

# 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

Ms Emma Kealy

Mr Brad Battin—Deputy Chair

Ms Michaela Settle

Mr Neil Angus

Mr Meng Heang Tak

Ms Christine Couzens

#### WITNESSES *(via videoconference)*

Ms Lisa Tribuzio, Manager, and

Mr Nikolaus Rittinghausen, Senior Adviser and Project Officer, Centre for Cultural Diversity  
in Ageing, supported by Benetas



**The CHAIR:** Good afternoon. I declare open this 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. 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 Lisa Tribuzio and Niki Rittinghausen from the Centre for Cultural Diversity in Ageing. I also acknowledge my colleagues who are participating here today: Neil Angus, the Member for Forest Hill, and Meng Heang Tak, the Member for Clarinda.

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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.

**Ms TRIBUZIO:** Thank you so much for that. I would like to start by acknowledging and paying respect to the Wurundjeri people of the Kulin nation, on whose land we meet today. I pay my respects to Aboriginal and Torres Strait Islander peoples and their ancestors and elders past, present and emerging, and I acknowledge their continuing connection to land, sea and community.

Thank you for this opportunity to present today. My name is Lisa Tribuzio and I am the Manager of the Centre for Cultural Diversity in Ageing, supported by Benetas, an aged-care provider. We believe this inquiry comes at a very important time. The Royal Commission into Aged Care Quality and Safety found that the existing aged-care system is not well equipped to provide care that is non-discriminatory and appropriate to people's identity and life experiences. Unfortunately many aged-care organisations do not provide care that is culturally inclusive and culturally appropriate. In addition, there are older people who are missing out on accessing quality care due to barriers to accessing care, leading to inequity. A one-size-fits-all approach to service delivery does not lead to a fair go for all older Australians. Culturally and linguistically diverse older people make up over a third of our community, and that is not a true representation because they do not always know how to fill out the census or do not have the appropriate support to fill out the census. So Australia is a multicultural community; we are very diverse. Let us have services that reflect that. We need flexible and adaptive services that meet the unique cultural, spiritual, language and lifestyle needs of older people and their families. We are delighted that the Victorian Parliament recognises the importance to better support elderly migrants and refugees, and the Centre for Cultural Diversity in Ageing supports this inquiry.

Let me just say a few words about the Centre for Cultural Diversity in Ageing. The Centre for Cultural Diversity in Ageing currently delivers project funding from the Australian government Department of Health to administer the Partners in Culturally Appropriate Care program in Victoria. The purpose of the Centre for Cultural Diversity in Ageing is to build the capacity of Australian aged-care providers to deliver services that are welcoming, inclusive and accessible. It has over 20 years experience in supporting aged-care providers to become more inclusive, and its service areas include diversity training workshops; capacity building to promote cultural inclusion and equity through multilingual resource development, practice guidance and conferences and events; diversity advice and consulting; and we have our nationally funded website with multilingual resources, training opportunities and other culturally appropriate resources.

We support aged-care providers to become more inclusive, and for that purpose we have also developed our inclusive service standards. The inclusive service standards promote a whole-of-organisation approach to creating inclusive services in aged care and contain three standards and 16 performance measures that organisations can measure themselves against. We are pleased that the inclusive service standards have been recognised by the Australian Aged Care Quality and Safety Commission as a key resource in promoting consumer choice and dignity, cultural safety and accessible care. We also deliver diversity webinars designed in feedback from the sector, with topics including ‘Applying a diversity lens to dementia care’; ‘Linking inclusive practice to aged care quality standards’; ‘Moving on from unconscious bias’; ‘Applying a diversity lens to end of life care’; and good practice examples within the aged-care sector around aged-care providers that have created a diversity plan and a diversity strategy which infiltrates throughout the whole organisation, rather than having add-on programs that are not sustainable.

Our website hosts a number of resources such as our practice guides, our culturally inclusive feedback guides, multilingual communication cards and aged-care signage in 64 languages—our most popular resource—and a section that provides updated multilingual health and aged-care information. We are also very excited that we have recently launched our consumer voice film entitled *You Can Ask for What You Need from Aged Care Services* in collaboration with Red Hat Films, and it is available in 16 community languages on our website and YouTube channel. The film promotes discussion around the rights to give feedback to an aged-care service. This film was in response to consultations with the sector around culturally and linguistically diverse older people feeling reluctant to give feedback to an aged-care service because they feel unsafe to do so or they do not have the right support to do so and they are not empowered to do so.

