

FINAL TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into support for older Victorians from migrant and refugee backgrounds

Ballarat—Thursday, 31 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

Dr Michael Akindeju, President, and

Mr Lateef Adeleye, Deputy Secretary, Ballarat African Association.

The CHAIR: Good morning. Thank you for being here today. Welcome to the public hearing for the Legislative Assembly Legal and Social Issues Committee's Inquiry into support for older Victorians from migrant and refugee backgrounds.

I acknowledge the Traditional Owners of the land on which we are meeting today and pay my respects to the Elders both past and present and any Aboriginal Elders of other communities who may be here today.

I welcome today Dr Michael Akindeju—and my apologies for the pronunciation of your surname—President of the Ballarat African Association, and Lateef Adeleye, Deputy Secretary, Ballarat African Association, who are participating here.

My name is Natalie Suleyman. I am the Member for St Albans, and also here is Heang Meng Tak, the Member for Clarinda. At this point all mobile phones should be turned to silent.

All evidence that we are taking here today is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you go outside and repeat some of the things, even on social media, you will not be protected by this privilege.

All evidence given today is recorded by Hansard, and you will be provided with a proof version of your transcript after the hearing. It will give you an opportunity to check your transcript. Once that has been checked off, it will be posted on the Committee's website and available to the public.

I now invite you to make an opening statement to the Committee. We will then follow it with some questions. So if you want to just state your name again for the record—thank you, Dr Michael.

Dr AKINDEJU: I am Dr Michael Akindeju. I am the President of the Ballarat African Association. I will start today by acknowledging the traditional owners of the land on which we are meeting and having this conversation. Our opening statement will be in two parts. I will give a short, brief one, and Lateef will also present a statement.

It is with great honour that on behalf of the African association in Ballarat I count myself privileged to be able to provide this oral submission in addition to our written submission, which we provided in late October, on behalf of our aged and ageing African population across Ballarat and the region. As old age is a bus stop awaiting all of us, I feel honoured to make these contributions for the uplifting of our society.

Before we continue with what needs to be improved, I am unequivocally appreciative of what the system and the government has done to date and what systems are in place. Nonetheless, we should never rest on our laurels, especially because there is room to improve.

Although we do not have longitudinal data to support anecdotal and research evidence of claims, it is not gainsaying to say that COVID-19 will have yet-to-be-determined impacts on ageing. So, then we can expect that if nothing is done to improve support services to our older Victorians, there will be rapidly increasing pressure in terms of public health costs over the course of the next few years and of course deteriorating social cohesion.

Whilst there are older African Victorians who desperately seek opportunities to remain economically engaged by way of contributing their wealth of experience to support Victoria's knowledge economy, there are those challenged with acute and chronic illnesses. Over the past 24 months I have had cause to shed tears upon hearing the struggles of some of our older African Victorians. To mention a few, there was an example of a post-surgery living experience nightmare for one of our aged African Australians who lived by herself—her grandson who previously lived with her had to be removed to foster care due to a series of failings by the system; there was another African Australian who became mentally unstable due to isolation and not being able to trust the system due to a series of failures; and there were those who would do anything to remain intellectually engaged and to continue contributing to the knowledge economy but were let down by the system.

In my humble opinion I would summarise that I decry the treatment that we all meted out to aged care facilities during the peak of COVID-19 across Australia—not just Victoria. It would seem they were treated as people at the end of life as opposed to people holding a wealth of knowledge. As we seek for ways forward, I would

suggest that we prioritise effective communications for improving both physical and mental health, as well as facilitating pathways to support older Victorians who desire to be cared for in their own homes. Further, there would seem to be nothing worse than relegating older Victorians to care facilities which remove them or limit their exposure to what remains of their cultural heritage, and as such lead to immediate emotional isolation, withdrawals and untimely death.

Broadly but characteristically, we have two categories of aged and ageing persons with our community. As mentioned earlier, there are those whose life experiences have made them very conversant with English, and they are able to continue to contribute economically. And there are those settlers whose language wealth does not necessarily include English fluency but are otherwise well versed in other forms of communications. For this latter group it is essential for the social services communications to be available in the language and the formats that they can consume. I will now pass you to my colleague Lateef for an opening statement.

Mr ADELEYE: Thank you, Dr Michael. As you rightly said, my name is Lateef Adeleye. I am the Deputy Secretary of the Ballarat African Association. Thank you, Natalie, and thank you, Meng, for inviting us and for listening to what we have to say about African migrants, particularly the elderly ones. I moved from Nigeria in 2006, and I came to Ballarat two years ago. Ballarat is a beautiful place. I am here to talk on behalf of African elders who need some support now or in the future. I still have about a decade to go, so I am still not in that category yet, but as members of management committee of BAA, we can talk on behalf of elders in our community.

