



PARLIAMENT OF VICTORIA

LEGISLATIVE ASSEMBLY

Legal and Social Issues Committee

Inquiry into support for older Victorians from migrant and refugee backgrounds

Parliament of Victoria
Legislative Assembly Legal and Social Issues Committee

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About the Committee

Functions

The Legal and Social Issues Standing Committee is established under the Legislative Assembly Standing Orders Chapter 24—Committees.

The Committee's functions are to inquire into and report on any proposal, matter or thing connected with—

- the Department of Health and Human Services
- the Department of Justice and Community Safety
- the Department of Premier and Cabinet and related agencies.

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This report is available on the Committee's website.

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Terms of reference

Inquiry into support for older Victorians from migrant and refugee backgrounds

On 4 August 2021 the Legislative Assembly agreed to the following motion:

That this House refers an inquiry into support for elderly migrants and refugees to the Legal and Social Issues Standing Committee for consideration and report no later than 17 February 2022* and the Committee should consider the needs of older Victorians from migrant and refugee backgrounds including, but not limited to, an examination of the:

- (a) adequacy of services for older Victorians 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) ideas to advance the physical and mental health and wellbeing of Victoria's multicultural seniors including global best practices.

* On 30 November 2021, the Legislative Assembly passed a motion extending the reporting date for the Inquiry to 30 June 2022.

Chair's foreword

I am pleased to present the Legislative Assembly Legal and Social Issues Committee's final report for the 59th Parliament. The Inquiry into support for older Victorians from migrant and refugee backgrounds touched on many issues I care about as the daughter of migrants and a passionate advocate for multicultural communities in Victoria.

The contribution that culturally diverse older Victorians make to society and the community should be recognised. They are carers, volunteers, loved family members and friends, business owners, dedicated employees and passionate community members. Culturally diverse older people should be able to age with dignity according to their preferences and remain connected to friends, family and social support. The Committee explored how government and community services could be more easily accessed by older Victorians to help them age well.

Throughout the Inquiry, the Committee heard about many barriers preventing culturally diverse older people from accessing the services they need when they need them. This report draws upon comprehensive evidence received from expert stakeholders and people with lived experience to make 61 findings and 76 recommendations on improving access to, and the quality of, services for culturally diverse older people. This will become particularly important as Victoria's population of multicultural older people is expected to grow both in diversity and population size. The COVID-19 pandemic exacerbated many issues faced by culturally diverse older people, and the Victorian Government has a role to play in facilitating the safe re-engagement of older people in the community.

The Victorian Government must build healthcare and social services systems that deliver high-quality and culturally safe care that adequately meets the diverse needs of older Victorians. This report proposes several best practice principles on how to achieve this, including by facilitating place-based and person-centred care, and building a strong bicultural and bilingual workforce. Available services and programs should be better informed by the expertise of older people through co-design, and better promoted in multicultural communities. Fostering a holistic approach to mental and physical health that empowers older people to manage their own wellbeing and addresses the social determinants of health (like financial independence and visa status) is also important. The Victorian Government's approach must be accompanied by support from the Australian Government in the delivery of health, social and aged care services to older people.

The latter half of the report more deeply considers specific challenges faced by culturally diverse older Victorians. The Committee was informed that culturally diverse older people are often socially isolated and excluded from economic, social and digital opportunities. Ethno-specific and multicultural organisations, as well as ethnic seniors' groups, require more support and funding to deliver services that address these

challenges. The Committee heard about the need for adequate housing, transport, and age-friendly community infrastructure to encourage older people's participation.

The Committee also received evidence that aged care is not always delivered in culturally appropriate ways. The Committee makes recommendations to the Victorian Government to complement the significant national reform under way. The Committee further learnt that elder abuse prevention and response can be improved, and recommends the Victorian Government develop an elder abuse strategy to effect change.

The Committee is grateful for the contribution of individuals and organisations who shared their expertise and experience in submissions and at public hearings. It is only through expert evidence from stakeholders and candid input from those with lived experience that the Committee can reach conclusions and make informed recommendations.

I wish to thank my fellow Committee Members, Christine Couzens MP, Michaela Settle MP, Meng Heang Tak MP, Neil Angus MP, David Southwick MP and the Deputy Chair, Brad Battin MP, for their contribution and dedication to the Inquiry. On behalf of the Committee, I also extend our gratitude to the Committee Secretariat, Yuki Simmonds, Marianna Stylianou and Katherine Murtagh, for their invaluable work and support.

A handwritten signature in black ink, appearing to read 'Natalie Suleyman'.

Natalie Suleyman MP
Chair and Member for St Albans

Executive summary

Older Victorians from multicultural backgrounds contribute immensely to society, the community and family life. They should be supported to age well in a way that facilitates their ongoing contribution and maximises their health and wellbeing. However, culturally diverse older people can face barriers preventing them from accessing services and living full and active lives. This Inquiry's terms of reference asked the Legislative Assembly Legal and Social Issues Committee to consider the adequacy of services for culturally diverse older Victorians, unique challenges they face such as social isolation, civic participation, digital literacy, elder abuse and access to aged care, and how to advance their overall mental health and wellbeing. In this report, the Committee brings together evidence from Inquiry participants to make recommendations on building holistic, culturally responsive and person-centred healthcare and social services systems.

Victoria's population of culturally diverse older people is diverse and expected to grow

The number of Victorians aged over 65 is expected to triple in the next three to four decades. Currently, 27% of Victorians aged 60 and over are from non-English speaking backgrounds. Victoria's older and cultural populations are diverse: they include people aged from their 60s to over 100, from many different countries who follow different faiths, and with varying levels of literacy, ability and time spent in Australia.

Services for culturally diverse older Victorians are provided by different government and non-government organisations across the state, federal and local levels. They encompass services across a range of sectors, including aged care, health, immigration, legal, housing, transport and infrastructure, social security, elder abuse, digital inclusion, financial, refugee and asylum seeker health, education and community services.

A comprehensive, place-based, culturally responsive and person-centred system can adequately address the needs of older people

Services for older Victorians are not always culturally appropriate. Language proficiency, migration journey and trauma, visa status, mistrust of government services and stigma can prevent engagement with services. The COVID-19 pandemic exacerbated many challenges and negatively affected the health and wellbeing of culturally diverse older people. More culturally safe and responsive services can be facilitated through government cultural diversity plans, a diverse workforce and high-quality language services. Regional providers require additional support to deliver services. Multicultural and ethno-specific organisations are particularly important and should be resourced accordingly.

Additionally, service systems should be easy to navigate, place-based and community-driven, and provided both digitally and in person. Older people should be able

to connect with services that meet their needs, close to where they live and in accessible formats. To facilitate this, the availability of support and services needs to be actively promoted in culturally diverse communities. Increasing awareness of services should leverage the expertise of ethno-specific and multicultural organisations and community leaders. Partnerships and collaboration between service providers, government departments, community groups, peak bodies and the private and community sectors, are essential so resources and expertise can be shared across sectors.

The voices and experiences of multicultural older Victorians should also be actively sought when designing services. Better disaggregated data and research on culturally diverse older Victorians and the challenges they face, as well as improved mechanisms for monitoring uptake and experiences of accessing services, will help to ensure their needs are met and improvements made where possible.

The value and experience of bicultural and bilingual workers can be leveraged to improve service delivery

The healthcare and social services workforce should reflect the diversity of the community it supports. A diverse workforce of bilingual and bicultural employees can reduce the barriers to accessing services faced by culturally diverse older people and lead to better care outcomes as older people's needs can be better understood and responded to. This is particularly important in the aged care sector, where bicultural and bilingual workers can deliver culturally familiar and appropriate care.

Bicultural and bilingual workers need to be appropriately supported to provide high-quality and culturally safe care. The forthcoming Victorian Government bicultural worker strategy can assist with upskilling and developing the existing workforce, as well as encouraging more people from migrant and refugee backgrounds to join the healthcare and social services sectors.

Holistic mental and physical wellbeing approaches should consider intersectionality, the social determinants of health and empowerment of older people

Culturally diverse older Victorians may be more at risk of poor mental health and face particular challenges in relation to issues such as physical health, dental care, palliative care and dementia. Social determinants of health, such as socioeconomic status, financial literacy, health literacy, age-friendly environments, transport, housing, racism, marginalisation and ageism interact and create additional social and physical disadvantages. Addressing these, and recognising how they intersect with other aspects of a person's identity and can lead to overlapping forms of marginalisation (intersectionality), can facilitate a holistic approach to mental and physical wellbeing.

Culturally diverse older people are not inherently vulnerable and should not be viewed as a burden. By addressing the social determinants of health, recognising intersectionality and placing older people in control of their own care, the continued contribution of older people and their overall health and wellbeing can be maximised. Governments and service providers should build this understanding into strategies, policies and programs.

Social isolation is a priority issue for culturally diverse older people

Social isolation has negative effects on mental and physical health and quality of life. Older people can experience social isolation due to loss of independence and mobility, loss of friends and family, and transport and financial barriers. Language and cultural barriers can also cause social isolation in culturally diverse communities.

Culturally diverse older people want more social opportunities, which can be facilitated by providing safe spaces and transport options for them to interact formally and informally with their peers and other generations. Ethno-specific seniors' groups play an important role in facilitating social connection, mental wellbeing and positive ageing. But some groups lack the funding and capacity to offer programs that address social isolation. They require resourcing and support to ensure their long-term and sustainable operation.

Participating in civic and economic opportunities increases quality of life and community cohesion

To feel valued and connected, culturally diverse older people require genuine opportunities to contribute to community and society. However, they often face barriers to participation, including poor digital literacy, employment bias, inaccessible transport and built environments, housing insecurity, lower socioeconomic status, discrimination and poor English proficiency. Culturally diverse older people can feel invisible and undervalued, and are often blocked from employment opportunities.

Culturally diverse older Victorians should be supported to contribute to democracy, government decisions, and policies and programs that affect their lives through political representation and co-design. Their ability to volunteer or work should also be facilitated. Greater civic and economic participation has positive benefits for older people's health and wellbeing, financial independence and social connection, and adds value to the community. In addition, improving financial and legal literacy can enable fuller participation in society.

Culturally diverse older people are not always able to use, access or afford digital devices and an internet connection

Digital technology can make it easier to maintain social connections, access healthcare and social services, and find employment opportunities and reliable information. However, older people—and especially those whose preferred language is not English—are often excluded from digital life. This became particularly apparent during the COVID-19 pandemic as people and governments relied on digital means of communication.

The Victorian Government should increase efforts to ensure its services are accessible to people who do not have access to digital devices, that older people are provided with culturally appropriate digital literacy training, and that people who cannot afford a device or an internet connection are able to access one.

Elder abuse is a growing challenge that requires investment in prevention and response

It is estimated that one in six older Australians experience elder abuse. It is mostly perpetrated by adult children and ageism is a key driver. Elder abuse is often underreported, and many older people do not seek help given complex family dynamics and feelings of obligation toward the perpetrator. It will likely grow as an issue with Victoria's ageing population.

While the Victorian Government has implemented various elder abuse prevention and response initiatives, more can be done to combat elder abuse and ensure older people have control over interventions. Some successful initiatives include Elder Abuse Prevention Networks, awareness-raising campaigns in culturally diverse communities, health justice partnerships and specialist legal centres, and Victoria Police's financial elder abuse trial. Establishing a Victorian elder abuse strategy would strengthen prevention and intervention, increase awareness of elder abuse and where to seek help, and reduce ageism.

Aged care often does not meet the needs of culturally diverse people, but is undergoing significant reform

The Royal Commission into Aged Care Quality and Safety found the aged care system does not adequately meet the needs of culturally diverse communities. Barriers to accessing aged care services include negative perceptions and mistrust, language, low awareness of services and stigma. Long wait times and care that is not culturally appropriate also deter older people from accessing aged care.

While the Australian Government is responsible for aged care, the Victorian Government can implement changes to increase awareness and access to services. This includes implementing culturally appropriate education programs, supporting ethno-specific and multicultural organisations to provide aged care navigation support, improving the cultural inclusiveness of state-funded aged care providers, investing in ethno-specific residential aged care facilities, and encouraging bicultural and bilingual people to work in aged care.

Victoria's ageing policies and strategies should reflect international human rights and ageing frameworks

International human rights and ageing frameworks support older people's independence, participation, autonomous decision making, right to care, self-fulfilment and dignity. This can be achieved by effectively collaborating between organisations and sectors, combatting ageism, ensuring access to integrated and high-quality care across the life course, ensuring environments are age-friendly and enabling adequate data collection. Ageing strategies and services should also maximise the input of older people and recognise their capacity to contribute to future ageing responses.

Findings

2 Improving services

FINDING 1: The Victorian Government recognises the importance of providing culturally safe and inclusive care to culturally diverse communities by requiring departments to produce cultural diversity plans. However, departmental cultural diversity plans do not always outline how culturally safe services will be provided and the objectives of the plans are not always implemented in practice. Further, Victorian Government-funded service providers and the community services sector can be better supported to apply cultural safety principles.

34

FINDING 2: The supply and use of interpreting and translation services in Victoria are not always sufficient and of adequate quality. Commonly reported issues include low awareness of available services, services that are inflexible or not extensive enough, and low-quality delivery of services.

38

FINDING 3: Ethno-specific and multicultural organisations are trusted in the community and provide essential high-quality care and culturally relevant services to culturally diverse older Victorians. However, they are not currently resourced sufficiently and sustainably to deliver services effectively.

40

FINDING 4: Community and place-based services are best able to meet the needs of culturally diverse older Victorians as they are more accessible and understand the needs of local communities. However, place-based community organisations and councils are often not sufficiently resourced to provide timely access to services and meet demand.

43

FINDING 5: Regional and rural communities and councils face additional barriers when delivering culturally appropriate services due to factors such as geographical isolation, shortage of transport options and higher costs. They do not always receive the resources needed to address the needs of culturally diverse older Victorians living regionally.