As we indicate in our submission, the Centre for Cultural Diversity in Ageing predominantly works on a systemic and governance level. We therefore focus on section (a) of the terms of reference in this inquiry. The 10 recommendations of our submission provide a high-level summary of our key advocacy points. We believe they provide a pathway for improving the appropriateness of services for older Victorians from migrant and refugee backgrounds. Therefore the Centre for Cultural Diversity in Ageing recommends the following: the Victorian government continues to support and enhance the Victorian access and support program to help older people navigate the aged-care system; the Victorian government continues to encourage diversity planning and practice reporting and that reporting and diversity inclusion is expanded across all Victorian government-funded aged-care programs.

In addition, we recommend that organisations are supported to utilise and incorporate our inclusive service standards to improve diversity and inclusion across the whole organisation, starting from the top with commitment from the leaders, board and executive level in line with the Aged Care Diversity Framework; that the Victorian government works closely with ethno-specific and multicultural community groups, organisations, peak bodies and subject matter experts to develop strategies for culturally inclusive consumer feedback mechanisms that promote person-centred care; and that the Victorian government establishes a multilingual phone line where older people from migrant and refugee backgrounds can seek aged-care information in their preferred language—rather than calling one number, they can call multiple numbers and speak organically in their language about aged care, My Aged Care and any other information or referrals. The Centre for Cultural Diversity in Ageing has a program model to support this initiative that it trialled in 2021, which was called the Multilingual Older Persons COVID-19 Support Line, and it was available in six languages with six different 1800 numbers. In that program we actually had older people call our service and talk to them about government services.

We recommend that the Victorian government places more resources in language services to support older people to speak in their preferred language across the aged-care pathway, including free translations and free interpreting across the whole aged-care pathway, and that the Victorian government work closely with the Centre for Cultural Diversity in Ageing to develop tools, policies and strategies to ensure government programs appropriately meet the needs of older people from culturally diverse backgrounds as well as develop a diversity training calendar to build the capability of staff working within the aged-care sector.

We recommend that the Victorian government establishes an aged-care diversity advisory group to inform ageing and aged-care policies and programs in Victoria with subject matter experts and people who are experts in the fields of cultural diversity and ageing; that the Victorian government continues to resource and support ethnic and multicultural senior citizens clubs as they are important places for social support, belonging and connection; that the Victorian government establishes a multicultural elders council with consumer

representation to facilitate input from older people themselves from culturally diverse backgrounds into government policies, programs and services; and finally, that the Victorian government develops policies, programs and grants to support new and emerging communities to access culturally appropriate aged care.

We stand ready to support the Victorian government in making aged-care services for older people from migrant and refugee backgrounds more culturally inclusive. The Centre for Cultural Diversity in Ageing wishes to thank the panel for the opportunity to bring the key issues of our submission to the inquiry's attention. My colleague Nikolaus Rittinghausen, Senior Adviser and Project Officer from the Centre for Cultural Diversity in Ageing, and I welcome any questions from the inquiry panel. Thank you.

**The CHAIR:** Thank you very much, Lisa, for your evidence—very comprehensive. Just before we begin the questions, I have one question. I am really keen to hear about the multilingual phone line for aged-care services. You touched on a pilot program. I just wanted you to, if you can, add to how that worked, what the Victorian government can do and what other agencies can do to actually make that a reality and what kinds of services would be part of that phone line.

**Ms TRIBUZIO:** Thank you so much, Natalie, and thank you for bringing that up, because it something dear to my heart. The reason why it is dear to my heart is because it is about human rights and the right to communicate. We know that having one number and putting the TIS code on that one number often leads to very low utilisation from CALD communities, because when they call it is in English. They feel intimidated and also do not know how to access TIS because the IVRs, the automated voice recordings, are in English. And so we thought having a multilingual phone line in order to call a 1800 number and speak to a multilingual phone support worker directly would facilitate easy access to aged-care and health-related information. And we have an evaluation report which indicates that older people and their families that did call the line said that when they spoke to the multilingual home support workers that is what they wanted.

