

Ms Yuki Simmonds  
Committee Manager-Legal and Social Issues Committee

**Re: Victorian Inquiry into support for older Victorians from refugee and migrant backgrounds**

The National Council of Women Victoria (NCWV) thanks the 'Inquiry into support for older Victorians from refugee and migrant backgrounds' for the opportunity to provide a submission about this very timely and significant issue for Victorians. The NCWV established in Victoria in 1902, is one of the oldest women's organisations in Victoria. It is non-sectarian and non-party political in encouraging the participation of women in all aspects of community life.

We promoted the Inquiry through our monthly newsletter, emails to membership and discussed it at our recent meetings. We sought input from individual and organisational members and delegates with a view to making a submission.

After consulting our membership, which includes women representing organisations from refugee and migrant backgrounds in Victoria, a common concern was that many of the problems for older Victorians from refugee and migrant backgrounds were shared with older women in Victoria generally.

**Enhancing Lives**

We commend the **NCWV Plans of Action** for enhancing the lives of the aged to the Committee. They are:

- promoting the understanding that there are humanitarian and developmental issues related to ageing,
- the need for appropriate and affordable housing,
- the need for appropriate and affordable health care,
- advocating for expenditure on aged care being considered as a lasting investment,
- promoting positive ageing and protecting the older population from discrimination.

We understand the 2006 census was the first to collect a range of data that can be used to examine productive ageing and the well-being of older Australians.

**CALD Comparison by National Seniors Australia**

We read with interest the then unique 2011 report by National Seniors Australia. While it is a decade old, we commend National Seniors Australia and the report content as it relates to living in regional and urban Victoria, to the Committee.

[https://nationalseniors.com.au/uploads/201106\\_PACReport\\_Research\\_AgeingExperience\\_Short\\_0.pdf](https://nationalseniors.com.au/uploads/201106_PACReport_Research_AgeingExperience_Short_0.pdf)

The analysis by National Seniors Australia considers and compares - Australian born elders and elders from different waves of migration - by elder age groups, gender, marital status, country of origin, 25 language groups, living arrangements, social and economic well-being.

Some policy implications of the research findings are discussed in the conclusion.

Perhaps the Commission could invite National Seniors Australia to participate in the Inquiry directly. They may have more current data available for consideration.

Briefly -

*Australia, as is widely known, has an ageing population and is also a country built on immigration. However, it is less well known that the immigrant population has an older age structure than the Australian-born population.*

*In 2006, almost one in five (19%) of the overseas-born population were aged 65 and over compared with 11% of the Australian-born population. Although a little dated, the only known projections of this group estimate that between 2011 and 2025 the number of people aged 65 and over from culturally and linguistically diverse backgrounds will increase from around 650,000 to 950,000.*

*CALD older adults differ in their social and economic well-being by country or region of origin and ancestry even after taking into account differences in demographic and other characteristics. This suggests that cultural factors and migration experiences may have some influence on their well-being and ageing experiences.*

#### **Concerns expressed by our members included:**

**1. Reliance on use of technology** - an issue which was often mentioned involved the rate of growth in and increasing reliance on technology by the 3 levels of government (Federal, State and Local) to communicate with the community and for so many things. Here are examples provided about an elderly Italian speaking woman by her daughter, however others discussed technology and older women:

- The census. This year we all had to fill it out online. This was possibly pandemic related; however, I don't know that she (92-year-old mother) would have been able to do it, had we not assisted her with it.
- Vaccination certificates and setting up a myGov account. This required some time skill on my part to set up for her. Again, I am not sure that without coaching and patience, and someone with the language skills to show and describe to her what to do, someone like my mum will have a great deal of difficulty navigating their way through this.
- Of course, setting it up is one thing, but having to negotiate a mobile phone to deal with QR codes and showing vaccination certificates at a point of entry (into a shop, for example) while juggling bags, walkers or walking sticks, etc, is quite challenging.
- Lack of effective communication by carers. Not just a language issue.

#### **2. Effective communication**

- There are also problems with insufficient interpreters and the inability to access them too because of disability and lack of technological competence.