44

FINDING 6: Healthcare and social services systems can be confusing, complex and fragmented, affecting the quality of care provided to culturally diverse older people and leading to delays in them accessing services.

46

FINDING 7: Digital service delivery and information can increase the accessibility of support and care. However, it can also prevent culturally diverse older people who do not have the means or skills to use digital devices from accessing services. 47

FINDING 8: Providing translated service and health information on government websites is not an adequate means of ensuring culturally diverse older people are aware of services. Ethno-specific media and radio are particularly important media channels for communicating with culturally diverse older Victorians. 50

FINDING 9: Culturally diverse older people may be unaware of services, mistrust services that are available, or may not access services due to stigma associated with seeking help. 51

FINDING 10: Collaboration and partnerships between different levels of government, ethno-specific and multicultural organisations, service providers, peak bodies and the private and community sectors are essential to providing high-quality and comprehensive healthcare and social services systems. 56

FINDING 11: Co-designing services and support with culturally diverse older people can help to ensure services are culturally safe, meet different needs and are accessible. Culturally diverse older communities should be consulted in the design and review of services that are relevant to them. 57

FINDING 12: There is limited research on the experiences of culturally diverse older Victorians, particularly as it relates to intersectional factors such as gender, sexuality, mental health, regional location and disability, and specific challenges like elder abuse. 59

FINDING 13: Data on cultural and linguistic diversity, age and other intersectional factors such as disability and sexuality in Victoria is not always systematically collected or consistently recorded. 60

FINDING 14: There is an opportunity to collect more evidence on the experience of culturally diverse older Victorians when accessing services and programs and for this data to be used to improve service delivery. 61

FINDING 15: The COVID-19 pandemic significantly affected Victoria’s culturally diverse older population in terms of increasing social isolation, digital exclusion and the risk of elder abuse, preventing access to essential physical and mental health services, and contributing to lower overall health and wellbeing. 62

FINDING 16: Ethno-specific seniors' groups played an essential role in providing support for culturally diverse older people throughout the COVID-19 pandemic. They still have an important role to play in supporting culturally diverse older people to safely re-engage in the community as Victoria learns to live with COVID-19. **64**

FINDING 17: Culturally diverse older Victorians cannot always access the services they need when they need them. Greater attention should be paid to developing healthcare and social services systems that adequately respond to the challenges they face and enable access to a broad range of services. **66**

3 Leveraging the value of bicultural workers

FINDING 18: Bilingual and bicultural workers are an integral element of healthcare and social services systems for culturally diverse older people as they contribute to the cultural safety of workplaces, facilitate better care outcomes and reduce barriers to accessing services. However, they need support to ensure they can work effectively and provide high-quality care. **72**

FINDING 19: Bilingual and bicultural workers in the aged care sector improve the quality and inclusiveness of aged care services by enabling greater interaction with clients and providing cultural understanding and safety. **77**

4 Strengthening mental and physical health

FINDING 20: Culturally diverse older people experience an increased risk of poor mental health due to factors such as migration journey, trauma, marginalisation, visa status, socioeconomic disadvantage and social isolation. Victoria's mental health system is currently undergoing significant reform which may reduce barriers to accessing services and lead to better mental health outcomes. **84**

FINDING 21: Culturally diverse older people can experience an increased risk of poor physical health. Physical activity and health services such as physiotherapy are important contributors to overall health and wellbeing, but are not extensive and are not always culturally appropriate. **85**

FINDING 22: Culturally diverse older people experience long wait times to access public dental healthcare and often cannot afford private dental services. **86**

FINDING 23: The Victorian Government and Palliative Care Victoria have several initiatives that aim to increase awareness and uptake of palliative care services in culturally diverse communities. Despite this, awareness of palliative care services in culturally diverse communities can still be low, particularly in regional and rural areas. **87**

FINDING 24: Culturally diverse communities may have low awareness of dementia and risk reduction strategies. Consequently, they can experience poorer health outcomes, including late or inaccurate diagnosis. **90**

FINDING 25: The Victorian Government provides significant support for carers. However, access to culturally appropriate respite and peer support networks, and better awareness of available services, could be further improved in culturally diverse communities. **94**

FINDING 26: Culturally diverse older people often experience financial hardship, leading to poorer health and wellbeing outcomes, lower access to services and increased risk of social isolation and elder abuse. **101**

FINDING 27: Financial independence and literacy can enable culturally diverse older Victorians to age at home for longer and facilitate independence and improved quality of life. However, culturally diverse older people, particularly women, often experience poor financial literacy and understanding of financial and consumer rights. **102**

FINDING 28: Health literacy is an essential skill for understanding health information, navigating health services, making informed health decisions and managing overall health. However, culturally diverse older people often have inadequate health literacy which can be a barrier to accessing services and lead to poorer overall health and wellbeing. **103**

FINDING 29: Age-friendly cities and adequate transport can enable older people to move about in the community, maintain their independence, attend medical appointments and remain in their homes for longer. They also contribute to better overall mental health and wellbeing. **105**

FINDING 30: Age and culturally appropriate private and social housing is essential for maintaining the independence of culturally diverse older people. It allows them to sustain social connections, access services and experience better quality of life. Insufficient housing supply or housing that is not appropriate is a particular issue in regional communities, as well as for older people experiencing elder abuse. **107**

FINDING 31: A holistic approach to the mental and physical health and wellbeing of culturally diverse older Victorians can be facilitated through recognising intersectionality, providing person-centred care and addressing the social determinants of health. Providing services that address a range of mental and physical health needs in a timely manner is required to achieve this. 114

5 Addressing social isolation and loneliness

FINDING 32: Culturally diverse older Victorians are more likely to experience social isolation and chronic loneliness than other older people due to language and cultural barriers, and this can have adverse effects on their mental and physical health. 122

FINDING 33: Further opportunities for formal and informal social interaction will help culturally diverse older people remain socially connected. 125

FINDING 34: There is a shortage of affordable, accessible and appropriate venues for culturally diverse older people to interact and participate in social activities. 128

FINDING 35: There is a lack of transport options to enable culturally diverse older people to attend social activities and interact with other people in informal settings. 132

FINDING 36: Some ethno-specific seniors' groups lack funding, resources and capacity to operate sustainably and run programs and activities to address social isolation among their members. 137

6 Enabling greater participation

FINDING 37: Some culturally diverse older Victorians may not fully participate in elections due to language barriers or poor awareness of the electoral process. 143

FINDING 38: Co-design with culturally diverse older people will ensure government policies and programs for older Victorians are inclusive, culturally responsive and able to successfully meet the needs of culturally diverse older people. 145

FINDING 39: Jobs Victoria's employment programs could be better tailored and marketed to improve employment outcomes for older jobseekers from migrant and refugee backgrounds. 150

FINDING 40: Culturally diverse older jobseekers may not be aware of the training opportunities and employment readiness programs available at neighbourhood houses and Learn Locals. 151

FINDING 41: Culturally diverse older people face barriers to accessing the legal system and receiving appropriate legal advice in Victoria. They may not be aware of available services or understand different legal issues that affect them and potential solutions. 155

7 Fostering digital inclusion

FINDING 42: Older people are more likely to experience digital exclusion, and this is exacerbated for culturally diverse older people whose first language is not English, resulting in them missing out on information and support services. It can also result in a loss of financial independence if they are unable to use banking technology. 162

FINDING 43: Access to government services and information is increasingly through digital platforms, which may result in culturally diverse older people who are digitally excluded missing out on timely and appropriate information and services. 166

FINDING 44: Digital literacy training provided by bilingual mentors in community settings is the most effective way to reach culturally diverse older people and improve their digital skills and confidence. 172

FINDING 45: Culturally diverse older people who do not have access to affordable and reliable internet connections and digital devices are unable to use the internet and build their digital skills and confidence. Reliable internet connectivity is a particular issue in regional communities. 176

8 Enhancing responses to elder abuse

FINDING 46: Elder abuse is an emerging issue that will likely increase with Victoria's ageing population. A Victorian elder abuse prevention and response strategy is needed to increase understanding of the issue and ensure older people can access services. 198

FINDING 47: Short-term and insufficient funding hinders the ability of service providers and community organisations to undertake elder abuse awareness-raising and prevention initiatives. 198

FINDING 48: There is a shortage of research on effective elder abuse prevention and response strategies, evaluation of current programs and data collection on elder abuse in culturally diverse communities. 199

FINDING 49: Intergenerational programs are one of the most effective ways of combatting ageism as a key driver of elder abuse. 201

FINDING 50: Awareness-raising campaigns and educational programs can combat ageism and increase understanding of elder abuse and available support. There is scope to expand these activities in culturally diverse communities to prevent elder abuse and facilitate better access to services. 202

FINDING 51: Culturally diverse older people on temporary, contributory parent or parent visas can experience an increased risk of elder abuse and may be more reluctant to seek help. 204

FINDING 52: The banking sector has made important changes to assist with the prevention and early identification of financial elder abuse. However, more can be done to ensure culturally diverse older people are not unduly influenced or coerced when making financial decisions. 205

FINDING 53: Increasing financial literacy and providing financial counselling services can reduce the risk of elder abuse, particularly in migrant and refugee communities. 206

FINDING 54: Culturally appropriate elder abuse responses should educate older people on their rights, and should respect the choices they make and place them at the centre of their own care. Non-legal interventions are often a more appropriate means of responding to elder abuse. 209

FINDING 55: Specialist elder abuse responses, such as health justice partnerships, Seniors Rights Victoria and community legal centres, can effectively address elder abuse because they consider the needs of an older person holistically, provide culturally responsive and place-based services, build trust with clients and build effective partnerships with other service providers. However, they are not sufficiently funded to meet current demand. 211

FINDING 56: Staff at community organisations and service providers in the healthcare and social services sectors should be trained on identifying and responding to elder abuse. Community leaders and family members in culturally diverse communities should also be able to identify the signs of elder abuse and refer people to appropriate support.

213

9 Meeting aged care support needs

FINDING 57: Culturally diverse older Victorians may not access aged care services because of a shortage of culturally appropriate services, lack of awareness of available services, language barriers and the cultural stigma associated with placing older family members in residential aged care.

222

FINDING 58: Community education campaigns to raise awareness among culturally diverse older people of available aged care services and how they work could help increase uptake and reduce misinformation and stigma associated with aged care.

228

FINDING 59: Culturally diverse older people need bilingual and bicultural assistance to navigate the My Aged Care system and access appropriate aged care services.

233

FINDING 60: Not all aged care service providers deliver culturally inclusive and safe services, which can negatively affect the health and wellbeing of culturally diverse older people.

237

FINDING 61: There is a lack of ethno-specific residential aged care facilities to cater to the needs of culturally diverse older Victorians.

240

Recommendations

2 Improving services

RECOMMENDATION 1: That the Victorian Government explore opportunities to support and encourage departments and funded service providers to develop and implement cultural safety plans and objectives, for example, by producing a guide on cultural safety for service providers, promoting existing resources or setting expectations for funded services to adopt cultural safety approaches. Adequate implementation of cultural safety plans should be regularly evaluated. **34**

RECOMMENDATION 2: That the Victorian Government undertake a review of its language service policies, guidelines and practices and seek to increase investment in translation and interpreting services, including in regional Victoria. **38**

RECOMMENDATION 3: That the Victorian Government increase ongoing funding for ethno-specific and multicultural organisations to provide essential services for culturally diverse older people. **40**

RECOMMENDATION 4: That the Victorian Government review an increase in investment in councils' and community-based service providers' capacity to support older people from culturally diverse backgrounds. Particular attention should be directed to the needs of smaller ethnic and recently arrived communities to ensure equitable access to services. **43**

RECOMMENDATION 5: That the Victorian Government ensure regional and rural councils, community groups and service providers are adequately supported to meet demand for culturally appropriate services and provide culturally safe care. **44**

RECOMMENDATION 6: That the Victorian Government trial or implement a care finder or community connector initiative to help culturally diverse older people find and access support in their local areas. **46**

RECOMMENDATION 7: That the Victorian Government and service providers continue to resource face-to-face service options and offer non-digital communication methods for people who cannot access online services. **48**

RECOMMENDATION 8: That the Victorian Government undertake a review of the content on its websites to ensure information for older people is current, accessible and accurate.

50

RECOMMENDATION 9: That the Victorian Government expand the translation of health and service information, resources and websites into a broad range of community languages using simple language and accessible formats. The Victorian Government should actively promote its translated resources in the community and encourage service providers to better utilise them.

50

RECOMMENDATION 10: That the Victorian Government fund ethno-specific and multicultural organisations to provide culturally appropriate and community-led education programs to expand older people’s and their families’ knowledge of government services and resources, and to overcome the stigma associated with accessing support.

53

RECOMMENDATION 11: That the Victorian Government continue to promote its services and work collaboratively with peak bodies, service providers, multicultural and multifaith organisations and communities to disseminate culturally appropriate and accessible information promptly. This should involve multiple modes of communication using culturally appropriate communication and engagement methods—for example, Easy English, translated resources, ethnic community media, online engagement methods and social media—as well as leveraging the trusted position of community leaders, community organisations and bicultural workers to convey information.

53

RECOMMENDATION 12: That the Victorian Government ensure programs for culturally diverse older people and service providers have adequate resourcing to develop tailored advertising and promotional materials that can be translated and distributed through different communication pathways.

53

RECOMMENDATION 13: That the Victorian Government enhance partnerships between different levels of government, ethno-specific and multicultural groups, service providers, peak bodies and the private and community sectors by creating a network or partnership program focusing on the needs of culturally diverse older Victorians. Particular attention should be paid to partnerships in regional and rural areas.

56

RECOMMENDATION 14: That the Victorian Government more actively engage culturally diverse older people and their carers in the co-design of services through outreach and consultation.