Then when we referred them to an interpreter later on when we referred them to English-speaking organisations—peak bodies like OPAN or COTA or Dementia Australia, that are involved—they started to drop off. It is about being able to speak your preferred language across the whole aged-care pathway. So we trained the multilingual phone support workers in triage and then they referred them to the mainstream organisations for aged-care information and then they were trained in how to use an interpreter, but that is when it sort of got clunky. So now we advocate for a multilingual phone line where the people at the end of the line can talk to them about aged-care information, have a conversation and then refer them to culturally appropriate services. We had six languages. We had Arabic, Mandarin, Cantonese, Greek, Italian and Vietnamese, and that was in line with the 2016 census data for people over 65 who need assistance in speaking English. They had English language barriers, but not everyone who comes from those backgrounds needs assistance; some of them speak English. So these were some of the statistics. We got those six languages, and it was a pilot program. Some people from the provider space asked us for other languages, like the new and emerging languages like Hindi or Punjabi or Nepali, for example. Also Aboriginal community leaders were excited about the program model.

We are very passionate about it. There is nothing like it in the world. If the Victorian government were to adopt this approach, I think that it would be very innovative, and it would also be very relevant to COVID-19 responses, because we have had some inquiries in relation to COVID-19 hotlines, but also things like, you know, the mental health sector, emergency services, youth sectors and family services at large.

**The CHAIR:** Thank you so much for that, Lisa. Members, do we have any questions? I will start off with Neil.

**Mr ANGUS:** Thank you very much, Chair. Thank you, Lisa and Nikolaus, for your evidence today and also for your written submission. I just wanted to talk to you—and you touched on it in your presentation today, Lisa—in relation to the inclusive service standards. You talked about them—for aged care, that is. My question is: what do you think the scope would be to apply those sorts of standards across some other service providers like health care or legal services?

**Ms TRIBUZIO:** Yes. Thanks, Neil, for that comment. Just in relation to the inclusive service standards developed by Ljubica Petrov and Tonina Gucciardo-Masci in 2018, my role is to follow on with those inclusive service standards. There are three standards and 16 performance measures, but they have been contextualised

within the aged-care context. The reason for that is that it is a unique space, the aged-care sector, so we did touch upon the aged-care diversity framework and we did touch upon the aged-care quality standards in our inclusive service standards. We encourage you to have a look at them on our website. They are about how organisations measure themselves against the standards to become an inclusive organisation. It is about sustainability, it is about having a diversity strategy, it is about having working groups and it is about looking at the framework and saying, ‘How do we target our responses to people who are missing out? For people that are in our service, how do we adapt or have culturally appropriate care?’. You know, we have examples of older people being in a residential care facility and not liking the food. You need to be flexible, adaptive and responsive. You know, cut that salad into ribbons and not chunks if that is what they want or buy zataar from the Arabic supermarket instead of balsamic vinegar. Of course it is more complex than that.

Our inclusive service standards can be adapted to other sectors, but we actually want them to be for the aged-care sector. There are other frameworks for other sectors as well. We know that there are ones at the other centres for excellence that focus on diversity and inclusion for everyone, but we do want to commit to aged care for our ones.

**Mr ANGUS:** Sure. But they may well be a model for others to perhaps use and adopt in these other sectors that are referred to. Thank you for that.

**Ms TRIBUZIO:** Thanks, Neil. And just to add to that, when we look at certain special needs groups, although the term ‘special needs’ is being debated in the aged care Act, they are not really special needs, they are people, it is the system that has to be flexible. In the sense that the term ‘special needs’ is mentioned in the aged care Act, so in terms of those groups—Aboriginal and Torres Strait Islanders, LGBTIQ+, culturally and linguistically diverse people, those at risk of homelessness, forgotten Australians, veterans et cetera—that they have their own standards like Reconciliation Australia have their own measurements and LGBTI Rainbow Tick have their own. Our inclusive service standard is an overarching document to support all those kinds of special needs groups, for lack of a better word, in aged care.

