

FINAL TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

Coburg—Tuesday, 1 March 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

Mr Peter Andrinopoulos, Community Support Program Coordinator,

Ms Kathy Barbakos, Client and Community Services Coordinator, and

Ms Litsa Volou, community member, Pronia Australian Greek Welfare Society

The CHAIR: Good afternoon. Welcome to the Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds. This part is the community session.

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

My name is Natalie Suleyman. I am the Member for St Albans and the Chair of the committee. To my right is Michaela Settle MP, the Member for Buninyong, and to my left is Meng Heang Tak MP, the Member for Clarinda. All mobile telephones should now be turned to silent.

All evidence taken by this committee is protected by parliamentary privilege. Therefore you can say anything you like in this room, but if you repeat the same things, including on social media or other platforms, some of those comments may not be protected.

All evidence given today is being recorded by Hansard. You will receive a proof version of the transcript to check, and then the transcripts will be made public and posted on the committee's website.

I now invite you to make an opening statement to the committee, and some questions from the committee will follow. Here today I welcome Pronia Australian Greek Welfare Society. We have Peter Andrinopoulos, Kathy Barbakos and Litsa Volou. If I have mispronounced them, my apologies, and you can state them again for the record. Thank you. Kathy or Peter—who will go first?

Mr ANDRINOPOULOS: Peter—I will be starting.

The CHAIR: Peter—good on you. Thank you.

Mr ANDRINOPOULOS: Firstly we thank you and we welcome the opportunity to speak to the committee. I also want to express our apologies on behalf of Sophia Koutes, who was meant to come today. Unfortunately a little thing called corona has affected her, and we did not want to bring that to the committee as well, so I was a last-minute replacement. I have been part of Pronia now for about ten years, working in the aged area, so what we were endeavouring to do, if it is okay—I mean, we are happy to work with you. Do you want to ask us questions? We have some prepared information.

The CHAIR: If you can give just a brief of what you do and what are some of the services, and then we will follow up with some questions.

Mr ANDRINOPOULOS: Sure. Absolutely. So what I have got here is just a brief on Pronia about what we do, when we were established. Kathy has got some issues that we have brainstormed regarding issues that have happened, especially with the elderly, and Litsa is here as well as one of our community members to talk about the other issues as well.

Pronia is an organisation that is there to empower and advocate on behalf of the Australian Greek community and has been doing so for the last 50 years since establishment in 1972. Our services encompass the whole spectrum of vulnerable clients, but we have a particular focus on the elderly and those that are over 65 in the community, and for those specifically we provide services via the commonwealth home support program and also through home care packages. We also have approximately 130 volunteers that also provide social support for elderly in the community but also in non-Greek-background nursing homes. We also offer a lot of support towards disadvantaged individuals and families through our family and community services unit, of which Kathy is one of the coordinators. Under that unit we provide generalist casework, counselling services, family violence and elder abuse casework and support groups. We have a cardiac program. We have a legal information and migration program. We provide emergency relief and crisis intervention, community education and cross-cultural training. We have palliative care services, and we also have a newly-arrived-migrant service. With the financial crisis in Greece we found there were a lot of returning people coming back. It started approximately ten years ago. There was an influx. Through the Victorian government we applied for some funding, and they have been supporting us for the last six years, I think, or seven years with that program. We also offer a childcare service in the City of Yarra through our Alpha learning centre, and we also offer a service under the national disability insurance scheme, the NDIS.

We have two offices, one in Brunswick and another one in Oakleigh, and we also, as I mentioned earlier, have our childcare centre in Richmond. We have an elected board of directors with a membership base. We have a CEO, and we have—sorry, I have got to count them—five units with a range of coordinators and staff. We have approximately 150 staff that work for Pronia, which includes 90 direct community care workers that go out across Melbourne looking after primarily elderly people. So that is us as an introduction.

The CHAIR: Thank you, Peter. We will move on to Kathy.

Ms BARBAKOS: Hello, and thank you for the opportunity. My name is Kathy Barbakos. I am the client and community services coordinator. I have been with Pronia now eight months, so I am fairly new. In relation to the issues faced by our clients, I will read you some that we have noted.