57

RECOMMENDATION 15: That the Department of Families, Fairness and Housing establish an older persons’ advisory group under the multicultural affairs portfolio to advise on government service design. **57**

RECOMMENDATION 16: That the Victorian Government commence a research program on the experiences of older people from migrant and refugee backgrounds, particularly about their perspectives on ageing and the impact of intersectional factors. **59**

RECOMMENDATION 17: That the Victorian Government improve data collection on different personal attributes to enhance the provision of services to culturally diverse older people. The Victorian Government should review the Federation of Ethnic Communities’ Councils of Australia’s 2020 report, *Towards consistent national data collection and reporting on cultural, ethnic and linguistic diversity* when considering how to collect the data. **60**

RECOMMENDATION 18: That the Victorian Government develop culturally inclusive feedback mechanisms for the continuous improvement of services. **61**

RECOMMENDATION 19: That the Victorian Government’s Pandemic Repair Plan more specifically address the concerns and challenges experienced by culturally diverse older people during the COVID-19 pandemic. The Plan should include ways to encourage older people to re-engage in physical, social and community activities and strategies to address adverse health and social impacts of the pandemic. **65**

RECOMMENDATION 20: That the Victorian Government continue to invest in providing information and education about COVID-safe practices and social connection opportunities through funding for ethno-specific seniors’ groups and community organisations. **65**

RECOMMENDATION 21: That the Department of Families, Fairness and Housing’s and the Department of Health’s cultural diversity plans include a section on addressing the specific needs of older people and new and emerging communities given the complexity of the challenges they face and the expected increase in the population size and needs. **67**

3 Leveraging the value of bicultural workers

RECOMMENDATION 22: That the Victorian Government consult with peak multicultural bodies, service providers, community leaders and culturally diverse communities when developing its bicultural worker strategy. 72

RECOMMENDATION 23: That the Victorian Government’s bicultural worker strategy consider consistent remuneration, core competencies, training, professional development and support for bicultural and bilingual workers. 73

RECOMMENDATION 24: That the Victorian Government’s bicultural worker strategy consider how to support people from migrant and refugee backgrounds to apply for bilingual and bicultural roles, and how to embed workers in service delivery, particularly in regional areas. 73

RECOMMENDATION 25: That the Victorian Government continue supporting and expand Jobs Victoria programs that target and support newly arrived migrants, refugees and culturally diverse people to gain qualifications and employment in the aged care sector. 77

4 Strengthening mental and physical health

RECOMMENDATION 26: That the Victorian Government increase the promotion of existing physical health initiatives and programs in culturally diverse communities and seek to ensure programs offered can be tailored to different cohorts. 85

RECOMMENDATION 27: That the Victorian Government invest in state public dental services to deliver more procedures for culturally diverse older patients needing dental care. 87

RECOMMENDATION 28: That the Victorian Government raise awareness of available free or low-cost dental services in culturally diverse communities. 87

RECOMMENDATION 29: That the Victorian Government’s 2022–23 State Budget funding for palliative care services in regional and rural communities be accompanied by a campaign to raise awareness of services in culturally diverse communities. 88

RECOMMENDATION 30: That the Victorian Government increase awareness of dementia in culturally diverse communities, in partnership with ethno-specific and multicultural groups and organisations, to encourage preventative and early help-seeking behaviours. 90

RECOMMENDATION 31: That the Victorian Government, through the next iteration of the *Victorian carer strategy 2018–22*, focus on improving awareness of available carer supports in culturally diverse communities and providing culturally appropriate respite and peer support. 95

RECOMMENDATION 32: That the Victorian Government seek to alleviate the financial hardship of culturally diverse older Victorians and provide more affordable access to services by advocating that the Australian Government raise the Age Pension, providing additional subsidised care options or providing additional income support. 101

RECOMMENDATION 33: That the Victorian Government collaborate with ethno-specific organisations and financial counselling providers to develop tailored and culturally appropriate financial counselling services, financial literacy training and capacity-building workshops. 102

RECOMMENDATION 34: That the Victorian Government increase awareness of existing financial counselling services in culturally diverse communities. 102

RECOMMENDATION 35: That the Victorian Government fund culturally appropriate and place-based capacity-building programs and projects to improve the health literacy of culturally diverse older populations. 103

RECOMMENDATION 36: That the Victorian Government’s investment in social and affordable housing include housing that adequately addresses the needs of culturally diverse older Victorians and enables them to stay at home for longer. 107

RECOMMENDATION 37: That the Department of Health create a plan for improving the mental and physical health and wellbeing of older people, with a particular focus on culturally diverse communities. It should adopt the guiding principles identified in Chapter 2 of this report. 114

RECOMMENDATION 38: That the Victorian Government’s ageing well action plan, *Ageing well in Victoria: an action plan for strengthening wellbeing for senior Victorians 2022–2026*, and the Department of Health’s ageing plan (as identified in Recommendation 37), emphasise locating culturally diverse older people at the centre of their own care, recognising intersectionality and the needs of new and emerging communities, addressing the social determinants of health, providing wrap-around holistic support, and providing timely access to services.

114

5 Addressing social isolation and loneliness

RECOMMENDATION 39: That the Victorian Government expand social prescribing trials to meet the needs of culturally diverse older people and include multicultural and ethno-specific organisations as accredited providers.

125

RECOMMENDATION 40: That the Victorian Government support the expansion of the Chatty Café Scheme and similar programs across Victoria to create informal opportunities for culturally diverse older people to interact with their peers and with other generations.

125

RECOMMENDATION 41: That the Victorian Government expand the Age-Friendly Victoria initiative to assist all councils to provide multicultural community groups with low-cost, accessible spaces to run social activities and programs.

128

RECOMMENDATION 42: That the Victorian Government expand the Age-Friendly Victoria initiative to assist all councils to improve community transport options for culturally diverse older people to attend social activities and programs.

132

RECOMMENDATION 43: That the Department of Families, Fairness and Housing simplify grant applications and reporting requirements for ethno-specific seniors’ groups and ensure funding processes are accessible regardless of English language and/or digital literacy levels.

137

RECOMMENDATION 44: That the Victorian Government expand the role of positive ageing officers in local government to provide governance support and build the leadership capacity of ethno-specific seniors’ groups.

137

6 Enabling greater participation

RECOMMENDATION 45: That the Victorian Government support the Victorian Electoral Commission to expand its Democracy Ambassador program to educate more culturally diverse older people about elections and how to vote correctly. **143**

RECOMMENDATION 46: That the Victorian Government set a target for representation of culturally diverse older people on advisory and decision-making bodies responsible for designing policies and programs relating to older Victorians. **145**

RECOMMENDATION 47: That the Department of Jobs, Precincts and Regions develop a Jobs Victoria employment program specifically for culturally diverse older people and collaborate with ethno-specific organisations to link older jobseekers to the program. **150**

RECOMMENDATION 48: That the Victorian Government collaborate with settlement agencies and ethno-specific organisations to raise awareness among culturally diverse older people of the training and employment readiness programs available at neighbourhood houses and Learn Locals. **151**

RECOMMENDATION 49: That the Victorian Government facilitate better access to legal services for culturally diverse older people by funding culturally appropriate community legal education programs and community legal centres. **155**

7 Fostering digital inclusion

RECOMMENDATION 50: That the Department of Families, Fairness and Housing examine the barriers to digital inclusion for culturally diverse older people and how to address them in its upcoming review into digital connectedness for senior Victorians. **162**

RECOMMENDATION 51: That each Victorian Government department develop a communications strategy that outlines how it will provide equitable access to services and information for people who are digitally excluded, including older people and people for whom English is not their preferred language. **166**

RECOMMENDATION 52: That the Victorian Government advocate to the Australian Government to fund the Be Connected network to create tailored digital mentoring programs and digital literacy resources for culturally diverse older people. **172**

RECOMMENDATION 53: That the Victorian Government further support neighbourhood houses to offer digital literacy training specifically for culturally diverse older people. 173

RECOMMENDATION 54: That the Victorian Government work with libraries, neighbourhood houses, local government and community organisations to loan digital devices and dongles to culturally diverse older Victorians in need. 176

RECOMMENDATION 55: That the Victorian Government further advocate to the Australian Government for greater investment in improving internet connectivity in regional and rural Victoria. 176

8 Enhancing responses to elder abuse

RECOMMENDATION 56: That the Victorian Government develop a strategy to prevent and respond to elder abuse in Victoria. It should include specific actions for culturally diverse communities, build on past research and reviews, and consider the guiding principles discussed in Chapter 2 of this report. 198

RECOMMENDATION 57: That the Victorian Government, through an elder abuse strategy, provide long-term and sustainable funding for elder abuse prevention and response. 198

RECOMMENDATION 58: That the Victorian Government prioritise research, evaluation and data collection on elder abuse in culturally diverse communities when developing a Victorian elder abuse strategy. 199

RECOMMENDATION 59: That the Victorian Government support the expansion of intergenerational programs in Victoria targeted to culturally diverse communities to reduce ageism. They should be co-designed with and tailored to different communities. 201

RECOMMENDATION 60: That the Victorian Government fund a long-term and culturally appropriate elder abuse awareness-raising campaign and education program that aims to reduce ageism, increase awareness of elder abuse and direct people to available support. It should include funding to individual organisations and community groups to implement place-based, accessible and culturally specific awareness initiatives. 202

RECOMMENDATION 61: That the Victorian Government provide additional funding to Elder Abuse Prevention Networks to undertake place-based and culturally appropriate prevention initiatives. 202

RECOMMENDATION 62: That the Victorian Government advocate to the Australian Government to implement measures that support older people on temporary, contributory parent or parent visas experiencing elder abuse, such as health, housing and employment support as well as pathways to other visas. 204

RECOMMENDATION 63: That the Victorian Government provide additional health, housing and employment support for older people on temporary, contributory parent or parent visas experiencing elder abuse and conduct further research on the extent of the issue. 204

RECOMMENDATION 64: That the Victorian Government support elder abuse prevention initiatives that facilitate partnerships and collaboration between the banking and community services sectors, and Victoria Police. This should include encouraging the banking sector to use independent and qualified interpreters and provide culturally diverse older people with independent financial advice. 206

RECOMMENDATION 65: That the Victorian Government fund culturally appropriate financial counselling services in more community health settings as an elder abuse prevention and response initiative. 206

RECOMMENDATION 66: That the Victorian Government's elder abuse strategy focus on non-legal responses and ensuring older people can make informed decisions about elder abuse interventions. 209

RECOMMENDATION 67: That the Victorian Government increase funding for Seniors Rights Victoria, elder abuse health justice partnerships and community legal centres in Melbourne and regional Victoria to ensure culturally diverse older people can access elder abuse services close to where they live. 211

RECOMMENDATION 68: That the Victorian Government expand training initiatives for healthcare and social services workers to identify and respond to elder abuse. 213

RECOMMENDATION 69: That the Victorian Government provide funding for bicultural and bilingual community educators to deliver training to community leaders, older people and their family members on elder abuse and appropriate responses. 213

9 Meeting aged care support needs

RECOMMENDATION 70: That the Victorian Government work with the Ethnic Communities’ Council of Victoria to develop and implement in-language community education programs about aged care to increase awareness and reduce stigma and misinformation about aged care services among culturally diverse communities. These programs should incorporate advertisements in ethnic media, in-person information sessions, and community engagement through religious and cultural leaders. **228**

RECOMMENDATION 71: That the Victorian Government support multicultural and ethno-specific community organisations across the state to improve their capacity to provide bilingual and bicultural support to culturally diverse older people so they can effectively navigate the My Aged Care system and access relevant aged care services. **233**

RECOMMENDATION 72: That the Victorian Government establish a multilingual phone line for culturally diverse older people to seek information about aged care services in their preferred language that is modelled on the Centre for Cultural Diversity in Ageing’s Multilingual Older Persons COVID-19 Support Line trial. **233**

RECOMMENDATION 73: That the Victorian Government require its funded aged care service providers to use the Centre for Cultural Diversity in Ageing’s Inclusive Service Standards to self-assess and improve their cultural inclusion practices. **237**

RECOMMENDATION 74: That the Victorian Government advocate to the Australian Government to mandate ongoing cultural awareness training for aged care staff and adoption of the Aged Care Diversity Framework by all aged care service providers. **237**

RECOMMENDATION 75: That the Victorian Government continue to invest in the establishment of ethno-specific residential aged care facilities in Melbourne and where viable in regional areas. **240**

RECOMMENDATION 76: That the Victorian Government encourage mainstream aged care providers to partner with ethno-specific organisations to improve their capacity to deliver culturally inclusive services. **240**

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Acronyms and terms

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Services
ACCA	Alevi Community Council of Australia
AHA	Australian Healthcare Associates
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ALRC	Australian Law Reform Commission
AMCS	Australian Multicultural Community Services
A&S	Access and Support
BCLS	Barwon Community Legal Service
CALD	culturally and linguistically diverse
CEO	Chief Executive Officer
CHSP	Commonwealth Home Support Program
COTA Victoria	Council on the Ageing Victoria
COVID-19	coronavirus disease
Cth	Commonwealth
DFFH	Department of Families, Fairness and Housing
DH	Department of Health
DHHS	Department of Health and Human Services
DJCS	Department of Justice and Community Safety
DPC	Department of Premier and Cabinet
DRC	Democratic Republic of Congo
EAPN	Elder Abuse Prevention Network
ECCV	Ethnic Communities' Council of Victoria
ECLC	Eastern Community Legal Centre
ELSA	Engaging Living Safely & Autonomously
FAIR	Findable, Accessible, Interoperable, Reusable
FCVic	Financial Counselling Victoria
FECCA	Federation of Ethnic Communities' Councils of Australia
FTS	Free Translating Service
GEM	Geriatric Evaluation and Management
GP	general practitioner
HAAG	Housing for the Aged Action Group

