to progress its recommendations. With that, Emiliano will go into the key issues.

Mr ZUCCHI: Thank you very much, Eddie, and good afternoon, everybody. Thanks for the opportunity. I would like to commence by acknowledging the traditional owners of the lands on which we are, the Wurundjeri people of the Kulin nation, and pay my respects to elders past, present and emerging.

As Eddie said, there are a number of key issues. I should also add that we are very happy to hand in a written submission, a more extended written submission, of the material that Eddie and I are covering today.

We believe there are eight key issues and recommend some solutions. Issue number one is service provision, access and delivery. The federal government retains primary responsibility for aged care, but there is some overlap in services governed by the states. This overlapping system of support is complex and difficult to navigate. It has led to gaps in service provision, and in many cases support for older people that was previously available through local government is no longer available. There is also limited availability of culturally safe and responsive supports. This can result in CALD communities missing out on essential services, support and entitlements. Some of the recommendations include to establish a community connector program to support older people to understand, navigate and access complex systems and services; commit to enhancing language services across the Victorian public; ensure participation and representation of people from migrant and refugee backgrounds in policy development, system reforms and service design.

The second issue we see is resourcing the multicultural sector. Many older people rely on multicultural and ethno-specific organisations for information, resources and support rather than mainstream providers. These organisations are trusted as they are peer led, employ bilingual or bicultural workers and have built-in cultural expertise. They also have strong relationships and networks within their communities that can be leveraged to deliver services effectively. However, multicultural and ethno-specific organisations are under-resourced, undervalued and often not effectively engaged by mainstream providers. The multicultural sector requires ongoing and sustainable funding to meet increasing demand for the support they provide. Some of our recommendations include increased CALD resourcing for multicultural and ethno-specific community organisations and establishment of a long-term grant program for organisations working with older people from new and emerging communities and refugee backgrounds.

Key issue number 3 is cultural safety. A culturally safe approach requires agencies and professionals to reflect on their cultural identity and biases in relation to how they interact with people from other cultures and modify their practices, policies and systems accordingly to achieve better outcomes. Cultural safety is more than being culturally responsive. It is an essential approach for promoting equity, access and inclusion for people from migrant and refugee backgrounds. Some of our recommendations include services and systems need to include cultural safety considerations in other work with older people from migrant and refugee backgrounds. This can

include using language services and training professionals to work with interpreters and translated written material; understanding the factors that affect trust, adverse experiences and stigma in relation to accessing services; working more effectively with multicultural and ethno-specific organisations who are trusted by older people in their communities.

Key issue number 4, digital inclusion and literacy. During the COVID-19 pandemic digital communication played a major role in the way that people maintained contact with social support networks. Government services and other utilities have also become increasingly digitised. The reduction in face-to-face service and information delivery has resulted in long waiting times and increased complexity for older people looking to access vital information. Digital literacy is increasingly becoming a barrier to accessing services and to social participation, particularly for older people with limited levels of education who have recently settled and could not speak English as a first language. Many older people also cannot afford access to internet connections or digital devices. Some of our recommendations include to support digital inclusion initiatives that provide devices and subsidise internet connections to older people on low incomes and also increase investment in digital literacy training for older people including tailored bilingual programs.

Key issue number 5, social inclusion and civic participation. Older people from migrant and refugee backgrounds are at greater risk of social isolation than others, particularly in the context of the COVID-19 pandemic. ECCV's members and stakeholders highlighted that older people are being underestimated and underutilised. They have many important contributions to make and would benefit from increased opportunities to participate in decision-making, peer-based education and leadership opportunities. Our recommendations include to provide additional resourcing for multicultural and ethno-specific organisations to ensure that they can continue to hold events and community-based social support activities and also to provide two or three years of resourcing for ECCV to support ethnic seniors clubs with managing COVID-19 response and recovery.

Key area number 6, mental health. A range of factors, including trauma, adverse life experiences, conflict and discrimination, can contribute to higher rates of mental distress amongst older people from migrant and refugee backgrounds. The current reform process has highlighted that Victoria's mental health system is experienced as inadequate, exclusionary and at times unsafe. This has resulted in stark health inequities, particularly in the context of the COVID-19 pandemic. Our recommendations include greater coordination to support the multilingual sector to partner with mainstream mental health services and integrate with the broader mental health system, and to commit \$10 million per year over four years to increase the capacity of the multicultural sector to provide culturally responsive mental health support.

Key issue number 7, elder abuse. An increasing number of older people from migrant and refugee backgrounds are at risk of elder abuse. However, many current initiatives are not specifically tailored to address their needs. A recent national study by the Australian Institute of Family Studies estimates that 15.3% of CALD elders experience elder abuse, with 4% reporting abuse that was related to language and culture. Our recommendations include develop a strategy to reduce and prevent elder abuse against people from migrant and refugee backgrounds, which includes establishing partnerships and co-designed initiatives with multicultural and ethno-specific organisations.