Changes in the aged care sector, such as a single in-home program which is to commence in 2023, without community consultation will cause confusion and possibly fear within the community. There have also been recent challenges due to the coronavirus and ensuing continued pandemic, lockdowns and suspension of activity programs that we usually hold in our environments in Brunswick and Oakleigh, leading to mental health and other impacts on wellbeing. There has been a significant increase in elder abuse, whether it is verbal, physical, emotional or financial, due in part to increased awareness and also broken-down family units with units impacting on the elderly, with older children returning home with their families and with their own social and health and mental issues as well, which have had a great impact on the elderly, causing stress in what should be their golden years. This makes the elderly feel like they are held hostage and like there is no escape or no pathway out.

There is a rise in dementia, and the current new legislation allows persons with dementia to challenge existing powers of attorney on grounds of capacity for their decision-making in selected areas. There is a lack of legal education in the community, particularly for carers, to understand the importance of obtaining an enduring power of attorney for when their loved ones are unable to manage their medical or their financial affairs. Also we have seen an increase in costs for food and their medicines and utilities, which has reduced their standard of living, with the elderly having to rely on their families and on all other aid programs for everyday items. Vulnerable members of the community, not just the aged of course but migrants from overseas, have been impacted by employment challenges during the pandemic, a proportion with families not being able to cover increases in rent and everyday costs. There are changes in the perception of ageing with more reliance on ageing in the home with limited family support, due to deaths in aged care homes at the height of the pandemic.

The general plight of the pensioner and ageing member of the community who has contributed to the economic success of the country and pursued the Australian dream of home ownership is to battle social security and rights to funded programs afforded to those with less contribution, which would be the current newly arrived. A complex and challenging society with reliance on technology and the lack of exposure leads to further insecurity and reliance on family for communication and other needs. So basically getting the information from people within their family, so closed in, not being able to have that knowledge of where to go or get that training—perhaps iPad training, for example—in technology. The overall lens on having limited or no English and a lack of translated information, and in many cases the lack of literacy in the Greek language, is causing a reliance on other forms of media, the community grapevine for vital information and more support from ethno-specific organisations, like, for example, Pronia, for daily emotional and other support they may need within their lives on a daily basis.

The CHAIR: Litsa, did you want to add anything further?

Ms VOLOU: Sorry, I do not speak very good English. I have gone to Pronia for 20 years. I have some depression and I go there for support and everything. I am still there because I have a heart problem now. I had a heart attack and I go there for the exercise and support. And now with this COVID it is very hard for me, you know, because I have one place to go to for talking and to do exercise. It is very hard, very hard with this COVID. Plus I am scared every day because if I have something happen to me, where do I go to the doctor? Nobody opened the doors at this time, especially last year, and I am very, very sad for this. Every day I wake up I have something. You listen and you are more scared for this happiness. I hope to God everything is all right. You know, I have family, but they are all married and have their own families. They cannot come to me everyday. But this COVID—I cannot sleep now later on. I cannot sleep. I have more than 13 tablets that I take

every day for my health, and now another one for sleeping. I cannot sleep at night. I do not know. I have too much stress too about what is coming after this. Yes. Thank you for listening to me.

The CHAIR: Thank you, Litsa, for sharing that experience with us. I will move on to questions. My first question will be: what can the government, including local council, do for older members of the Greek community better? What are a couple of things that the governments can do to make it easier for the Greek community to be able to access services, understand the services?

Mr ANDRINOPOULOS: Thank you. I will say a few words, if I may. There are a couple of issues and they sort of go hand in hand, the way I look at it at least anyway. One of them is the lack of technology. I mean, there is an increased reliance on the internet and social media and things like that. It is all good for us, and I say collectively us younger ones in the room. We have retro-learned or we have learned as we have grown up about how to use these things. For the ones that are slightly older, they have not been to able to access technology, not having it in the first place, and then if they do have it, not knowing how to use it. And then even if they have that interest, sometimes it is getting it in their own language but at a level they understand. The reason I say the level they understand is because again when reflecting—I will talk about my parents, for instance. My mother is 78, my father is 84. My dad does not care. He does not want to know about technology. My mother, on the other hand, wants to know. She wants to learn. But both barely finished primary school. They came from rural villages, not very sophisticated in their outlook. I am not saying they do not know what is going on, but they are not very sophisticated in their outlook.