Acronyms and terms

HACC	Home and Community Care
HCPs	Home Care Packages
HJP	Health Justice Partnership
ILOP	Improving Liveability for Older People
IMOC	Integrated Model of Care
inTouch	inTouch Multicultural Centre Against Family Violence
JRC	John Richards Centre for Rural Ageing Research
LCMS	Loddon Campaspe Multicultural Services
LGBTIQ+	lesbian, gay, bisexual, trans and gender diverse, intersex, queer and questioning
LOTE	language other than English
MAV	Municipal Association of Victoria
MCWH	Multicultural Centre for Women's Health
MIPPA	Madrid international plan of action on ageing
MOU	Memorandum of Understanding
NARI	National Ageing Research Institute
NBN	National Broadband Network
NCWV	National Council of Women of Victoria
NEAC	National Elder Abuse Conference
NEMBC	National Ethnic and Multicultural Broadcasters' Council
NGO	non-government organisation
NNIDR	National Health and Medical Research Council's National Institute of Dementia Research
PCLC	Peninsula Community Legal Centre
PHAA	Public Health Association of Australia
PRMC	Priority Response for Multicultural Communities
RANZCP Victorian Branch	Royal Australian and New Zealand College of Psychiatrists Victorian Branch
ROSE	Rights of Seniors in the East
RTO	registered training organisation
SECL	South East Community Links
SRV	Seniors Rights Victoria
SSRV	Social Security Rights Victoria
TAFE	Technical and Further Education
TIS	Translating and Interpreting Service
ToR	Terms of Reference
TWRG	Turkish Women's Recreational Group
U3A	University of the Third Age
UK	United Kingdom
UN	United Nations

United	United Spanish Latin American Welfare Centre
VAAP	Victorian Active Ageing Partnership
VASS	Victorian Arabic Social Services
VEC	Victorian Electoral Commission
Vic	Victoria
VLRC	Victorian Law Reform Commission
VMC	Victorian Multicultural Commission
VRHN	Victorian Refugee Health Network
VTMH	Victorian Transcultural Mental Health

What happens next?

There are several stages to a parliamentary inquiry.

The Committee conducts the Inquiry

This report on the Inquiry into support for older Victorians from migrant and refugee backgrounds is the result of extensive research and consultation by the Legislative Assembly Legal and Social Issues Committee at the Parliament of Victoria.

We received written submissions, spoke with people at public hearings, reviewed research evidence and deliberated over a number of meetings. Experts, representatives from government and non-government organisations and individuals expressed their views directly to us as Members of Parliament.

A parliamentary committee is not part of the Victorian Government. Our Committee is a group of Members from different political parties. The Parliament of Victoria asked us to look closely at an issue and report back. This process helps Parliament do its work by encouraging public debate and involvement in issues. We also examine government policies and the actions of the public service.

You can learn more about the Committee's work, including all of its current and past inquiries, at: <https://www.parliament.vic.gov.au/lsic-la>.

This report is presented to Parliament

This report was presented to Parliament and can be found at: <https://new.parliament.vic.gov.au/get-involved/inquiries/inquiry-into-support-for-older-victorians-from-migrant-and-refugee-backgrounds/reports>.

A response from the Government

The Victorian Government has six months to respond in writing to any recommendations we have made.

The response is public and put on the inquiry page of Parliament's website when it is received at: <https://new.parliament.vic.gov.au/get-involved/inquiries/inquiry-into-support-for-older-victorians-from-migrant-and-refugee-backgrounds/reports>.

In its response, the Government indicates whether it supports the Committee's recommendations. It can also outline actions it may take.

Older people play a vital role in shaping Victoria's rich and vibrant multicultural community. As the Commissioner for Senior Victorians stated:

There is no doubt that older people from migrant and refugee backgrounds have contributed significantly and positively to the fabric of our Victorian society.¹

And:

As Victorians from migrant and refugee backgrounds grow older, it is important that the community they have contributed so much to provides them with opportunities to age with meaning, dignity and purpose.²

On 4 August 2021, the Legislative Assembly referred an Inquiry into support for older Victorians from migrant and refugee backgrounds (the Inquiry) to the Legal and Social Issues Committee (the Committee). The Committee was asked to consider the adequacy of services provided for culturally diverse older people and the specific challenges they face.

During the Inquiry, the Committee heard about many barriers preventing culturally diverse older people from accessing essential services and enjoying full participation in economic, social and civic life. The COVID-19 pandemic further exposed shortcomings in the services provided for culturally diverse older people, with older Australians born overseas more than twice as likely to die from COVID-19 in 2020 and 2021 compared to those born in Australia.³ Encouragingly though, the Committee learned about various initiatives, tools and ideas that can help overcome these barriers and holistically support the health and wellbeing of Victoria's multicultural older population.

Supporting older Victorians as they age will become increasingly important: over one-third of older Australians aged over 65 were born overseas and the number of Victorians aged over 65 is expected to triple by 2058.⁴ Further, the United Nations (UN) declared 2021–2030 the Decade of Healthy Ageing, which recognises:

Populations around the world are ageing at a faster pace than in the past and this demographic transition will have an impact on almost all aspects of society ...

1 Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 6.

2 *Ibid.*, p. 4.

3 Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. i.

4 Australian Institute of Health and Welfare, *Older Australians: culturally and linguistically diverse older people*, 2021, <<https://www.aihw.gov.au/reports/older-people/older-australians/contents/feature-articles/culturally-and-linguistically-diverse-older-people>> accessed 6 May 2022; Department of Health and Human Services, *Ageing*, 2021, <<https://www.dhhs.vic.gov.au/ageing>> accessed 28 September 2021.

... A decade of concerted global action on healthy ageing is urgently needed to ensure that older people can fulfil their potential in dignity and equality and in a healthy environment.⁵

It is essential that the Victorian Government promptly address barriers and establish a strong, comprehensive framework to support older people to age well and enable the health and social services sectors to provide high-quality care. This report makes recommendations on how this can be achieved, including by improving the capacity of different sectors to provide culturally inclusive care, increasing collaboration and partnerships between governments and those with expertise and lived experience, facilitating place-based services, and addressing the social determinants of health. Acting now can prepare Victoria for a future where culturally diverse older people comprise a significant portion of the population and their strengths, contributions, diversity and experience are valued.

1.1 Language and key terms: defining older and culturally diverse

The Committee uses the terms ‘older person’ or ‘older people’ instead of ‘elderly’ or ‘senior’ throughout the report. A key issue in using age to define what is meant by ‘older person’ is that it does not account for diversity: being ‘older’ is a chronologically, medically and culturally relative and socially constructed concept.⁶ In Australia, there are different definitions of an older person. For example, the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare define an older person as someone aged 65 and over, whereas eligibility for a Victorian Seniors Card is 60 years.⁷ Eligibility for the Age Pension is currently 66 years and 6 months.⁸ Eligibility to access aged care services is 65 years, or 50 for Aboriginal and Torres Strait Islander people.⁹

Moreover, at the 2022 National Elder Abuse Conference, Bill Mitchell, who represents community legal centres in his work at the UN on the human rights of older people, highlighted that defining the concept of an older person based on age does not

5 World Health Organization, *UN Decade of Healthy Ageing 2021-2030*, 2021, <<https://www.who.int/initiatives/decade-of-healthy-ageing>> accessed 28 March 2022.

6 Australian Law Reform Commission, *Final report: elder abuse—a national legal response*, Commonwealth of Australia, Sydney, 2017, p. 32; Bill Mitchell OAM, *The rights of older persons: a global update*, 2020, <<https://www.glsproctor.com.au/2020/12/the-rights-of-older-persons-a-global-update>> accessed 28 February 2022. See also COTA Victoria, *COTA Victoria submission*, submission to Parliament of Victoria, Public Accounts and Estimates Committee, Inquiry into the Victorian Government’s response to COVID-19, 2020, p. 9.

7 Australian Bureau of Statistics, *Disability, ageing and carers, Australia: summary of findings*, 2019, <<https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#older-people>> accessed 28 February 2022; Australian Institute of Health and Welfare, *Older people*, 2021, <<https://www.aihw.gov.au/reports-data/population-groups/older-people/overview>> accessed 28 February 2022; Seniors Online, *Apply for a card*, n.d., <<https://www.seniorsonline.vic.gov.au/seniors-card/manage-your-card/apply-for-a-card>> accessed 28 February 2022.

8 Services Australia, *Age pension: who can get it*, 2021, <<https://www.servicesaustralia.gov.au/who-can-get-age-pension>> accessed 28 February 2022.

9 My Aged Care, *Am I eligible?*, 2021, <<https://www.myagedcare.gov.au/am-i-eligible>> accessed 28 February 2022.

recognise diversity or respect the human rights of older people. Implementing age-based eligibility requirements can be discriminatory and result in the exclusion of certain groups who need the most support.¹⁰ Consequently, the Committee loosely defined ‘older person’ as someone aged over 60, but was mindful that this is fluid considering the diversity across ages and cultures and that traumatic life experiences faced by people from refugee backgrounds can contribute to early ageing.¹¹

The term ‘main English-speaking country’ refers to countries where most people who migrate to Australia are likely to speak English (that is, the United Kingdom, Ireland, United States of America, Canada, South Africa and New Zealand) and ‘non-main English-speaking country’ describes countries where migrants are likely to speak a language other than English.¹² For simplicity, the Committee uses the terms ‘English-speaking country’ and ‘non-English speaking country’. The Committee uses the term ‘culturally diverse communities’ or ‘culturally diverse older people’ as a broad category that includes migrants from English and non-English speaking countries, refugees and asylum seekers. The term ‘culturally diverse communities’ captures the diversity of people who have migrated from overseas, their life trajectories and experiences. Some Inquiry evidence refers to culturally diverse older people in the broad sense, while other evidence limits the definition to those born in non-English speaking countries or specifically discusses certain ethnic communities. The term ‘culturally and linguistically diverse’ (CALD) is used by Inquiry participants to refer to people born outside Australia in non-English speaking countries and their descendants.¹³

According to the Australian Government, a refugee is a person who has been granted an Australian visa due to persecution in their country of origin. An asylum seeker is a person in Australia who is awaiting a decision on their application for a protection visa and may have arrived on another type of visa or without a valid visa.¹⁴ The Australian Government’s Refugee and Humanitarian Program is the main pathway for people seeking asylum to settle in Australia.¹⁵

¹⁰ Bill Mitchell OAM, ‘Rights matter: global and national perspectives’, paper presented at National Elder Abuse Conference, Hobart, Tasmania, 15 February 2022; Bill Mitchell OAM, *The rights of older persons*.

¹¹ Ethnic Communities’ Council of Victoria, *Building new bridges: strategies for healthy ageing in new and emerging communities*, Ethnic Communities’ Council of Victoria, Melbourne, 2014, pp. 9–10.

¹² Australian Bureau of Statistics, *Understanding migrant outcomes—enhancing the value of Census data, Australia, 2011: glossary*, 2018, <<https://www.abs.gov.au/AUSSTATS/abs%40.Nsf/39433889d406eeb9ca2570610019e9a5/313e802677d15410ca2582cd00153735>> accessed 11 April 2022.

¹³ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 3.

¹⁴ Department of Health and Human Services, *Refugee and asylum seeker settlement in Victoria: frequently asked questions for key services and sector partners*, Victorian Government, Melbourne, 2016, p. 1.

¹⁵ Department of Home Affairs, *About the program*, 2021, <<https://immi.homeaffairs.gov.au/what-we-do/refugee-and-humanitarian-program/about-the-program/about-the-program>> accessed 15 May 2022.

1.2 A snapshot of Victoria's culturally diverse older population

Victoria's culturally diverse older population is not a homogenous group: it includes people of various ages, life stages, cultural backgrounds, language and literacy levels, time spent in Australia, attitudes towards ageing, spiritual beliefs and other social factors. While the diversity of this cohort should be celebrated, it can present a challenge for the delivery of services and the ability to tailor responses to different people. The 2016 ABS Census demonstrates this complexity, as summarised below. The Committee acknowledges the 2021 Census will provide more contemporary data, but it was not released in time to incorporate into the report.

1.2.1 Victoria's population of culturally diverse older people is expected to increase

The life expectancy and extent to which additional years are lived in good health of Australians has increased.¹⁶ Figure 1.1 is based on 2016 ABS Census data and projects Victoria's population by age in June 2021 and as a percentage of the total Victorian population.

The provision of services for culturally diverse older people in regional and rural areas is a key issue. Victoria's regional population has an older average age and the proportion of older people in regional Victoria is expected to grow faster than in metropolitan Melbourne. This is partly due to the internal migration of young adults from regional to urban areas and retirees from Melbourne to regional areas.¹⁷ In addition, about 15% of people from refugee backgrounds have settled in regional areas and this is expected to increase significantly in coming years through Australian Government incentives for Refugee and Humanitarian Program entrants to live outside of major cities.¹⁸

¹⁶ Australian Institute of Health and Welfare, *Life expectancy and disability in Australia: expected years living with and without disability*, 2017, <<https://www.aihw.gov.au/reports/disability/life-expectancy-and-disability-in-australia-expected-years-living-with-and-without-disability/summary>> accessed 3 June 2022.

¹⁷ The Regional Institute Online Publishing, *The ageing of regional Victoria: problem or opportunity?*, 2021, <<http://www.regional.org.au/au/countrytowns/global/mckenzie.htm>> accessed 28 September 2021.

¹⁸ Parliament of Victoria, Legislative Assembly Legal and Social Issues Committee, *Inquiry into early childhood engagement of culturally and linguistically diverse communities*, September 2020, p. 8.

