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Submission into the Inquiry into Support for Older Victorians from refugee and migrant backgounds

Prepared by the Multicultural Centre for Women's Health

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Multicultural Centre for Women's Health is a feminist organisation led by migrant and refugee women to achieve equity in women's health and wellbeing.

About MCWH

Multicultural Centre for Women's Health (MCWH) is Victoria's state-wide migrant and refugee women's health service, in operation since 1978. MCWH provides tailored, responsive, accessible and equitable health and wellbeing programs for migrant and refugee women across Victoria. MCWH breaks down access barriers by offering in-language outreach programs delivered by trained peer educators, to ensure migrant women can access information and support where it works best for them: where they work, live, study and play.

MCWH works with women who are least likely to easily access mainstream English-language services, such as migrant women workers, women who are newly arrived or parenting in the early years, women on temporary and precarious visas, those who have low or no proficiency in English and need additional information and assistance to navigate Australian health and support systems.

MCWH also provides evidence, expert advice and professional development to key stakeholders on improving the health and wellbeing of migrant and refugee women across Australia. It does this through written submissions, training and seminar programs, and presentations of our work.

Introduction

Multicultural Centre for Women's Health (MCWH) welcomes the opportunity to make a submission to the Victorian Legislative Assembly's Legal and Social Issues Committee's Inquiry into support for older Victorians from migrant and refugee backgrounds.

As an organisation with a specific focus on migrant women's health and wellbeing, this submission seeks to highlight the specific experiences and perspectives of older women from migrant and refugee backgrounds. Our focus is to highlight the experiences that may be relevant to all older

migrant and refugee women. However, we acknowledge that migrant and refugee women's experiences also cut across and include specific experiences of women that we may not capture in this submission, but should be considered and addressed. This includes the specific experiences of older migrant and refugee women with disabilities, older migrant women living in remote and rural areas, and older migrant women experiencing financial disadvantage.

Our submission addresses the key issues impacting older migrant and refugee women's and carers' mental health as it relates to the areas outlined by the Committee:

(a) adequacy of services for older Victorian women from migrant and refugee backgrounds;

(b) unique challenges faced by this cohort, including, but not limited to, social isolation, civic participation, digital literacy, elder abuse and access to culturally appropriate aged care and home care services; and

(c) Recommendations to advance the health and wellbeing of Victorian older women from migrant and refugee backgrounds.

Key issues

Research shows that older people of migrant and refugee backgrounds are particularly vulnerable to mental health issues. These issues are gendered and migrant and refugee women, including older women, have been found to experience structural, institutional and interpersonal forms of disadvantage that significantly impact their ability to have positive mental health experiences (Sullivan et al., 2020). Additionally, older refugee and migrant women, experience higher rates of psychological morbidity than older refugee and migrant men (Minas et al., 2008). In this submission, we will highlight social isolation and loneliness, family violence and elder abuse as the key issues impacting older migrant and refugee women's mental health, and discuss key issues for older migrant and refugee carers. We recognise that many other factors also impact on older migrant and refugee women's and carer's mental health.

Social isolation and loneliness

Many older adults, including older migrant and refugee people experience social isolation and loneliness. Socially isolated migrant seniors have been identified to have higher rates of depression, social anxiety and other mental health issues (FECCA, 2015; Johnson et al., 2019). Migrant and refugee women, including older women, are at particular risk of social isolation and loneliness which can place them at increase risk of mental health conditions (Delara, 2016). Factors that contribute to social isolation and loneliness among older migrant and refugee women have been identified as language barriers, and social and cultural disconnection.

An extensive body of Australian literature has found that low English proficiency can lead to isolation and marginalisation for older migrant and refugee women. This can result in lack of social participation of older adults, lack of confidence to create new networks and to attend social activities (Ip et al., 2007; Tran, 1990; Thomas, 2003). Structural barriers such as lack of culturally responsive services and inadequate use of interpreters can mean older migrant women face difficulties in managing everyday affairs, and have lower access to and use of essential services. This situation means that older migrants are more likely to be dependent on family members for social

connection and companionship (Cattan et al., 2005; Warburton and Lui, 2007). Due to their dependency on others for translation and financial transactions, migrant and refugee older people are particularly vulnerable to financial abuse and exploitation (Wainer et al., 2011). Older migrant and refugee women in particular, can be made more vulnerable or at risk of financial abuse due to structural gender inequality and discrimination and lower lifetime earnings. They are also less likely to have had access to English language classes and are more likely to rely on their spouse for financial support and transportation (Warburton et al., 2009; Arber, 2006).

Older migrant and refugee women are also made more socially isolated due to changes and advancements in technology. Increasingly, the use of web-based media by the government and businesses as a point of contact and information distribution means that older migrants are unable to access services that are available to everyone (FECCA, 2015). Lack of translated and culturally appropriate resources and websites contribute heavily to older migrant women's social isolation.