- Historically and still today older family members rely on other family members for support in communication regarding health concerns and online – and in many instances mentioned that will be reliance on the next generation of women in the family.
- **Effective communication by carers is a universal issue.** With carers from diverse backgrounds, many with English as a second language, issues may arise in caring for and supporting a community with equally diverse backgrounds some of whom may also be experiencing hearing loss

### **3.ESL – not universal amongst migrants and refugees as seems to be assumed**

- assumption that migrants learn English as a second language – it is not universally true for all women - especially where work and life is largely in a domestic environment.
- We recently listened to Alice Pung, Author, talking of her mother’s limited education and English language skills.
- sometimes loss of English as a second language previously acquired as a long-term resident, and reversion to original language, is not supported by publicly provided services e.g., library resources may not include material in relevant languages.

### **4. Isolation**

- Amongst others, elderly Somali women during pandemic lockdowns experienced isolation generally in the Victorian community and were unable to access their usual East African women’s groups and speak Arabic and Somali with friends. It affected these women badly.
- It impacted on physical well-being as well as mental well-being. One woman in her 80s and a former principal in Somalia, was restricted in her public housing apartment and could not walk around to do laundry and other things which kept her fit. She could not see family and friends.
- Even though lock-down is over the effects for older people can be long lasting. Her mind and body are still suffering.

### **5. After the grand parenting**

Another community which gave us advice was the Jewish community where one woman a long-term resident recalled being called a ‘New Australian’ when she was younger. She mentioned that some young immigrants bring older parents to Australia to mind their children so they can work. She asked about what happens to these older people when their grandchildren have grown up.

She did mention though that during the pandemic many elderly people in the Jewish community were cared for safely at home as they did not want to go to an aged care home. She felt that the Jewish community did this well.

**But does Victoria do this well and support community organisations to do so?**

**She reinforced the view that people of all backgrounds share common ‘ageing’ issues.**

## **6. Single Women**

A significant mention was made about women who are elderly, single, migrant or refugee women. They may have always been single or become widowed - which is common. They are alone then in a strange country as they have left behind family and friends when they came to live and work in Australia. There are older women who become homeless but for a migrant or refugee woman it can be more dire.

According to the 2016 Census the number of widowed females aged 85 and over (227,487) is significantly higher than men (60,467)].

## **7. Promoting positive Ageing**

In terms of promoting positive ageing, women across Victoria enjoy meeting together for conversation and companionship. A universal issue is transportation, physical and financial accessibility of public venues, assistance with venue set up and now covid safety plans.

The NCWV is keen to be invited to participate with the Committee's round table discussions with different communities to provide evidence early next year.

Yours sincerely

*Ronniel Milliken*

Ronniel Milliken, President, National Council of Women of Victoria

30 November 2021.

## **REPORT: Putting health care back into aged care**

12 Apr 2021

Older people have the same right to quality health care as any Australian. Sadly, this right is often not realised, as the Royal Commission has shown. Furthermore, this is projected to become worse as our population ages and demand for aged care and health care services increase.

This report by the [Australian Medical Association \(AMA\) Putting health care back into aged care](#). The AMA's recommendations align with the Royal Commission's views for genuine person-centred care, however, the AMA recommendations differ in some aspects of achieving this. [The full report is available from the AMA and can be downloaded from the AMA website.](#)

### RECOMMENDATIONS

To achieve the necessary solutions, the AMA makes the following recommendations:

1. Increase Medicare rebates for nursing home attendances by GPs by 50 per cent to compensate for the additional time and complexity involved in comparison to a GP consultation in their own rooms. (modelling and detailed costing provided in full report)
2. Introduce MBS telehealth items for phone calls between the GP, nursing home staff and relatives.
3. Introduce a Medical Access Aged Care Quality Standard for nursing homes.
4. Introduce Care Finders who work closely with GPs to coordinate both health and aged care services.
5. Introduce hospital aged care outreach teams in all local health networks, in coordination with a patient's usual GP.
6. Ensure that Aged Care Assessment remains with State health services which involve medical specialists, coordinating and collecting information from the older person's usual GP.
7. Mandate minimum staff-to-resident ratios in nursing homes.
8. Mandate 24/7 on site Registered Nurse availability in nursing homes, and according to the level of residents' needs.
9. Mandate a minimum qualification for personal care attendants that includes basic health care, and continuous training of the aged care workforce with specific funding attached for training.
10. Ensure interoperability between GP clinical and aged care software systems, including My Aged Care and My Health Record.
11. Ensure that Home Care Packages are available to all those who need them, at the level of their need and a maximum of three months following the assessment. (modelling and detailed costing provided in full report)

The AMA looks forward to working with the Australian Government further as it reforms the aged care sector in response to the Royal Commission.