So I think something that government can do, councils can do, and they are to a small degree—it is happening, and Pronia is organising some of these things. I think on the other side of town, with the City of Monash, we are doing an iPad program, which is booked out a few months in advance because people are interested. These are seniors that are interested in learning how to use computers and how to use laptops or iPads. There is an interest. We get the program and we simplify it. So it is (a) getting access to these programs, (b) getting access to the actual tool—the iPad or what have you—but then (c) being able to present it in the language that they understand and make it simpler. With a lot of the terminology, I mean, I get confused when I read it in English. I daresay when it gets translated into Greek and you are providing it to an 80-year-old person they are going to find it a bit more daunting as well.

So I think that is something. Technology we know is here, and it is a good thing. It is a positive thing. It allows people to get information, sometimes too much information, but it allows people to have information and it is good for them. That is something that I think a lot of people do not have access to, and that would be something that if it were implemented would be positive to connect.

Ms BARBAKOS: Definitely. I was going to say translation of the material.

The CHAIR: Translation as well. Lovely. Michaela, you had a question?

Ms SETTLE: Well, it is sort of half question, half comment. One of the things that I think we learned in COVID was that work with community groups was the best way to get the information through. A previous group said that we needed to advertise more, and I think, ‘Well, what’s the point of advertising in an English newspaper when people can’t read it?’. The question is: how do people get the information about the services that are available, and do you have any advice on how that should be done? As I say, I think we have been very successful with that model around COVID of using existing community groups, but I would be—

Ms BARBAKOS: That has been difficult, and you are right, because even with the tests that have come out and they have given us from the public health system—we have got about 100 of those RATs—the thing was that when we got the information it was all in English. I had an issue with that, because they could not, for one, understand what they were reading, so I had to actually contact each person that those 100 went out to and explain it over the phone, explaining it in Greek, in my language, and telling them what to do. I do not know if, had they translated them not only in Greek but in a lot of languages, it would have made it easier. That is one example I can think of. It would make it easier for the elderly not having to rely on that phone call, which made it quite difficult and challenging.

Mr ANDRINOPOULOS: Beyond Pronia I am also involved with other community organisations that are Greek-background community organisations. I know that at least at one of them we received some funding to provide COVID education. Look, I will be honest, I borrowed, if I can say that word, from the information that

Pronia had and reworded it slightly to fit what we were doing, and we sent out information. And the people were appreciative because they did get something, and that is what we have done as an organisation as well at Pronia. We have sent a myriad of emails and quite a few letters out on things—whatever the issue was. So we are talking about COVID, I suppose—that is a topical subject at the moment—and that was something that I know community services did and I know the aged unit at Pronia did. It was almost like we had a couple of staff virtually working as full-time or part-time publicity officers to talk about what was happening with vaccines and what was happening with COVID and lockdowns and all the various things that were happening. The government was supportive. It would be, I suppose, nice if there was some more support.

But the other thing as well—I know that there were advertisements put in various ethnic media. I mean, I certainly saw that within the Greek newspapers that I occasionally saw at my parents' house; I do not buy them, but my dad does. And certainly there were things that we saw in social media. I think everything that was done was good. There was a very good campaign that came out from the government. I certainly, for one, cannot criticise. Could there have been more? Obviously, I mean, there could be more. I was talking to somebody the other day actually about that, and they were saying that they do not have, for instance, access to, I think, a satellite antenna; one of the Greek television stations that is actually through satellite television you can get here in Australia, and there are Australian advertisements on that. The government did advertise on that, from my understanding. But they said, 'Look, we don't have access to that. We don't have that. It would have been nice to see it when you're looking at the Channel 9 news or the Channel 7 or Channel 10 news'—I am not going into one. There is an advertisement about COVID, let us say, and it is in a community language; it could be Greek one day, Italian the next, Chinese the day after, Vietnamese the day after that or whatever. There do not have to be multiples of it. And then people could look out for it as well, and so we see then they get that information in their own language on mainstream television rather than in necessarily just the non-mainstream.