Cultural disconnection and challenges with 'acculturation' are also important risk factors for social isolation and loneliness among older migrant and refugees. For many cultural groups in Australia, cultural norms from their country of origin remain strong decades after migration (Harley, 1995). Older migrants have a desire to hold onto their cultures and often lack opportunities to continually connect with their culture and community. Australian research has found many older refugees often have a sense of 'ageing in the wrong place' (Hugman et al., 2004), and can sometimes experience intergenerational tensions with younger family members (Minas et al., 2008).

Family violence/ Elder abuse

Evidence consistently shows that violence against women leads to poor physical and mental health. For migrant and refugee women, the reported health impacts of family violence include reduced or impaired mental health and an increasing and persistent fear of the perpetrator committing further violence, returning after separation, or seeking retribution. The ASPIRE project conducted by MCWH, the University of Melbourne, and University of Tasmania in 2016 has found that for migrant and refugee women, including older women, health and wellbeing impacts of family violence occur across a continuum. Many migrant and refugee women also reported feelings of isolation, depression, guilt and self-blame, low self-esteem, loss of confidence and suicidal thoughts (Vaughan et al., 2016).

Older women appear to be at increased risk of certain types of violence and abuse. They are more likely to outlive their male spouses, live in poverty and rely on social welfare, and suffer chronic health conditions, disabilities, and limitations in activities of daily living (Arber, 2006). All of these factors marginalise older women in society, increase their risk of abuse and neglect, and limit their access to services and support.

Barriers experienced by older migrant and refugee women in seeking help for family violence and abuse include lack of culturally responsive services, that do not cater for their cultural and linguistic needs. Evidence from the ASPIRE project has shown that in Victoria and Tasmania, problems can arise from communicating through interpreters because of unprofessional and harmful interpreter practices. These included inaccurate interpreting in court settings and interpreters sharing confidential information with women's families and communities. Many interpreters had never had any training in relation to family violence (Vaughan et al., 2016).

Older migrant and refugee women carers

In addition to the issues discussed, older migrant and refugee women carers may experience further challenges and inequities. There is a growing body of both international and Australian research reporting that older carers are at increased risk of high rates of depression (Loi et al., 2016; Neri et al., 2012). Factors associated with older carer depression and poor mental health have been identified as financial stressors, and the amount of hours spent caring (Loi et al., 2016). For migrant and refugee carers, they face multiple, intersecting barriers in accessing social and government support services in their caring roles (Gupta and Pillai, 2012; Boughtwood et al., 2011; Miyawaki, 2015; Taylor, 2013).

Evidence from a 2-year research project called *Dealing With It Myself*, conducted by MCWH between 2015 and 2017 to support migrant and refugee carers identified that the complicated (and currently changing) Australian healthcare system is a key challenge for migrant and refugee carers.

Dealing With It Myself demonstrates that migrant and refugee women carers, including older carers, faced unique challenges, including long-term financial vulnerability into old age, being more likely to be engaged in multiple caring/ intergenerational caring responsibilities, with lack of high quality, culturally appropriate and accessible support services. As a result, the migrant and refugee carer participants of the *Dealing With It Myself* project described feeling alone, isolated, and lacking support and assistance. As such, migrant and refugee carers have been seen as a group who have a higher risk of experiencing poor mental health (See the Full Report for a more thorough analysis: **www.mcwh.com.au/downloads/project-reports/MCWH-2018-Dealing-with-it-myself-Carers-final-report.pdf**).

Recommendations

- Adopt an intersectional approach to support older women from refugee and migrant backgrounds, recognising that systemic gender inequality and the impacts of race discrimination, along with the challenges of social isolation, language barriers, cultural disconnection and technology issues may increase older migrant and refugee women's mental and physical health issues.

- Ensure that mental health services for older women from migrant and refugee background are high quality, gender equitable, accessible and culturally and linguistically responsive by:
  a.) providing ongoing investment to multilingual and ethno-specific organisations to facilitate innovative, tailored education and advocacy mental health interventions. These programs would be delivered by trained bilingual health educators and work to promote gender and racial equality, increase understanding about women's mental wellbeing, and decrease stigma around women's mental health;
  b.) ensuring all mental health prevention, early intervention, support and treatment services, as well as interpreting services, are available to migrant women free of charge, regardless of migration status;
  c.) training mental health service staff and the interpreting workforce in gendered, cross cultural awareness;

d.) providing ongoing investment to mental health services to offer comprehensive, culturally and linguistically appropriate support and case management to older migrant women;
e.) recognising that many technology-based modes of service delivery further exacerbates the digital divide as it excludes older women of non-English speaking backgrounds from accessing timely early intervention services;
f.) ensuring that older migrant and refugee women have access to multilingual information about women's mental health and wellbeing and related services.

- Co-design future support services with migrant and refugee carers; engaging migrant and refugee carers in the co-design of service options through active outreach and consultation by bicultural staff.

- Conduct further participatory action research to increase the evidence-base for older migrant and refugee women's health and wellbeing in Victoria.

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