**Mr ANGUS:** Thank you. Thank you, Chair.

**The CHAIR:** Thank you, Neil. Heang, did you have a question?

**Mr TAK:** Yes. Thank you, Chair. Thank you, Lisa, and thank you for—again, I concur with the Chair—the multilingual phone line that you created. It would be interesting to hear: what is the best way in terms of communicating with and addressing the language areas for culturally and linguistically diverse older people? I will just take the last census as an example. It was conducted during COVID, and it would be the children of the bigger families that would answer those questions in the census digitally. That does not mean they are aware of the needs of the parents or the grandparents that live with difficulties with language, access to services and all of that. I will make it short: some of the community may not identify as in need because they cannot seek help because of their language, but that does not need that they do not need help.

**Ms TRIBUZIO:** Yes, you do not know what you do not know.

**Mr TAK:** That is right.

**Ms TRIBUZIO:** You do not know when people are missing out. You do not know when people are oppressed, voiceless or home by themselves, because they do not have a voice and they are oppressed. Not to victimise them, but they are oppressed because the system is oppressive, not because they are oppressed as people. The system is oppressive. We cannot have a one-size-fits-all approach. Victoria is leading the way through the access and support program for diversity planning and practice models. It is an amazing state in relation to our Victorian Multicultural Commission. Niki, did you want to comment on language services and the work that we are doing at the moment?

**Mr RITTINGHAUSEN:** Yes. I just want to speak about what Lisa touched on with the multilingual phone line and the access and support program. I think they are really important because they provide the bilingual support, because translating and interpreting services are not the only solution. Often the government focuses on that, and that is really important. But it is really making the information accessible through bilingual workers, bilingual and bicultural staff, because one thing is the language but there is also having an understanding about the culture. It goes hand in hand, and that is why we believe in a multilingual phone line. It

would be really innovative for Victoria, and across the nation it would lead the way in that sense. So, yes, I think it is a human right to be able to communicate in your first language, and as you were saying before, it will give us more information about what people's needs are. We do not always need the children to do the interpreting. Often children do the interpreting—that should not be the case.

**Ms TRIBUZIO:** Thank you so much, Niki. I would just like to add that in terms of person-centred care, yes, we can rely on family and friends, but we need to pivot away from this narrative that older people from CALD backgrounds rely on their family and friends. Of course there is family-centred care, but they can speak for themselves too. They can, if they have the right pathways and the system to support that. We found with our multilingual phone line that older people were calling a stranger and asking them questions, and that is important around the whole ethos of aged-care services from the Department of Health's point of view, and My Aged Care, which is person-centred care—empowerment, co-design, consumer participation. In saying that, of course a lot of older people from culturally and linguistically diverse backgrounds and faith-diverse backgrounds do have a family-centred approach and come from collective cultures. But there are people that are living by themselves as well whose families have abandoned them or that are hard to reach because the system is hard to reach for them. So, yes, I think that we can support you with a program model. We have trialled it, so that is exciting. In relation to language services at large, we are getting feedback from providers about some of the challenges for language services, and they include people living with dementia, cognitive delay, a disability, hearing impairment or visual impairment and how they actually engage with interpreters and translation services. So we need those innovative responses, such as multilingual phone lines, but also things like talking books or other ways to engage people with a disability.

**The CHAIR:** Thank you. Heang.

**Mr TAK:** Thank you, Chair. Thank you once again, Lisa and Nikolaus, for your presentation. My other question then is: are there any sorts of examples of global best practice for innovative aged and home care service provision that you think could apply in Victoria?

**Mr RITTINGHAUSEN:** I am just checking with you, Heang. Do you mean actual service provision, or do you mean government programs, services and models?

**Mr TAK:** Either/or. I mean are you aware of any?

**Mr RITTINGHAUSEN:** I think one program which is really good in Victoria is what used to be the home and community care program, which is now the CHSP. Victoria has always had a very strong focus on culturally appropriate care, because a lot of ethno-specific and multicultural organisations at the moment are funded to provide basic home care, if you wish, and that is really still a very innovative and good program. It has diversity planning and practice and includes an access and support program. Also a lot of small organisations are funded through that program, which are often these ethno-specific and multicultural organisations. Also there are some organisations like, for example, Australian Multicultural Community Services and Spectrum Migrant Resource Centre, that provide care in a culturally specific and culturally responsive manner for the multicultural community. There are a lot of great organisations—for example, Fronditha Care, which services the Greek community. They really try to make it work, and because they have a lack of Greek-speaking staff they are even recruiting people from overseas to make sure they fill the gaps in Greek language support.