Figure 1.1 Victoria's population aged 60 and over, June 2021

Age group	Number of people	Proportion of Victoria's total population (%)
60–64 years	363,492	5.47
65–69 years	317,696	4.78
70–74 years	281,674	4.24
75–79 years	202,164	3.04
80–84 years	141,326	2.13
85–89 years	85,858	1.29
90–94 years	43,460	0.65
95–99 years	13,204	0.20
100 and over	2,246	0.03
Total	1,451,120	21.82

Source: Australian Bureau of Statistics, *National, state and territory population tables: table 6, population, by age and sex—states and territories—at 30 June 2021*, September 2021, <<https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/sep-2021>> accessed 9 June 2022.

Another key consideration for accessing services is disability, with the Victorian Department of Families, Fairness and Housing (DFFH) recognising the ‘number of people with a disability in Victoria is increasing and is expected to continue to grow due to population growth, ageing and increased life expectancy.’¹⁹ In Australia, almost half of the population aged 65 and over live with a disability. Most older Australians (96.1%) living in residential care facilities experience a disability.²⁰ These trends highlight the need for an intersectional approach to delivering services that recognises different accessibility requirements and overlapping forms of discrimination and marginalisation, as discussed further in Chapter 4.

¹⁹ Department of Families, Fairness and Housing, *People with a disability in Victoria*, 2021, <<https://providers.dffh.vic.gov.au/people-disability-victoria>> accessed 28 February 2022.

²⁰ Australian Bureau of Statistics, *Disability, ageing and carers*, Australia.

1.2.2 Ageing trends in Victoria's culturally diverse communities

Over one-third (37%) of Australians aged 65 and over were born overseas.²¹ For Victorians aged 60 and over, 27% are from non-English speaking backgrounds.²² Table 1.1 shows Victoria's 2016 population by age and most common places of birth outside Australia. The table indicates that many people came to Australia following World War II and conflicts in Indo-China, the republics of the former Yugoslavia, the Horn of Africa and the Middle East.²³ It also shows that some older Victorian communities are well-established with greater representation in the older age groups, for example, the Italian, Greek and German communities (colour coded green in Table 1.1). Established communities consist of people who migrated to Australia early on.²⁴ In contrast, other communities have populations at the younger end of the older age band and will age over the coming years—for example, communities from Vietnam, India, China and Sri Lanka (colour coded orange in Table 1.1). These are known as new and emerging communities, a phrase used in the report to refer to populations that have experienced significant migration increases to Australia over the past 15 years.²⁵

Table 1.1 Victoria's older population by age and overseas country of birth, 2016

Rank	55-59	60-64	65-69	70-74	75 and over	Total
1	England (16,296)	England (14,827)	England (17,768)	England (14,964)	Italy (27,988)	England (90,191)
2	Vietnam (8,417)	China (6,972)	Italy (11,001)	Italy (8,829)	England (26,331)	Italy (59,608)
3	China (8,098)	Italy (6,825)	Greece (6,062)	Greece (7,680)	Greece (17,558)	Greece (39,129)
4	New Zealand (6,361)	Vietnam (6,364)	Germany (5,051)	Germany (3,308)	Germany (6,252)	China (27,228)
5	India (5,094)	New Zealand (4,886)	China (4,221)	Netherlands (3,083)	Netherlands (5,543)	Vietnam (22,931)
6	Italy (4,969)	India (4,356)	Malta (3,782)	Malta (2,970)	China (5,476)	New Zealand (19,407)
7	Philippines (3,709)	Greece (4,331)	Netherlands (3,709)	Scotland (2,817)	Scotland (4,835)	India (18,668)
8	Sri Lanka (3,701)	Malaysia (3,277)	New Zealand (3,461)	China (2,469)	Malta (4,400)	Germany (17,732)

(Continued)

²¹ Australian Institute of Health and Welfare, *Older Australians*.

²² Victorian Government, *Submission 71*, received 4 February 2022, p. 3.

²³ Victorian Government, *Discover Victoria's diverse population: a look at Australian census data to examine the diversity and ethnicity characteristics of multicultural Victorians*, 2021, <<https://www.vic.gov.au/discover-victorias-diverse-population>> accessed 28 September 2021.

²⁴ Ethnic Communities' Council of Victoria, *Submission 63*, pp. 6-7.

²⁵ National Ethnic and Multicultural Broadcasters' Council, *Engage: new and emerging communities*, n.d., <<https://www.nembc.org.au/projects/engage-new-and-emerging-communities>> accessed 11 April 2022.

Rank	55-59	60-64	65-69	70-74	75 and over	Total
9	Greece (3,504)	Sri Lanka (3,089)	Vietnam (3,417)	India (2,415)	Croatia (3,889)	Scotland (16,219)
10	Malaysia (3,475)	Philippines (2,916)	India (3,376)	New Zealand (2,121)	India (3,431)	Netherlands (15,881)
11	Scotland (2,725)	Malta (2,779)	Scotland (3,182)	Croatia (1,879)	Poland (3,404)	Malta (15,614)
12	North Macedonia (1,994)	Scotland (2,663)	Sri Lanka (2,722)	Sri Lanka (1,812)	Vietnam (2,994)	Sri Lanka (13,917)
13	Hong Kong (1,926)	Netherlands (2,406)	Malaysia (2,444)	Vietnam (1,752)	Sri Lanka (2,588)	Malaysia (12,145)
14	South Africa (1,924)	North Macedonia (2,362)	North Macedonia (2,420)	North Macedonia (1,399)	New Zealand (2,582)	Croatia (10,917)
15	Lebanon (1,717)	Poland (1,920)	Philippines (1,983)	Malaysia (1,340)	North Macedonia (2,156)	Philippines (10,409)
16	Malta (1,688)	Germany (1,779)	Croatia (1,925)	Egypt (1,263)	Egypt (2,133)	North Macedonia (10,327)
17	Turkey (1,608)	Hong Kong (1,665)	Poland (1,762)	South Africa (995)	Hungary (1,863)	Poland (9,524)
18	Croatia (1,580)	South Africa (1,642)	South Africa (1,444)	Poland (942)	Ireland (1,826)	South Africa (7,334)
19	Poland (1,491)	Croatia (1,636)	Egypt (1,378)	Philippines (868)	Malaysia (1,604)	Egypt (7,269)
20	Germany (1,338)	Lebanon (1,454)	Cyprus (1,249)	Ireland (811)	Cyprus (1,561)	Lebanon (6,157)

Note: Cells coloured green represent examples of established non-English speaking communities and cells coloured orange represent examples of new and emerging non-English speaking communities.

Source: Australian Bureau of Statistics, Age in five-year groups by state of residence and country of birth, 2016, *Census TableBuilder*.

This trend is supported by the Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, which identified that people from new and emerging communities are increasingly moving into older age groups and have limited access to both general and ethno-specific aged care services. This includes people aged over 55 from India, Sri Lanka, Macedonia, Malaysia, Egypt, Philippines, Cyprus, Lebanon, Turkey and Mauritius. ECCV also indicated people from refugee backgrounds tend to age earlier due to experiences of trauma, including those from Egypt, Vietnam, former Yugoslavia, Lebanon, Laos, Cambodia, Eritrea, Iraq, Iran, East Timor, Somalia, Burma, Ethiopia and Sudan.²⁶

²⁶ Ethnic Communities' Council of Victoria, *Building new bridges*, pp. 9-10, 14.

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According to the Victorian Refugee Health Network (VRHN), which facilitates the delivery of community and health services to refugees and people seeking asylum and collects data on the demographics of Victoria's refugee and asylum seeker population, there is a small but growing proportion of newly arrived refugees who are aged over 65.²⁷ While the data is limited, as a general overview, over the past 10 years, 2.9% of refugee and humanitarian arrivals were aged 65 and above, 4.5% aged between 55 and 64 and 7.7% aged between 45 and 54.²⁸ ECCV also identified a growing number of older refugees settling in Australia through the Refugee and Humanitarian Program.²⁹

1.2.3 More than one in four Victorians was born overseas

The characteristics of culturally diverse older communities can be inferred based on broader trends in Victoria's multicultural population. According to the 2016 ABS Census, 28.4% of Victoria's population were born overseas in over 200 countries. Of this, 22.0% were from non-English speaking countries and 6.3% were from English-speaking countries.³⁰ Members of Victoria's population follow more than 135 different faiths and speak over 260 languages.³¹ While most have historically migrated from European regions, those born in Asian regions have increased significantly in the past decade or so. The largest increases from 2011 to 2016 were for those born in:

- Pakistan (9,187 to 21,125 people, a 129.9% increase)
- China (93,896 to 160,652 people, a 71.1% increase)
- India (111,787 to 169,802 people, a 51.9% increase).

Other notable increases included:

- the Philippines (35.0%)
- Sri Lanka (26.9%)
- Malaysia (25.8%).³²

Between 2011 and 2016, the number of people who spoke languages other than English (LOTE) at home increased, particularly for Mandarin speakers. The number of Italian and Greek speakers declined due to an ageing population and declining migration levels for this cohort.³³ Table 1.2 below shows the top 10 languages spoken at home in Victoria in 2016.

²⁷ Victorian Refugee Health Network, *About*, n.d., <<https://refugeehealthnetwork.org.au/about>> accessed 12 April 2022.

²⁸ Victorian Refugee Health Network, *Statewide meeting Thursday 22nd April 2021*, n.d., <https://refugeehealthnetwork.org.au/wp-content/uploads/Presentation_2021-April_Victorian-Refugee-Health-Network-statewide-meeting-.pdf> accessed 12 April 2022.

²⁹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 6.

³⁰ Department of Premier and Cabinet, *Victoria's diverse population: 2016 Census*, Victorian Government, Melbourne, 2017, pp. 1-2.

³¹ Victorian Government, *Submission 71*, p. 3 with sources.

³² Department of Premier and Cabinet, *Victoria's diverse population: 2016 Census*, pp. 2-3.

³³ ethnolink, *Top 10 languages spoken in Victoria*, 2020, <<https://www.ethnolink.com.au/blog/top-10-languages-spoken-in-victoria>> accessed 28 September 2021.

In total, 25.9% of Victorians spoke a LOTE at home, 4.5% of whom reported low proficiency in English.³⁴ This speaks to the diversity of older people's language and literacy levels, with the impacts of limited English and preferred language literacy discussed further in Chapter 2.

Table 1.2 Top 10 languages spoken at home in Victoria, 2016

Rank	Language spoken at home	per cent
1	English	67.9
2	Mandarin	3.2
3	Italian	1.9
4	Greek	1.9
5	Vietnamese	1.7
6	Arabic	1.3
7	Cantonese	1.3
8	Punjabi	0.9
9	Hindi	0.9
10	Filipino/Tagalog	0.7

Source: idcommunity, *Victoria: language spoken at home*, 2016, <<https://profile.id.com.au/australia/language?WebID=110>> accessed 28 September 2021

Around one-third of Australia's total asylum seeker and refugee intake settle in Victoria as part of the Refugee and Humanitarian Program; more than any other state.³⁵ The main country of birth for people arriving over the past four years and the 10-year trend is outlined in Table 1.3. Over the past 10 years, the top 10 languages spoken by Refugee and Humanitarian Program entrants who settled in Victoria are Arabic, Dari, Hazaragi, Assyrian, Karen, Chin Haka, Farsi (Persian), Burmese and Swahili.

³⁴ idcommunity, *Victoria: language spoken at home*, 2016, <<https://profile.id.com.au/australia/language?WebID=110>> accessed 28 September 2021; idcommunity, *Victoria: proficiency in English*, 2016, <<https://profile.id.com.au/australia/speaks-english?WebID=110>> accessed 30 May 2022.

³⁵ Department of Health, *Refugee and asylum seeker health and wellbeing*, 2021, <<https://www.health.vic.gov.au/populations/refugee-and-asylum-seeker-health-and-wellbeing>> accessed 28 March 2022.

Table 1.3 Country of birth of Refugee and Humanitarian Program entrants in Victoria by year, 2018–19 to 2021–22 and 10-year trend

Rank	2018–19	2019–20	2020–21	2021–22	10-year trend (2011– 2021)
1	Iraq	Iraq	Afghanistan	Iraq	Iraq
2	Myanmar	Myanmar	Iraq	Afghanistan	Afghanistan
3	Syrian Arab Republic	Afghanistan	Myanmar	Syrian Arab Republic	Myanmar
4	Afghanistan	Syrian Arab Republic	Syrian Arab Republic	Myanmar	Syrian Arab Republic
5	DRC ^a	Ethiopia	Malaysia	Iran	Iran
6	Thailand	Iran	Eritrea	Jordan	Thailand
7	Iran	Thailand	DRC	Pakistan	Pakistan
8	Eritrea	DRC	United Arab Emirates	Eritrea	Ethiopia
9	Ethiopia	Eritrea	Iran	India	DRC
10	Malaysia	India	Pakistan	Tibet	Malaysia

a. DRC = Democratic Republic of the Congo

Source: collated from Victorian Health Refugee Network Settlement Data, *Presentations from statewide meetings, 28 April 2022, 22 July 2021, 22 April 2021, 20 August 2020, 1 August 2019*, <<http://refugeehealthnetwork.org.au/engage/statewide-meetings>> accessed 28 February 2022.

1.3 Mapping government policies and services

This section provides a summary of the federal, state and local government support services for Victoria's culturally diverse older populations. When discussing services, the Committee uses the term in a broad sense to include sectors such as aged care, health, legal, housing, transport and infrastructure, social security, elder abuse, digital inclusion, education and literacy services. The Committee includes the name of the sector when referring to a specific system or service.

The Committee recognises that government services are supported by many not-for-profit community organisations and non-government providers across the system. This includes legal centres, multicultural and multifaith groups, settlement services, advocacy and support agencies and organisations that operate in specific sectors such as healthcare, education, language, finance, housing, social security, social inclusion, digital inclusion, and refugee and asylum seeker health.