Ms SETTLE: But are they watching mainstream if they do not have English themselves?

Mr ANDRINOPOULOS: Yes, they do. With Litsa you understood her English fairly well. I mean, there was a slight accent there, but her English was very good. Before we were talking there and she was saying, 'I'm a little bit nervous. If I speak in Greek—' and I said, 'Well, look, if you want to speak in either language, do whatever you're comfortable with and we're happy to translate for you'. I said, 'Give it a go'. So people do understand. There are complications as you get older—you know, with dementia. I mean, I see it, for instance, with my father. He is 84, and he has got the beginnings of dementia, so he is forgetting certain more recent things. And I have seen it with other clients, elderly clients, that I have dealt with. Again, you talk to them and they can speak to you about things that happened recently, but then you talk to them five years later and they do not know what happened ten minutes earlier. And that is the nature of dementia. We understand that. But for most of them that have been here for 50 or 60 years they do understand some English to some extent. But even presenting that whilst the news is on, there are advertisements about it. Let us do some not just in Greek but in a range of language backgrounds with that same information. I think it would work and could reach out to people and get across to more people potentially.

The CHAIR: Okay. Thank you. And one final question from Heang.

Mr TAK: Thank you, Chair. Thank you, Peter, Litsa and also Kathy. Knowing that, for example, in terms of communications in languages—and actually I admire the Greek community—you have the newspaper *Kosmos*—

Ms BARBAKOS: *Neos Kosmos*.

Mr ANDRINOPOULOS: And *Ta Nea*. There are two newspapers.

Mr TAK: That is right. But you also have access to community radio—for example, the 3ZZZ and SBS Greek programs. Did you see that sort of work during the pandemic time, or is it rather on Facebook and through community leaders, faith leaders and all of those media?

Ms BARBAKOS: Yes. I think that the radio program for me, that I have certainly had client feedback on, was 3XY—and Greek newspapers. A lot of the people actually listen to those programs, and we made a note of putting all the campaigns on there, whether it was for COVID. We also see with the elderly a lot of abuse has taken place—an increase, whether it be physical, mental, financial. They are having kids come back home with their own issues and with their grandchildren. So being heard and having those programs and the newspapers

there, they are not feeling isolated. They have got to have somewhere—a pathway out, an escape, so to speak. But they are very relevant to the elderly, because they do listen to them and they do buy those newspapers. Litsa?

Ms VOLOU: I listen to 3XY all the time. I like to get from Pronia a little bit more things, not just for my heart problem. I like to have a little bit of English, because now my son-in-law is Australian, and I cannot speak what I want to say to him. Do you understand me? I like something different, not the same sickness all the time.

Ms BARBAKOS: And we have English classes for the elderly, but that is a big way that media and communication are being heard by the elderly population—the radio and the newspaper.

Mr TAK: All right. Ευχαριστώ.

The CHAIR: Lovely. On that note, on behalf of the committee can I thank Peter, Kathy and Litsa for being here. In particular, Litsa, your English was perfect, and I understand you.

Ms VOLOU: Thank you very much.

The CHAIR: Beautiful. Thank you for sharing your experiences with us.

Ms VOLOU: Thank you very much. I try, myself. I try.

The CHAIR: You are very good. So your evidence today will take part in our deliberations in preparing a report back to the Victorian government, and it will be tabled in Parliament. Again on behalf of the committee, thank you for taking the time and also to Pronia for all the services and the support that you have provided to the Greek community over a very challenging and difficult time. Wishing you all the best.

Ms BARBAKOS: Thank you.

Mr ANDRINOPOULOS: And thank you to the Victorian government for also supporting us.

Witnesses withdrew.