I think because we are very multicultural here in Victoria there is that potential to expand some of the programs, and we have also highlighted in our submission that there should be something specifically around diversity, an advisory group around diversity, that drives these programs and policies. We are also saying that there should be a multicultural elders council, because we want them to be included and to have the opportunity to actually co-design these programs. People know what they want, they are experts in their own right, and we should really make sure that this is part of the co-design process. Because there is such a high proportion of migrants in Victoria, we want them to be seen and we want them to be involved in policies and programs through the co-design process. Lisa, I do not know if you want to add anything to that.

**Ms TRIBUZIO:** Thanks so much, Niki, for that. I just wanted to highlight that our focus is not on global initiatives. We are trying to respond to Australia-based issues. However, in terms of models that I can think of, there is one in the Aboriginal and Torres Strait Islander space where there was a residential care facility run

entirely by Aboriginal elders who actually designed the residential care facility from the very beginning. I thought that was a really good example, and that is available on our website under ‘Conferences’, with the keynote speaker from Booraja. But yes, we do get a lot of people calling us to design their own programs with people’s feedback, so it is about that co-design approach. I think there is a gap in understanding what is happening globally, so if that is something that you wanted to look into with research and a review, I think that would be really interesting as well.

**Mr TAK:** Thank you, Chair.

**The CHAIR:** Thank you. Neil on a final question.

**Mr ANGUS:** Thank you very much, Chair. You are obviously interacting with aged-care providers and a whole range of people in the industry. What have you been hearing in the most recent years in terms of what is being seen at the coalface there, particularly with, as you just mentioned, people who were isolated and that sort of thing as a result of the COVID pandemic and the impact upon families in relation to that and their older members? Have you seen or have you heard anything specific in relation to those things?

**Ms TRIBUZIO:** Are you referring to COVID-19 over the last two years in particular?

**Mr ANGUS:** Yes.

**Ms TRIBUZIO:** In relation to COVID-19, there are quite a few things to consider for older people from migrant and refugee backgrounds in Victoria. The first one is digital inclusion—not being able to get the information, not being able to use QR codes, to get their certificates, to access information online. The second one is some of the complex issues around being held in residential care facilities—around visitor rights—which applies to everyone, but on top of that you have got the language barriers and you have got the health literacy barriers. Getting information—translated information—in language was an issue in the sense that COVID-19 information was translated but the content was not co-designed, so some of the words made absolutely no sense to the communities when the materials were translated.

We also have people wanting to connect with family members overseas and feeling a lot of grief and loss at not being able to visit their family and friends overseas. There was a lot of grief and loss counselling needed, so we worked with the department around that—just generally further social isolation, because you have already got social isolation with some of the people who have language barriers and do not have the social capital, but then on top of that you have got even more social isolation. The commissioner for senior Australians report as well indicated that social isolation was the biggest one. Digital exclusion and also accessing telehealth appointments, accessing interpreters of course to get the information they need, knowing how to get vaccinations, knowing how to get boosters—just having culturally appropriate responses to COVID information. And of course ringing up the COVID line was in English as well, so that was a bit tricky.

**Mr RITTINGHAUSEN:** If it is okay, I just want to add one thing to Lisa’s comments to also highlight the important role that the 900 ethnic and multicultural senior citizens clubs play in Victoria. All of them are volunteer run and they have really provided very vital support during COVID, being that bridge to the multicultural community, providing advice for mainstream services, and they are all volunteer run. Also they are really good in helping people to overcome social isolation. Not everyone is part of such a club. We need also maybe some other inclusive spaces, whether they are multicultural, intergenerational hubs where people can get a bit of support or a drop-in centre if they need. But, yes, I think the multicultural senior citizen clubs are really gold in Victoria. They are funded and they should continue to be funded. I strongly believe in that.

**Mr ANGUS:** Great. Thank you both. Thank you, Chair.

**The CHAIR:** Thank you so much for that, and I think that concludes the questions. Can I take this opportunity on behalf of the committee to thank you very much, both of you, for your valuable contribution today. The committee appreciates the time and the effort taken to prepare the evidence and also your submission. We wish you all the very best for your endeavours, and thank you for being part of this inquiry.

**Ms TRIBUZIO:** Thank you so much for having us.

**Witnesses withdrew.**