1.3.1 The Victorian Government provides a range of services for multicultural older people

A myriad of state and local level services provide support to older Victorians and people from migrant and refugee backgrounds. There are two main Victorian Government departments providing support for culturally diverse older people: DFFH and the

Department of Health (DH). Prior to February 2021, these two departments were amalgamated under the Department of Health and Human Services (DHHS). The Department of Premier and the Cabinet and Department of Jobs, Precincts and Regions provide funding for certain projects for culturally diverse older Victorians, considered further in Chapter 6.

The *Whole-of-Government multicultural affairs outcomes framework* (Table 1.4) outlines the Victorian Government's vision for a multicultural Victoria. It includes several desired outcomes particularly pertinent to older people—for example, equitable access to health services and suitable housing. The Victorian Government also has policies and guidelines on using language services, discussed further in Chapter 2.

Table 1.4 Whole-of-Government multicultural affairs outcomes framework

Goal	Desired outcomes for Victorians
Victorians are safe and secure	<ul style="list-style-type: none"> • Victorians live free from abuse, violence and fear • Victorians have suitable and stable housing
Victorians are healthy and well	<ul style="list-style-type: none"> • Victorians have good physical and mental health • Victorians have equitable access to health and human services
Victorians are able to participate fully	<ul style="list-style-type: none"> • Victorians participate in learning and education • Victorians participate and contribute to the economy • Victorians have financial security • Victorians understand, are empowered by and exercise their rights • Victorians have access to an environment that promotes liveability, sustainability and inclusion
Victorians are connected to culture and community	<ul style="list-style-type: none"> • Victorians are socially engaged and live in inclusive communities • Victorians can safely identify with and connect with their culture and identity
Victorians have equal rights and opportunities	<ul style="list-style-type: none"> • Victorians live free from discrimination • Opportunities to participate in the workforce are available to all Victorians

Source: Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, Victorian Government, Melbourne, 2021, p. 8.

Department of Families, Fairness and Housing

DFFH is responsible for nine portfolios, including housing, disability, seniors, carers, prevention of family violence, women and multicultural affairs.³⁶ Under the seniors portfolio, DFFH works closely with sector partners to develop policies and manage programs that support older Victorians to 'participate in community life, maximise their health and wellbeing, and age well'.³⁷ The services include:

- the Seniors and Companion Card program, offering public transport concessions to enable older Victorians to maintain social connections, travel and keep active

³⁶ Department of Families, Fairness and Housing, *About*, 2021, <<https://www.dffh.vic.gov.au/about>> accessed 28 March 2022.

³⁷ Department of Families, Fairness and Housing, *Seniors*, 2021, <<https://www.dffh.vic.gov.au/seniors>> accessed 28 March 2022.

- the Seniors Online website, providing information on programs, services and events, including a Social Support Hub to connect older Victorians to local support
- the Victorian Seniors Festival, providing opportunities for older people to participate in events
- the Recognising Senior Victorians awards, celebrating the contributions and achievements of older Victorians
- elder abuse prevention initiatives, covered in Chapter 8.³⁸

DFFH has several budget output measures relevant to culturally diverse and older communities, including the amount of respite and support provided, satisfaction with the Victorian Seniors Festival, uptake and access of services such as the University of the Third Age and Seniors Card, and consultation and partnerships with culturally diverse communities.³⁹

The Commissioner for Senior Victorians provides independent advocacy and advice to the Victorian Government. The Commissioner raises awareness on issues pertaining to older people, meets regularly with older people and sector stakeholders to understand their perspectives and promotes the contribution of older people.⁴⁰ In August 2019, the DHHS commissioned the Commissioner for Senior Victorians to produce *Ageing well in a changing world* (Ageing well report). Published in 2020, the report sought feedback from older Victorians on what they think it means to age well. The report identified five priority action areas, including increasing the voices of older Victorians in decision making and policy, recognising the long-term benefits of investing in the participation of older people, increasing respect and recognition of older people, improving access to and navigation of support, and addressing the digital divide.⁴¹ The Ageing well report outlined:

In 2019, the Department of Health and Human Services (the department) began developing an Ageing Well framework. The framework aims to maximise the wellbeing and quality of life of older Victorians by supporting future policy development and assisting with determining funding priorities in the Ageing and Carers portfolios.

The Ageing Well framework will map a service system continuum, and the Victorian Government's responsibilities across it, starting from prevention and early intervention through to community and crisis support, and reablement and specialist care.⁴²

A draft framework was provided as an appendix to the Ageing well report and identified strengthening engagement with culturally diverse older Victorians as a key

³⁸ Ibid.; Department of Families, Fairness and Housing, *Annual report 2020–21*, State of Victoria, Melbourne, 2021, pp. 10, 30–32. The Recognising Senior Victorians awards replaced the Victorian Senior of the Year Awards.

³⁹ Department of Families, Fairness and Housing, *Annual report 2020–21*, pp. 48, 52.

⁴⁰ Seniors Online, *Gerard Mansour—Commissioner for Senior Victorians*, n.d., <<https://www.seniorsonline.vic.gov.au/services-information/commissioner-for-senior-victorians>> accessed 12 November 2021.

⁴¹ Commissioner for Senior Victorians, *Ageing well in a changing world: a report by the Commissioner for Senior Victorians*, Victorian Government, Melbourne, 2020, pp. 5–6.

⁴² Ibid., p. 1.

initiative.⁴³ The final ageing well framework, titled *Ageing well in Victoria: an action plan for strengthening wellbeing for senior Victorians 2022–2026*, was released in late June 2022. The Committee recognises that several topics of this Inquiry are covered in the action plan; however, its release during the final stages of the Inquiry meant it could not be incorporated in this report. In response to the Ageing well report, a Senior Victorians Advisory Group—chaired by the Commissioner for Senior Victorians—and the Ageing Well Inter-Departmental Committee were established to provide advice to the Minister for Disability, Ageing and Carers.⁴⁴

As discussed in Section 1.2, there is a link between age and disability. Through the disability portfolio, DFFH aims to ‘support the rights and reduce the inequalities experienced by people with disability’ through the implementation of *Inclusive Victoria: state disability plan (2022–2026)*, funding for disability advocacy services and a range of other support and community services. The Victorian Disability Advisory Council provides advice to the relevant Minister and ensures the voice of people living with a disability are considered.⁴⁵

The multicultural affairs portfolio aims to promote the Victorian Government’s vision of an ‘inclusive, engaged and harmonious multicultural community’.⁴⁶ Several grants are available to older and culturally diverse communities, including the:

- Multicultural Seniors Support Program 2021–25, granting up to \$2,000 per year for multicultural seniors’ groups to ‘support their members and build stronger community connections’
- Multicultural Community Infrastructure Fund, delivering up to \$500,000 to multicultural community groups to upgrade or build community facilities
- Community Harmony Grants Program, providing up to \$100,000 to initiatives that prevent and address social disharmony and religious and racial intolerance
- Capacity Building and Participation Program, granting up to \$75,000 to projects that build the skills and knowledge of multicultural and faith-based communities.⁴⁷

It also offered several COVID-19-related grants, for example:

- the Multicultural Communications Outreach Program which granted up to \$75,000 for multicultural communities to develop and distribute COVID-19-related information
- Coronavirus Support for Multicultural Seniors which provided \$2,000 for multicultural seniors’ groups during the pandemic

⁴³ Ibid., p. 51.

⁴⁴ Hon Luke Donnellan MP, *Helping Victorians to age well*, media release, Victorian Government, Melbourne, 12 November 2020; Department of Families, Fairness and Housing, *Annual report 2020–21*, p. 28.

⁴⁵ Department of Families, Fairness and Housing, *Disability*, 2021, <<https://www.dffh.vic.gov.au/disability>> accessed 28 March 2022; Department of Families, Fairness and Housing, *Inclusive Victoria: state disability plan (2022–2026)*, 2022, <<https://www.vic.gov.au/state-disability-plan>> accessed 28 March 2022.

⁴⁶ Department of Families, Fairness and Housing, *Multicultural Affairs*, 2021, <<https://www.dffh.vic.gov.au/multicultural-affairs>> accessed 28 March 2022.

⁴⁷ Victorian Government, *Grants to support multicultural communities*, 2022, <<https://www.vic.gov.au/grants-support-multicultural-communities>> accessed 28 March 2022.

- Priority Response to Multicultural Communities which aimed to slow the spread of COVID-19, provide emergency food relief, and build stronger partnerships and the capacity of local organisations.⁴⁸

In 2020–21, 920 multicultural seniors' groups received \$2.164 million in funding to help them stay connected and provide essential services during the pandemic.⁴⁹

The multicultural affairs portfolio also supports the work of the Victorian Multicultural Commission (VMC), a key body that links multicultural communities and government. Through Regional Advisory Councils, which provide 'critical, on-the-ground insights', VMC consults with diverse communities to understand the issues that affect them (and develop potential solutions) and advises the Government on community issues.⁵⁰

Department of Health

DH comprises nine portfolios, including acute healthcare; ageing, aged and home care; mental health; primary, community and dental health; public health; and smaller rural services. Discussed further in Chapter 4, DH has several strategies to help it develop a system that responds to diverse needs and improves the health of all Victorians.⁵¹

The ageing and aged care portfolio within DH aims to optimise the health and wellbeing of older people through a range of mechanisms. DH's Healthy Ageing Program consolidates several initiatives under a 'broader healthy ageing framework', including:

- funding for nine active and healthy ageing advisors across Victoria who obtain evidence regarding health and wellbeing improvement strategies, bolster existing healthy ageing initiatives, enhance networks to develop organisational and workforce capacity and participate in a state-wide approach to healthy ageing
- education and capacity building through online training, peer learning networks, workshops and producing research-based resources
- the Healthy Ageing Online Network, an 'interactive network' for service providers and health professionals to share information and discuss best practice
- Well for Life, a toolkit for staff working with older people to promote healthy ageing. The toolkit focuses on physical activity, emotional wellbeing and nutrition and has been translated into simplified Chinese, Greek, Italian and Vietnamese.⁵²

⁴⁸ Ibid.

⁴⁹ Department of Families, Fairness and Housing, *Annual report 2020–21*, p. 31.

⁵⁰ Victorian Multicultural Commission, *What we do*, 2021, <<https://www.multiculturalcommission.vic.gov.au/vmc-what-we-do>> accessed 12 November 2021; Victorian Multicultural Commission, *VMC Regional Advisory Councils*, 2021, <<https://www.multiculturalcommission.vic.gov.au/vmc-regional-advisory-councils>> accessed 28 March 2022.

⁵¹ Department of Health, *Health 2040: advancing health access and care*, 2016, <<https://www.health.vic.gov.au/publications/health-2040-advancing-health-access-and-care>> accessed 12 April 2022; Department of Health, *Victorian public health and wellbeing plan 2019–2023*, Victorian Government, Melbourne, 2019.

⁵² Department of Health, *Healthy ageing program*, 2018, <<https://www.health.vic.gov.au/wellbeing-and-participation/healthy-ageing-program>> accessed 28 March 2022; Department of Health, *Well for life*, 2021, <<https://www.health.vic.gov.au/wellbeing-and-participation/well-for-life>> accessed 28 March 2022.

DH delivers support for people living with dementia and their carers,⁵³ covered in Chapter 4, elder abuse prevention and response,⁵⁴ considered in Chapter 8, and services related to My Aged Care,⁵⁵ discussed in Chapter 9. DH also provides support for people from refugee backgrounds or who are seeking asylum in partnership with VRHN through funding for general and specialist refugee health and community care services, including:

- the Refugee Health Program, providing initial health screenings, case management and education, and facilitating referrals to other services in locations with high numbers of newly arrived refugees
- the Refugee Health Fellows Program, supporting specialist positions at certain hospitals to coordinate healthcare services for refugees and between metropolitan and regional areas
- torture and trauma counselling with the Victorian Foundation for Survivors of Torture (Foundation House).⁵⁶

Table 1.5 summarises additional services provided by DH.

Table 1.5 Services provided by the Victorian Department of Health for older people

Service name	Service description
Age-Friendly Victoria	Provides grants to local government, businesses, councils and other agencies to improve older people's quality of life.
Housing Support for the Aged Program and Older Persons High Rise Program	Low-cost accommodation support programs for older Victorians who are socially isolated, have complex health needs and a history of social marginalisation or homelessness.
Victorian Eyecare Service	Subsidised eyecare for Victorians including holders of pension concession cards, people from CALD backgrounds, people living in rural and remote areas and people living in public sector residential aged care or older person public housing.
Personal Alert Victoria	A personal monitoring service for eligible older people that responds to calls for assistance at any time.
Supporting people in care relationships: a resource for care providers	An information booklet to assist service providers offering support to carers.
Victorian Aids and Equipment Program	Subsidised home and vehicle modifications, aids and equipment to help people live independently and safely at home. Permanent residents of Victoria, refugees and asylum seekers who require assistive technology on a long-term basis for an ageing- or health-related need are eligible.
Falls prevention information and toolkit	Information and advice on how to prevent falls for healthcare providers.

(Continued)

⁵³ Department of Health, *Dementia services*, 2015, <<https://www.health.vic.gov.au/supporting-independent-living/dementia-services>> accessed 28 March 2022.

⁵⁴ Department of Health, *Preventing elder abuse*, 2021, <<https://www.health.vic.gov.au/wellbeing-and-participation/preventing-elder-abuse>> accessed 28 March 2022.

⁵⁵ Department of Health, Victorian Government, *Ageing and aged care*, 2021, <<https://www.health.vic.gov.au/ageing-and-aged-care>> accessed 28 March 2022.

⁵⁶ Department of Health, *Refugee and asylum seeker health and wellbeing*.