It is a great honour and privilege to be given this opportunity to attend this inquiry about older migrants and refugees in Victoria. You will all agree with me that most people that migrate here would have preferred to live and die where they were born and raised, but due to economic hardship or sometimes due to war and disaster, some of us have to leave wherever we were born just to come and get a better life. For instance, I moved to Australia because of economic reasons. I am a professional nurse and I worked for a long time in Nigeria, but when I considered my weekly or monthly pay it was nothing to write home about and I knew that opportunities would really abound if I moved to Australia or to any of the developed world. I think these are some of the things that those who have already migrated will really understand. It is a well-known fact that ageing and chronic disease with decline in physical and mental ability are closely related. When you are growing old, definitely you develop some disease and the rest of it. Older people really struggle to navigate our complex healthcare system. So how much difficulty are we expecting from migrants or refugees with limited communication skills and next to no digital ability? A lot, I would think.

In 2016, in the last census that was done, there were about 600 people who identified themselves as Africans. Although I cannot tell you specifically the age category, I would think in the next 10 or 20 years some of these people will get to this older group where they may develop chronic diseases, and also, they will need aged care services or home care services. So, there is a need for funding to help the community set up appropriate services for our elders. When I say appropriate, we have aged care facilities and some home care services available, but people that have migrated from Africa, for instance, oftentimes find it strange being cared for in a facility. Most of our parents prefer to stay at home and be looked after by their family or young ones. Since some of us have left our homes and we have family here, potentially we are going to live here and will probably require aged care facilities. What I am kind of soliciting for is a service that will be peculiar to people of African descent or people who are migrants, so that the facility can really be of use to them.

A typical case study I will give is of an elderly man who is in his 70s, who suffered a stroke some years ago. His children have grown up and they have left home, so his wife is the one responsible for his care. I recently advised the wife to take him to a respite facility so that she can have some rest. But the issue was basically about the food. She was really concerned that the man would not be given the kind of food that he would be having at home, and she felt he would not like it and she would probably not like it either. So, it can be as simple as that. Just because of the food, she felt it was better to keep the man at home. Also, there are some things that we from Africa do for our elders that she felt the man would not really get there. In light of this, I believe that for government to really think about the particularities of migrants in terms of services would make a difference for African elders.

Last year my daughter—she is 14, we were talking about old age and I asked her if she will have me in her house when I grow old. She said, ‘Yes. I would keep you in a granny flat’. I asked her, ‘Would you take me to a nursing home?’, and she said, ‘Yeah, when you become sick I will send you to a nursing home’. And she

really meant it; she was serious. I can understand the situation, because if she is working or she has got a family, I do not expect her to sit at home and be looking after me. In that case, it is a service that someone like me in the next 20 or 30 years may need, and while I am soliciting for the elders at the same time, I believe I may benefit from such service in the future. I am looking forward to a good service that will help older Africans in Victoria.

So, what type of nursing home do I want if I really have to go to a nursing home when that time comes? I want a home not an institution. Oftentimes some of the things or the complaints are that some of the facilities are not well run. I know a business or organisation needs a structure where you have to do particular things at a particular time and can be a bit regimented. I think for most people who are of African descent and old, they will want a place that is a bit homely, not a place where things are done by certain people in a particular way.—I do not want to use the word ‘prison’—but this may be the way some residents feel. They want more flexibilities.

Also, one of the complaints I find is that the beds in some of these nursing homes are really quite small. I do not know whether that is true, but if I want to go to a nursing home, I want a reasonably big bed to sleep on, and also, I want food that I really relate with, that is culturally appropriate. When I am saying this, I mean, we do have some businesses in Victoria, for instance, now that provide African foods. Like, I am from Nigeria, to be specific, so there are some foods that I enjoy. I think it is worthwhile for government to engage with some of the food sellers to provide some services to nursing homes—I mean, for now. Then maybe in the future, by the time Africans are going to nursing homes too, we will have the opportunity to request such foods.

Also in terms of the environment, I would want an aged care facility, if I had to go to one, where there is a garden and a place where I can sit comfortably, like outside the room, not a place where it is just from your room to the reception—a place that I would probably call home, as I said earlier. Also there should be access for interpreters, in case I need them, because what we know is oftentimes, when people have dementia or they are really getting that old, we believe that they tend to default to their original language. So I may not be able to communicate in English, and at that point I would need access to someone that can understand my language, whether they are working there as a frontline worker or, if I need to communicate through an interpreter. And also, the flexibility of visits by family and friends—I think this is really important. I know it can be very disruptive—as I said, I work in hospitals too, and I know how things are done when it comes to work schedule. But having the kind of flexibility for family and friends to come, to me, would really make a big difference to old people living in the nursing home.