Finally, the last key issue is the impact of COVID-19. The COVID-19 pandemic has demonstrated the stark inequities and gaps in public health policies, systems and services; barriers to access; patchy engagement of language services; inaccessible systems; and culturally inappropriate information, as well as broader inequality and social exclusion have all had adverse impacts on the older people from migrant and refugee backgrounds. Tragically older people are over-represented in the mortality rate of COVID-19, with those born overseas being more than twice—according to some estimates, three times—as likely to die from COVID-19 in 2020 and 2021 than others.

Long-term support is needed to increase community recovery from COVID-19 and help build the resilience and reduce social isolation. Our recommendations include increased co-funding for ethno-specific and multicultural organisations and establishing a multicultural COVID recovery plan for the next two to three years. Thank you very much.

The CHAIR: Thank you to you both for a very in-depth submission. I will pass on to my colleagues for questions, and I will start with Neil.

Mr ANGUS: Thank you very much, Chair. And thank you, Emiliano and Eddie—good to see you again—for your presentation today as well as your written submission, which is indeed very comprehensive. I just want to start off with: in your written submission you talked about the importance of the family and the support that that provides to many seniors generally but certainly in the multicultural communities. What are you seeing there in relation to any trends? Are you seeing less involvement with family members with their older relatives or are there less around? Are you seeing any trends in that area?

Mr MICALLEF: I will go first, Emiliano. Look, we both probably have different perspectives on it. With the Maltese community, it normally is a fairly supportive regime in relation to family support. But as they get older and as some of the children become more integrated and more Aussie, if I can put it in those terms, there is a little bit of leakage in that sense. So culturally traditions are there but the experience is that it is not as sacrosanct as it was years ago. Other communities are very inexperienced, so it is very difficult to generalise from my experience. Emiliano?

Mr ZUCCHI: Yes, I think Eddie is correct. I would add a couple of points. One is that the structure of the family has changed. So traditionally you would have women staying at home—grandmothers, aunties, very close-knit families. Today most members of the family have to work, and therefore some of those supports that were consequent, if you like, are disappearing.

The other important point I would make is this: family is obviously the most important element in everybody's life. However, families are there to support and love their fellow family members; they are not there to support services that we as a society should be supporting. One of the points that Eddie and I make often is that the ECCV is well placed because we offer impartial assistance—impartial advocacy, if you like—on behalf of everybody. Often elder abuse comes from within the families themselves. So how do we protect people if the stresses of society and the stress that society puts on certain individuals brings them to do things that they should not be doing? I think this is a very, very important point. So family, yes, by all means is still central to our society; however, we should not expect them to do services that governments should be providing.

Mr ANGUS: Sure. Thank you very much. Just leading on from that, my second question was going to be in relation to elder abuse. My question is: in relation to your—I think it is 220 or so—member organisations, are you seeing more of that or are you hearing that specifically? Do people come to you guys as the peak body to get advice. How does that sort of play out? Do you seek it out in terms of getting reports from your members? Because I imagine many of your member organisations could be well and truly lost if that was to arise—

Mr MICALLEF: We are getting those reports, Neil. Six or seven years ago we did a documentary video on elder abuse. We did some interviews with a particular community, and we got a lot of criticism from that community. So it is one of those issues, like mental health and other issues, where the family like to put a lid on it and not acknowledge that it goes on. But look, the reality is it is across the board. It may not be a high percentage in some areas, but it is there, we do get reports of it, and that is why we have done those promotional and educational videos and information to counter that.

Mr ANGUS: Great. Thank you very much. Thanks, Chair.

Mr ZUCCHI: My apologies, are we able to add a comment to this chat?

The CHAIR: Sure. You can.

Mr ZUCCHI: Because I cannot see the—

Mr ANGUS: Not on this system, I do not think.

Mr ZUCCHI: No. You cannot do it.

The CHAIR: Sorry. My apologies. I thought you meant verbally.

Mr ZUCCHI: I was going to include a link. On our website there is a page specific to elder abuse. You will find some of the videos that Eddie was referring to and some of what our members are telling us.

The CHAIR: Okay. After the presentation you are most welcome to send the link to our secretariat, and we will be able to access that.

Mr ZUCCHI: No worries.

The CHAIR: I will move on to Heang for some questions. Thank you.

Mr TAK: Thank you, Chair. Thank you, Eddie and Emiliano, for your submission. It is good to see you here, but I think perhaps we have to declare our conflict, Eddie. One question from me is: the Victorian government's bicultural worker strategy aims to assist culturally diverse people to access services, because access to services is very important. What do you think are the elements that are important for this strategy to make it work? Your submission also mentioned CALD communities from different stages. Certainly in the south-east we have people who came from Indochina, the war-torn countries, in the 1980s, and now they are in their 60s and 70s some of their language sort of reverts back. You know, whatever they learnt during their time at the Enterprise hostel, close to home here, they revert back to their mother tongue. What elements are essential for this service—the bicultural worker—to make it work?