Service name	Service description
Language Services Credit Line	A service providing telephone and onsite interpreting and translation for eligible Victorian Government-funded services.
Health translations directory	An online library of translated health information for health professionals working with CALD communities.
Language Services Innovation Grants	A 2017–2021 grant program to improve public hospitals' capacity to provide responsive and effective language services in acute health settings. The grants were supported by a community of practice and managed by the VRHN which disseminated learnings from each project.
Geriatric Evaluation and Management (GEM)	Specialist assessment and management service for people with complex and multidimensional health needs through an interdisciplinary team. GEM is located at multiple sites across metropolitan and regional Victoria.
Palliative Care Victoria	An organisation providing support to people and their families with a life-limiting illness. DH has provided funding to improve accessibility and understanding of palliative care for people from migrant backgrounds.
Local Adult and Older Adult Mental Health and Wellbeing Services	A service established in response to the recommendations of the Royal Commission into Victoria's Mental Health System to provide access to high-quality care and treatment to adults experiencing mental illness.

Sources: Department of Health and Human Services, *Ageing*, 2021, <<https://www.dhhs.vic.gov.au/ageing>> accessed 28 September 2021; Department of Health, *Low cost accommodation support programs*, 2021, <<https://www.health.vic.gov.au/supporting-independent-living/low-cost-accommodation-support-programs>> accessed 28 March 2022; Department of Health, *Victorian Eyecare Service*, 2022, <<https://www.health.vic.gov.au/supporting-independent-living/victorian-eyecare-service>> accessed 28 March 2022; Department of Health, *Personal Alert Victoria*, 2015, <<https://www.health.vic.gov.au/supporting-independent-living/personal-alert-victoria>> accessed 28 March 2022; Department of Health, *Supporting people in care relationships*, 2021, <<https://www.health.vic.gov.au/supporting-independent-living/supporting-people-in-care-relationships>> accessed 28 March 2022; Department of Health, *Falls prevention*, 2015, <<https://www.health.vic.gov.au/wellbeing-and-participation/falls-prevention>> accessed 28 March 2022; Department of Health, *Improving health for Victorians from culturally and linguistically diverse backgrounds*, 2021, <<https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds>> accessed 28 March 2022; Health Translations, *Health translations*, 2022, <<https://www.healthtranslations.vic.gov.au>> accessed 11 May 2022; Department of Health, *Geriatric evaluation and management*, 2015, <<https://www.health.vic.gov.au/patient-care/geriatric-evaluation-and-management>> accessed 28 March 2022; Victorian Government, *Submission 71*, pp. 23, 25.

1.3.2 The Australian Government provides aged care and immigration services

The Australian Government primarily provides support to older Victorians from migrant and refugee backgrounds through aged care, considered in Chapter 9. The eSafety Commissioner and Be Connected program are Australian Government initiatives that support all Australians to become digitally included and stay safe online, discussed in more depth in Chapter 7.

The Australian Government provides income support payments for older people and carers through the Age Pension and Carer Payment, respectively.⁵⁷ It also subsidises healthcare through Medicare and the National Disability Insurance Scheme, and medications through the Pharmaceutical Benefits Scheme, and issues concession cards to older people on low incomes.⁵⁸ Further, the Australian Government funds state

⁵⁷ Services Australia, *Residence rules*, 2022, <<https://www.servicesaustralia.gov.au/residence-rules-for-age-pension>> accessed 28 March 2022; Services Australia, *What other help is available*, 2021, <<https://www.servicesaustralia.gov.au/what-other-help-available-if-you-get-carer-payment>> accessed 28 March 2022.

⁵⁸ Services Australia, *Health care*, 2021, <<https://www.servicesaustralia.gov.au/health-care-and-ageing>> accessed 28 March 2022.

governments to deliver the Transition Care Programme, delivering short-term care to assist older people recover after discharge from hospital. It can take place in an aged care home, the community or a person's home and includes social work, nursing support, personal care and allied healthcare.⁵⁹

In addition, the Australian Government has responsibility for immigration and provides support to assist people from migrant and refugee backgrounds to settle in Australia. This includes the Adult Migrant English Program, a free service for migrants and humanitarian entrants with low English literacy to improve their language skills and enable them to participate more fully in the community. Provided at approximately 300 locations across Australia, unlimited hours of English classes are delivered through a range of formats until a person reaches the level of vocational English.⁶⁰ The Department of Home Affairs also provides grants to community organisations to enable participation and empower local communities to improve wellbeing and resilience.⁶¹

The Australian Government provides the Free Translating Service (FTS) and Translating and Interpreting Service (TIS). FTS allows certain visa holders to have documents (for example, identity and medical documents) translated for free up to two years from the date a visa was granted.⁶² TIS is an interpreting service for people who do not speak English and organisations that need to communicate with non-English speaking clients. Providing access to more than 3,000 contracted interpreters across Australia who speak over 160 languages, TIS operates both over the phone and onsite.⁶³

Several key strategies exist at a federal level relevant to culturally diverse older Victorians, including the:

- Multicultural access and equity policy, aspiring to ensure federal government services and programs are accessible to all people, regardless of cultural and linguistic background⁶⁴
- *National plan to respond to the abuse of older Australians (elder abuse) 2019–2023*, launched by the Australian Attorney-General and developed in consultation with state and territory governments⁶⁵

59 Department of Health, *Transition Care Programme*, 2022, <<https://www.health.gov.au/initiatives-and-programs/transition-care-programme>> accessed 28 March 2022.

60 Department of Home Affairs, *Adult Migrant English Program*, 2021, <<https://immi.homeaffairs.gov.au/settling-in-australia/amep/about-the-program>> accessed 28 March 2022.

61 Department of Home Affairs, *Multicultural affairs: our programs*, 2021, <<https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/programs>> accessed 28 March 2022.

62 Department of Home Affairs, *About this service*, n.d., <<https://translating.homeaffairs.gov.au/en/about-this-service>> accessed 28 March 2022.

63 Department of Home Affairs, *About TIS National*, n.d., <<https://www.tisnational.gov.au/en/About-TIS-National>> accessed 28 March 2022.

64 Department of Home Affairs, *Multicultural affairs: access and equity*, 2020, <<https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity>> accessed 28 March 2022.

65 Attorney-General's Department, *Protecting the rights of older Australians*, 2020, <<https://www.ag.gov.au/rights-and-protections/protecting-rights-older-australians#national-plan-to-respond-to-the-abuse-of-older-australians>> accessed 28 March 2022.

- *Culturally and linguistically diverse (CALD) dementia research action plan*, developed by the National Ageing Research Institute and National Health and Medical Research Council's National Institute of Dementia Research.⁶⁶

The Committee is limited to directing its recommendations to the Victorian Government, but where significant change is warranted at the federal level, the Committee has recommended the Victorian Government advocate for change.

1.3.3 Local government is a crucial provider of place-based services

Victoria's councils provide services that address a range of older people's needs, as outlined by the legislated peak body representing Victoria's 79 councils, the Municipal Association of Victoria (MAV):

For decades, Victorian councils have played an important role in celebrating and supporting communities and in fostering social cohesion and inclusion. Councils are very engaged with their older residents including those from culturally and linguistically diverse backgrounds.⁶⁷

Some of MAV's key roles include the capacity building of councils, facilitating networks and providing policy and strategic advice.⁶⁸ On its website, MAV outlines its current priorities for positive ageing, which include:

- a campaign, launched in May 2021, to address ageism in the community by encouraging councils to raise awareness about the impacts of ageism and change community attitudes
- encouraging councils to create age-friendly communities and support older people to remain active and engaged
- raising awareness of elder abuse and supporting council staff to identify and report it
- building the capacity of the community to talk about death and supporting people to die at home.⁶⁹

In addition, MAV supports diversity and inclusion through its 2012 *Statement of commitment to cultural diversity* which aims to 'promote and facilitate leadership across local government and strong, whole-of-council responses to cultural diversity.'⁷⁰ The current priorities of MAV are to:

⁶⁶ National Ageing Research Institute, *CALD dementia research action plan*, n.d., <<https://www.nari.net.au/cald-dementia-research-action-plan>> accessed 28 March 2022.

⁶⁷ Municipal Association of Victoria, *Submission 33*, received 30 November 2021, p. 5.

⁶⁸ *Ibid.*, p. 4.

⁶⁹ Municipal Association of Victoria, *Positive ageing*, n.d., <<https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/positive-ageing>> accessed 28 March 2022.

⁷⁰ Municipal Association of Victoria, *Diversity and inclusion*, n.d., <<https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/diversity-inclusion>> accessed 28 March 2022.

- support councils and council aged care providers to respond to diversity
- advocate on the behalf of councils to the Victorian and Australian governments on issues that affect diverse groups
- support councils to share information and resources and encourage collaboration between multicultural community sectors and local government
- promote best practice and support policy development through the Victorian Local Government Multicultural Issues Network, a group for council staff interested in multicultural services and policy.⁷¹

Described by MAV as the ‘first port of call for older residents seeking support and information’, councils provide facilities for ethno-specific seniors’ groups and connections between groups, and translate and distribute information.⁷² They also provide aged care services—particularly in regional areas—and provide digital education and device loans. Many councils have policies and staff dedicated to working with culturally diverse communities and older people, and advisory committees that ensure their voices are represented.⁷³ The Commissioner for Senior Victorians observed:

I think one of the things that maybe lots of the community do not understand is the degree to which local government pretty much in every geographic area across Victoria plays some type of support role for participation of older people, whether it is subsidised rental of rooms, whether it is grants to programs, whether it is the ambassador programs, governance training.⁷⁴

For example, Moreland City Council outlined that it has four main strategies that support its commitment to inclusion and social justice: *Council plan 2021–2025*, *Moreland social cohesion plan 2020–2025*, *Living and ageing well in Moreland: an age-friendly framework* and *Moreland human rights policy 2016–2026*. In addition, Moreland City Council provides direct services to older people through ‘personal care, household tasks and general home care, assisted shopping, home maintenance and modification, respite, delivered meals, community transport, [and] social support’.⁷⁵ The City of Ballarat likewise provides ‘ageing well services’ including home care, social connection programs, food deliveries and senior citizens club support. It is also currently developing an ageing well strategy, *Growing older well in Ballarat*.⁷⁶

71 Ibid.; Municipal Association of Victoria, *Victorian Local Government Multicultural Issues Network*, n.d., <<https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/diversity-inclusion/vlgmin>> accessed 12 April 2022.

72 Municipal Association of Victoria, *Submission 33*, p. 4.

73 Ibid., pp. 4–5.

74 Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 5.

75 Moreland City Council, *Submission 36*, received 30 November 2021, pp. 1–2.

76 Matthew Wilson, Director Community Wellbeing, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 27.

1.4 What did the Committee consider?

The Inquiry's terms of reference (ToR) asked the Committee to consider the adequacy of services provided for culturally diverse older people, as well as specific challenges they face including social isolation, civic participation, digital literacy, elder abuse and access to culturally appropriate aged and home care services. The ToR did not limit the Committee to these topics though. Other challenges such as economic participation, housing, financial literacy and stability, dementia and health literacy were also considered. The ToR further specified that the Committee should examine global best practice and other ideas to advance the physical and mental wellbeing of Victoria's multicultural older population.

With an initial deadline of 17 February 2022, the Committee sought an extension until 30 June 2022 to ensure evidence from those with lived experience could be collected. Submissions opened on 6 October 2021 and closed for organisations on 30 November 2021. Submissions from older Victorians and their carers closed on 28 February 2022. The Committee called for submissions through an advertisement in *The Age*, a mailout to stakeholders, social media posts and a specific engagement strategy for culturally diverse older people.

From the outset, the Committee pledged to hear firsthand from culturally diverse older people. The Committee consulted with experts in the sector to create a community engagement plan and thanks ECCV, the Office for Senior Victorians, Centre for Cultural Diversity in Ageing, VRHN and National Ethnic and Multicultural Broadcasters' Council (NEMBC) for their input. The Committee developed an online form to guide and encourage older people in writing their submissions that was translated into 10 different community languages: simplified Chinese, traditional Chinese, Italian, Greek, Vietnamese, Arabic, Punjabi, Hindi, Tagalog and Dari. Inquiry participants were able to complete the form in their preferred language, which the Committee had translated. Four submissions were made in languages other than English. The Committee also provided individuals with additional time to make a submission, offered to accept submissions in video or audio format and sent hard copies of the form to seniors' clubs, in addition to accepting written submissions in the standard way by email or the e-submission form.

Through consultation with stakeholders, the Committee was aware that reaching culturally diverse older people to raise awareness of the Inquiry presented a challenge. Stakeholders informed the Committee that many community leaders and organisations were suffering from engagement fatigue due to the level of consultation and voluntary work required during the COVID-19 pandemic. The COVID-19 pandemic also created challenges associated with the increased social isolation of older people or fear of participating in the community due to the risk of contracting the virus.

With this in mind, the Committee developed a suite of resources to promote the Inquiry and encourage people to engage in a range of culturally- and COVID-safe ways. This included developing an Easy English submission guide, a social media

pack and a promotional video. A poster and a brochure on the Inquiry and how to make a submission were produced in Plain English and 20 community languages. The Committee also worked with NEMBC to produce audio clips translated into Mandarin, Italian, Greek, Vietnamese and Arabic that were shared on social media. To distribute these resources, the Committee promoted them through social media and traditional media, and emailed over 500 stakeholders to request they be shared with their networks.

The Committee received 73 submissions, 32 of which were from people with lived experience, either older people themselves or their carers, family or friends. The Committee heard from a number of these organisations while conducting public hearings across five days, hearing from 72 witnesses. The Committee hosted two full days of online public hearings in January and February with organisations, as well as hosting in-person public hearings in Coburg, Geelong and Ballarat in March. The Committee focused on collecting evidence from people in regional areas, considering that the population of culturally diverse older people located in regional areas is expected to increase (see Section 1.2). At the in-person public hearings, the Committee heard from both ethno-specific community organisations and older people with lived experience and their carers. Interpreters were arranged for individuals who required them. This is demonstrated in Figure 1.2. For a full list of submitters and public hearing witnesses, see Appendix A.