When it comes to economic engagement for the migrants and refugees in Victoria, my opinion is that the government and organisations should try and encourage or should kind of set up a pathway for migrants or refugees to really have access to jobs that actually, when they retire or when they get older, can be of benefit to the community after they retire, either working as volunteers or working in a way where they can assist the young migrants to be gainfully employed. So, I will give an example. Migrants oftentimes struggle, despite the fact that some of them are highly qualified, they find it difficult to navigate the system, struggle to climb up the ladder in their various careers. Perhaps it might be because of lack of mentorship, which I know is really quite hard, because either you do not get people to mentor you or you cannot approach somebody to mentor you, you will probably end up maybe as a junior worker, or in some situations some of them end up being Uber drivers or taxi drivers, and this is probably what they will do till they retire. And by the time they are old, I mean, what kind of contribution do you really expect of them in terms of volunteering or helping young people to really be gainfully employed in the community?

So I feel that if government can create a pathway—I mean, not necessarily compromising standards, but as long as they are qualified, that is a kind of way they can assist refugees and migrants, which I know some organisations are doing, because I have heard stories of how some migrants get to the peak of their career. To me, this is what I want to see today.

I thank you once again for giving us the opportunity to come and do this presentation. Thank you.

The CHAIR: Thank you, Lateef. At this point we will move to questions. I just wanted to make an observation—just a thank you for your submission. It is very clear and in depth on the points of what can be improved and what are some of the issues. I think it is very relevant. And in particular with nursing homes, with aged care facilities, whether it is in house or facilities out, I think you have said that it needs to be culturally

appropriate. Whether it is your food or religion or having staff that speak your language, it is very important. How can governments assist in supporting organisations like yours to be able to mentor or support your community members to be able to enter other workforces? How can the Victorian Government assist you?

Dr AKINDEJU: If I may actually answer that question with an example, I know of a gentleman within the community who served as a minister in his own country before coming to Australia—in a particular field; he was a lawyer. He got to Australia, and he had to start as a chamber clerk. That was somebody who served as a minister in his country, for law—minister for justice. He has struggled over the years to actually get employment. Like I said, he started as a chamber clerk when he got here. Such a person could have continued contributing to the economy, to the knowledge wealth, if he had had an equivalent recognition of his ability, of his skill sets. To date he still struggles to continue to contribute to the economy.

One particular thing that the government can do that would be of assistance, especially to the aged people, is to recognise or create a way or an agency that can actually help to translate whatever skill set they have come with—their qualifications and experience—into Australian standards. I understand there are things, there are issues that need to be gone through, but when people want to do these things themselves, sometimes it is cost prohibitive. They cannot actually navigate through it, because you have got to pay \$5,000, or you have got to pay \$3,000, to actually get these things done. But if the government were able to create an agency that would go through all of those things on behalf of skilled migrants, who may not necessarily have the funding—especially the aged ones—I think it would continue to help those in that particular group.

For other ones who do not have that particular set of skills, seeing somebody who has got the skills and has transitioned quite well is something from the government that would encourage them. Of course, having the ability to reskill or upskill in a language format that they understand and can consume readily would be of great support. That can be in forms of having learning material or audio available in their own language that replicates what would have been said in English.

The CHAIR: That is great. Thank you.

Mr TAK: I just want to concur with Michael about skills and skill sets from overseas and the shortage of skills. I mean, there are organisations out there that do the assessment, and you may possibly understand that, and also the state government through TAFE: one place where overseas training or overseas qualifications can be assessed and worked out—you know, is there anything else that a particular person needs to do in order to gain what we call an equivalence qualification here. So, I concur with you. I mean, there are things that could be done to fast-track a pathway for overseas-trained professionals, like the example of the former minister of justice.

In terms of the economy and the benefit to community, can you elaborate more in terms of what are the things that can be enhanced to serve the older migrant and refugee community for an economic and social benefit?

Dr AKINDEJU: I will also allow Lateef to respond to this in a minute. In terms of social and economic benefits for the aged at the moment—for our seniors—if we can be empowered to have an aged facility that is African, and that is actually culturally appropriate, that, number one, would go a long way to help our seniors and our community, because then there will be job opportunities created.

Lateef was alluding to the fact that there are some food items that people enjoy because of their cultural backgrounds. Now, I am about 50 years old. There are things that I find difficult, that I miss, and when I see them locally I immediately just jump at buying them. Then, number two, you will have created local economic opportunity. There will be transactions, there will be trades that will begin to occur, because people will know that, 'Okay I am supplying to a particular aged care'. So, the ripple effects would impact our local economy, and the mental health benefits would be there, it would be outstanding, in that you would find people that would naturally go to culturally appropriate homecare, aged care, and they would know that they are going to be looked after in a culturally appropriate way. 'Ubuntu' is something that we emphasise a lot in our culture and in our community. Lateef mentioned it as well, then, that being able to have opportunities to have visitors, people to care for you from your culturally appropriate environment, is very, very important.