Mr MICALLEF: Well, I think it is obvious: we need to have the capacity to respond to their needs in a way that gives them some security and some support. Now, when you talk about reverting back to—I had my own experience with my mother going into a nursing home and being an administrator for an aunt. Both my aunt and my mother came here as teenagers just before the Second World War, and that is the reason why I was born here. I think that is important. Going back to their mother tongue, I think that is a challenge. They are more comfortable in settings where they are supported and they are able to communicate. Once they become isolated they lose their language, even in their own language, they lose their ability to mix and they become socially isolated, and that compounds it. So we have got to develop strategies where that is taken into account, where bilingual workers are able to interact with them.

The other thing, which did not come up before, in family support—and Emiliano has a background with interpreters—is families should not be used as interpreters in these delicate situations because of obvious reasons. You need people to be able to report. The other thing we did years ago was develop a health literacy policy, which was launched by a previous Minister for Health. I think the more you have an understanding of the person, the elderly person themselves—although it may be limited to family and friends' support around them—and are able to understand where to go for support, it is pretty important.

Mr ZUCCHI: Yes. I think Eddie made really, really important points. I second them fully. I think that as well as the point that Eddie made about the importance of engaging professional interpreters—people who are bound by a strong code of ethics which requires them to maintain impartiality and confidentiality as well as linguistic ability and professional development—it is also important to distinguish and have a very strong demarcation line between the role of professional interpreters and that of bilingual, bicultural or intercultural workers. We need to be extremely careful because, coming from the health context myself, when a bicultural worker or a bilingual worker enters this sort of delicate and complex context the risk is that they are going to replace the professionals. So they may to a certain extent tend to replace the social worker, tend to replace the interpreter or tend to replace the medical advice that is being given, but they are not; there is no credentialling. Unless as well as being bilingual they are physiotherapists or interpreters or doctors or nurses, we need to be really, really careful that they do not invade the professional ground of the people they work with. So they are just a member of the team looking after our Victorian communities rather than someone to whom we should say, 'Okay, yes, we will give you this form. Follow the form and you do everything', because that will increase risk rather than diminish risk.

The other thing about bicultural workers is that they are not bound by a code of ethics. So we need to be careful when we engage bicultural workers or bilingual workers that we give them very, very strong parameters within which to operate; otherwise we might have a counterproductive result.

Mr TAK: Thank you, Chair. Thank you, Eddie and Emiliano.

The CHAIR: Thank you. Do you have one question? Go ahead, Neil.

Mr ANGUS: If I can, please, Chair. Thank you very much. Emiliano, you mentioned the digital literacy project and the pilot aspect of that. Can you just tell us a little bit more about that? Is it likely that that pilot project will be implemented on an ongoing basis?

Mr ZUCCHI: I am not sure which digital project specifically you are referring to. You might be referring to a project that commenced before my time—

Mr ANGUS: There was one where you did a joint venture, I think, with Melbourne Uni and the University of the Third Age, I think it was.

Mr ZUCCHI: Sorry; I am not aware—

Mr MICALLEF: We can get back to you on that, Neil.

Mr ANGUS: Okay. No problems. Thank you.

Mr MICALLEF: We are very lucky to have Emiliano's expertise in the area of interpreter services. He is pretty uniquely qualified, so I think we are very lucky, and you are very lucky to get the advantage of that or the input from that.

Mr ZUCCHI: What I can say is that there have been tools that have been used during COVID. There is one in particular called CALD Assist that you might have heard of. The issue, as you know, is that in Australia both state and federal policy requires us to use only professional NAATI-certified interpreters and translators, and a lot of these digital platforms are built, designed and coded outside of Australia without those requirements. So where whatever digital platform uses sentences that have been translated or recorded by NAATI-certified interpreters, that is fine, but the problem is that we do not speak in those sentences. So if your counterpart gives you an answer that is a little bit outside of what the tool wants you to say, all of a sudden we are stuck. So these tools will play an increasingly important role. I published a couple of articles in the last couple of years about these tools. I am very happy to share them. They are improving very fast, but in the health context, in the legal context, in the mental health context and in general in the older population context it is still too risky to replace interpreters or the appropriate use of translated materials.

Mr ANGUS: Great. Thank you. Thanks, Chair.

The CHAIR: Thank you, Neil. On that note we will conclude if there are no further questions. Can I on behalf of the committee thank you both very much for a very comprehensive submission and your evidence today. We truly appreciate you taking the time to participate in this quite unique inquiry. Thank you again.

Witnesses withdrew.