And beginning to look at years down the line—what would it look like? When I grow to 70 or 80, where do I want to live? What things do I need to begin to do now, even if the government were to fail? But if we are to be

empowered to have that aged care facility that is culturally appropriate, that would go a long way, because it is going to generate a lot of ripple effects. Lateef, what do you think?

Mr ADELEYE: Yes. I mean, you said it right. I just feel also that some of the elders, the older people in our community, perhaps—some of them—struggle to really understand some of the bodies/organisations. So our association, as you said, can help to direct the migrants on how to convert some of the skills the migrants had overseas to the Australian standards. So apart from helping them to navigate the system, government can empower associations like ours, maybe with some funding that is targeted towards assisting people that have migrated to Australia, whether in the area of English or for them to undergo some other trainings—that may be like professional training—then they will probably be more comfortable getting such information or direction from us rather than maybe the state or federal government. So that is the area I feel that government can assist, like giving special funding for retraining or making other people able to contribute economically to the Australian Government.

Mr TAK: Yes. Chair, if I may just have a few more. If I can come back to the question of the African community, currently how does the African community, in the older community, find out about or access services that are out there?

Dr AKINDEJU: It has been challenging. There are a number of services that they are not even aware of, and that is one peculiar problem. Concurrent to what Lateef said there, to date we have had to translate the available services relaying this information to them, and for some of them background counts a lot when it comes to trust. They still do not trust the system. But if this information—or the awareness of this information—was available in a format that is easily consumable for them, it would be a lot easier. You can imagine when COVID hit there were a lot of words there that exist in English but do not exist in other languages, so you have got to be creative in finding ways of relaying this information to them. If we had information that was readily available in consumable formats, then creating that awareness for them would be a lot easier.

Mr TAK: Do you think with some of the services, when it comes to trusting the system, that is because in the background they have come from the services do not exist, but coming here to Australia there are services that are available but they are not familiar with the services?

Dr AKINDEJU: It is multifactorial. Yes, for some African countries the services do not exist or the equivalents do not exist, and where they exist, they barely do so. But when people come here they expect a lot. They expect, okay, the systems will work, that things are in place. But when the systems do fail them it then creates or corroborates this sense of distrust that they might have been feeling previously, and then it just cascades downwards.

Now, I gave an example in my opening statement of a grandmother who had post-surgery nightmare experiences because the grandson that was taking care of her previously got taken into foster care. I happened to have been invited at the last minute to attend the discussion on the day he was taken away, and the input I was making was essentially neglected by the child support agency at the meeting. I felt, ‘Okay, you are not connecting with this young man. You are just ticking boxes’. If they had understood the cultural nuances of what had to be done, I believe that situation could have been salvaged. He went to foster care. Six months down the line I got invited to check with me if I wanted to foster him. To my mind then, the damage had been done. Now, because the system failed that grandmother, she spiralled downwards.

So, to answer your question directly, yes, sometimes it is because the services did not exist where they came from. But, more importantly, whilst they are on Australian shores the system failed them so that led to that cascading effect.

Mr ADELEYE: And also because sometimes it is very difficult to navigate overwhelming information because there are so many sources of where the information can be derived from. At the moment I think most African elders living in Ballarat rely on what we tell them as an association. At this point I think they feel that whatever they get from us is genuine. For instance, with this COVID thing happening, we were able to inform the community on daily basis. I am generally overwhelmed with all sorts of information coming from various places, and I will be relying on Michael, the way he posts every morning, the way he actually categorises the number of cases, the number who have died. I believe the elderly Africans—we talk on their behalf—can feel

overwhelm with sources of information, but coming from an association like ours, we can really make it direct and simple for them.

Mr TAK: That is all, Chair.

The CHAIR: Thank you, Heang. Thank you so much. I just had one final question: roughly how many African members are there in Ballarat?

Dr AKINDEJU: Currently we are estimating about 2,000. As at 2016 there were about 600, but since then we have seen an influx of people from interstate and overseas, and of course people that were below 18 then have now grown older, so we are currently estimating about 2000. We are awaiting the results of the 2021 census, which I am holding my fingers crossed for. I have access to the table of reports so I am just waiting for them to announce that the reports are ready, because I want that data. But we are estimating about 2000.

The CHAIR: Okay. Excellent. Thank you so much. Thank you for all the work that you do for your community and for your in-depth submission. It has been very valuable, your evidence today, and we appreciate you taking the time to speak to us on what is important for older Victorians from migrant and refugee backgrounds.

The next steps will be we will deliberate for the next coming weeks on all the evidence that we have received across Victoria, and then we will prepare a report to the Victorian Government with some strong recommendations in relation to support for migrant and refugee background Victorians. You can keep up to date on the progress on our website. Again, I take this opportunity to thank you very much for all the work that you are doing.

Witnesses withdrew.