The Committee also received submissions from several organisations that represent culturally diverse older people and provide essential services for them. The Committee was pleased by the number of organisations that specified that their submissions were written in consultation with older people from culturally diverse backgrounds to ensure their experiences were considered.

Figure 1.2 Evidence collected during the Inquiry



Source: Legislative Assembly Legal and Social Issues Committee.

1.5 Report structure

This report has 10 chapters:

- Chapter 1 (this chapter) provides an overview of key statistics, services and programs for culturally diverse older people, the distinction between local, state and federal responsibilities and the Inquiry process.
- Chapter 2 examines the adequacy of and barriers to accessing services and proposes guiding principles for developing plans, policies and services for culturally diverse older Victorians. It also considers the impacts of the COVID-19 pandemic.
- Chapter 3 considers how a bicultural and bilingual workforce could improve service delivery.
- Chapter 4 discusses how to take a holistic approach to the overall mental and physical health and wellbeing of culturally diverse older people, including by addressing the social determinants of health and recognising intersectionality.
- Chapter 5 examines the social isolation of culturally diverse older people and how to build strong connections to ensure their maximum enjoyment of life as they age.
- Chapter 6 considers civic, social and economic participation as a particularly pertinent challenge for multicultural communities and older people and how to facilitate their representation and input.
- Chapter 7 discusses enhancing the digital inclusion of older people through improvements to digital literacy and the accessibility and affordability of devices and internet connections.
- Chapter 8 examines the extensive evidence received on elder abuse as a unique challenge for culturally diverse Victorians and how to enhance both prevention of and responses to abuse.
- Chapter 9 reviews the Victorian Government's role in the aged and home care sector and how it can make services more culturally inclusive.
- Chapter 10 discusses the health and wellbeing of older people in the state and international human rights contexts and concludes with a summary of best practice guidance for the design and implementation of services. It also considers some case studies that adopt many of the best practice principles discussed throughout the report.

2 Improving services

The Terms of Reference for the Inquiry asked the Committee to consider the adequacy of services for older Victorians from migrant and refugee backgrounds. As highlighted in Chapter 1, this encompasses a broad range of sectors, services and programs. The Committee believes a comprehensive and culturally safe approach to service delivery ensures that older Victorians receive the high-quality care and support they need to live full and active lives. As the Commissioner for Senior Victorians emphasised, ‘this inquiry presents an opportunity to embed the needs of older people from migrant and refugee backgrounds across policymaking and service delivery.’¹

This chapter discusses deficiencies in current service provision and draws upon the evidence received about different challenges to make suggestions to enhance services across the care continuum. The Committee proposes best practice principles to inform the development and review of government policies, strategies and initiatives. These guiding principles can also be used by community-based and non-government organisations when designing services and policies. The chapter concludes by considering the impacts of the COVID-19 pandemic and summarising the guiding principles.

2.1 Victoria’s services are not always culturally safe and responsive

The ability of systems and services to respond to different cultural diversities, languages and literacy levels was a central theme of many submissions. The Ethnic Communities’ Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, defined cultural safety as:

attitudes, knowledge, practices and policies for agencies and professionals working with people who face marginalisation, exclusion, and inequality. The concept of cultural safety is based on acknowledgement of the difference in power between professionals and the marginalised person using a service—the professional has significant opportunities to have major impacts on the person they are working with. Cultural safety is therefore a way of managing the difference in power, knowledge, and opportunities to ensure that the person using a service has a voice, is treated with respect, and feels included.

A culturally safe approach requires agencies and professionals to reflect on their cultural identity and biases in relation to how they interact with people from cultures other than the dominant group, and modify practice, policies, and systems accordingly in order to achieve better outcomes for people facing inequity.²

1 Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 4.

2 Ethnic Communities’ Council of Victoria, *Submission 63*, received 27 January 2022, p. 11 with sources. See also Emiliano Zucchi, Chief Executive Officer, Ethnic Communities’ Council of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, pp. 34–35.

ECCV elaborated that a culturally safe outcome is determined by the individual, not the organisation or professional. Cultural safety ‘acknowledges that mainstream systems are not designed to include everyone, and that it is the responsibility of service providers to ensure inclusion.’³ Similarly, a research institute specialising in rural experiences of ageing, the John Richards Centre for Rural Ageing Research (JRC), explained that adopting a cultural safety framework is about promoting:

an environment safe for all people, free of assault, acknowledging and accepting of their identify [sic], of who they are, and what they need. The framework is underpinned by values of mutual respect, shared meaning and knowledge, truly listening, and collaborative learning with dignity. Cultural safety extends the notion of cultural competence beyond simply learning about a different culture, to also acknowledge that service providers and stakeholders also bear their own culture, that culture is diverse and dynamic, and plays a role in creating the unequal power distribution and potential discrimination that exists in our healthcare system. In doing so, a culturally safe framework provides opportunity to engage with the challenges of varied understandings of health, communication barriers, power dynamics and discrimination.⁴

Different cultural and religious norms can influence understandings of ageing and the likelihood to seek help. A not-for-profit community health service with 30 sites across nine local government areas in Melbourne, cohealth, outlined, ‘Cultural differences can prevent older people from migrant and refugee backgrounds from accessing and effectively using services and supports’, including ‘attitudes to family and caring responsibilities, perceptions about ageing and particular beliefs, behaviours and preferences’ that are not always understood by the general community.⁵

Services that are not culturally relevant and safe can influence a person’s level of engagement.⁶ ECCV explained that older people from migrant and refugee backgrounds can be ‘wary of the cultural competency of mainstream services and public sector agencies, with many having had adverse experiences of disrespect or discrimination in the past.’⁷ Negative perceptions of services can also spread by word-of-mouth and reduce engagement.⁸ For example, one 66-year-old Inquiry participant, who is a member of the Greek community and cared for her mother with dementia, identified that a key challenge for both of them was ‘culturally insensitive care systems’ and doctors who treated her mother ‘as though she was old, migrant and therefore dispensable’.⁹

This issue is exacerbated when service providers do not have an appropriate understanding of different cultural norms and are unable to adapt services

³ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 12.

⁴ John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, pp. 2–3 with sources.

⁵ cohealth, *Submission 29*, received 30 November 2021, p. 13.

⁶ Commissioner for Senior Victorians, *Submission 46*, pp. 18–19.

⁷ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 15. See also Kate Diamond-Keith, Gambling Harm and Elder Abuse Prevention Project Consultant, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 21.

⁸ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 15.

⁹ Name withheld, *Submission 7*, received 4 November 2021, p. 2.

accordingly.¹⁰ For example, Moreland City Council identified in relation to elder abuse, ‘The lack of appropriately trained culturally specific workers to provide supports further isolates individual’s ability to seek support and advise [sic]’.¹¹ The Commissioner for Senior Victorians reasoned that for culturally diverse older people ‘to feel safe and valued by the services they access, ... their cultural needs and preferences [should be] recognised and accommodated in multiple ways.’¹² Similarly, the Housing for the Aged Action Group (HAAG), a member-based community organisation that specialises in older people’s housing needs, drew upon consultations with different ethnic communities for its *Preventing homelessness in older culturally and linguistically diverse (CALD) communities* project to summarise:

services must have a basic understanding of their culture in order to provide an effective service. Without knowledge and understanding of the diverse migration histories and cultural values and practices of Australia’s multicultural communities, services will not be culturally inclusive and responsive to the complex needs of clients from culturally diverse backgrounds.¹³

English proficiency and literacy can be a barrier to accessing services

Low levels of English proficiency and literacy in first languages can make ‘it difficult to access services, information and support’.¹⁴ As Seniors Rights Victoria (SRV), a specialist elder abuse prevention and response legal centre, identified, ‘Recently arrived older migrants and refugees, particularly those who have experienced trauma, civil war

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- 10 cohealth, *Submission 29*, pp. 12–13. See also Peninsula Community Legal Centre, *Submission 18*, received 26 November 2021, pp. 5–6; Multicultural Centre for Women’s Health, *Submission 22*, received 29 November 2021, p. 2; Victorian Arabic Social Services, *Submission 24*, received 29 November 2021, p. 1; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, received 30 November 2021, p. 5; Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, received 30 November 2021, p. 1; United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 8.
- 11 Moreland City Council, *Submission 36*, received 30 November 2021, p. 6.
- 12 Commissioner for Senior Victorians, *Submission 46*, p. 19.
- 13 Housing for the Aged Action Group, *Submission 21*, received 29 November 2021, p. 4; Housing for the Aged Action Group, *Preventing homelessness in older culturally and linguistically diverse (CALD) communities project 2015*, 2015, <<https://www.older tenants.org.au/news/preventing-homelessness-older-culturally-and-linguistically-diverse-cald-communities-project>> accessed 15 May 2022.
- 14 Seniors Rights Victoria, *Submission 23*, received 29 November 2021, p. 6. See also cohealth, *Submission 29*, p. 7; South East Community Links, *Submission 34*, received 30 November 2021, p. 1; Moreland City Council, *Submission 36*, p. 6; inTouch Multicultural Centre Against Family Violence, *Submission 42*, received 1 December 2021, p. 4; Social Security Rights Victoria, *Submission 45*, received 3 December 2021, pp. 4, 10; Commissioner for Senior Victorians, *Submission 46*, pp. 7, 17; Justice Connect, *Submission 48*, received 15 December 2021, pp. 4, 6; May Hu, *Submission 57*, received 14 January 2022, p. 2; Health and Community Services Union, *Submission 61*, received 25 January 2022, p. 3; Ethnic Communities’ Council of Victoria, *Submission 63*, p. 6; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 3; COTA Victoria, *Submission 70*, received 3 February 2022, pp. 9–10; ABRISA, *Submission 72*, received 7 February 2022, p. 6; Peninsula Community Legal Centre, *Submission 18*, p. 3; Name withheld, *Submission 19*, received 27 November 2021, p. 1; Good Things Foundation Australia, *Submission 30*, received 30 November 2021, p. 9; AMES Australia, *Submission 31*, received 30 November 2021, p. 1; Name withheld, *Submission 44*, received 3 December 2021, p. 2; Maria Tsopanis, Senior Manager Community Development and Social Participation, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 23; Nicola Young, Acting Deputy Secretary, Fairer Victoria, Department of Families, Fairness and Housing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 42; Serap Yildiz, Vice President, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 36; Helen Elsheik, community member, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 28; Ebtesam Chniker, community member, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 27; Lisa Dinning, Workforce Development Adviser, Ballarat Neighbourhood Centre, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 38; Dr Sundram Sivamalai, Intercultural Advisory Committee Member, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 28; Teresa Azzopardi, Social Support Manager, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 1.

and violence, may have lower levels of general literacy' due to the disruption of formal education and inability to pursue education.¹⁵ The Turkish Women's Recreational Group (TWRG), which provides support to Turkish women in the City of Whittlesea, submitted that English language proficiency is the biggest challenge faced by its members. They 'find it hard to move within the community without assistance from translators, a member of the family or a family friend who speaks English.'¹⁶ Similarly, one older Inquiry participant of Maltese background explained that children of migrants who have grown older in Australia may have also missed educational opportunities because they were required to work and support their parents and families. Now, 'due to lack of education [they] do not know their rights and do not speak out because they ... do not know how.'¹⁷

Low English literacy has ensuing effects, as demonstrated by submissions to the Inquiry. One Inquiry participant in their 50s who made a submission in simplified Chinese wrote, 'I am doing okay in my day-to-day work and life. But when it comes to some special areas, I am unable to express myself clearly in English, which bothers me.'¹⁸ TWRG also highlighted that illiteracy in preferred languages, in addition to low proficiency in English, can be a barrier to accessing and learning how to use computers.¹⁹ Dr Wilfred Wang is a media and communications academic at the University of Melbourne with expertise in older Chinese Victorians' use of social media. He discussed how inadequate English proficiency and difficulties associated with accessing language services can contribute to the social isolation of older Chinese Australians, further limiting their 'social autonomy and mobility'.²⁰ Shunhua Lin, aged 81, who made a submission in traditional Chinese, identified communication and limited education as a barrier to making arrangements for herself.²¹ According to an independent not-for-profit organisation providing legal services in Melbourne's south-east suburbs, the Peninsula Community Legal Centre (PCLC), 'Limited English language proficiency impedes access to legal information and advice services for many older migrants and refugees' across the service continuum.²²

Migration journey, trauma and visa status can affect experiences of ageing and access to services

In addition to responding to differences in language, culture and education, service providers should recognise and understand complexities associated with older people's migration journey and visa status. Individuals with complex and multiple health needs, including those from migrant and refugee backgrounds who experience health and

¹⁵ Seniors Rights Victoria, *Submission 23*, p. 14.

¹⁶ Turkish Women's Recreational Group, *Submission 12*, received 12 November 2021, p. 2.

¹⁷ Name withheld, *Submission 19*, p. 1. See also Dr Deborah Towns, Convenor, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 11.

¹⁸ Name withheld, *Submission 10*, received 6 November 2021, p. 1.

¹⁹ Turkish Women's Recreational Group, *Submission 12*, p. 3.

²⁰ Dr Wilfred Wang, *Submission 14*, received 16 November 2021, pp. 1-2.

²¹ Shunhua Lin, *Submission 15*, received 18 November 2021, p. 1.

²² Peninsula Community Legal Centre, *Submission 18*, p. 4.

social disadvantage, face more acute barriers to accessing services and support.²³ Victorian Arabic Social Services (VASS), a not-for-profit association supporting people of Arabic-speaking backgrounds, identified that older migrants and refugees often experience trauma, 'either in their countries of origin, throughout their migration journey or in the country of settlement.'²⁴ This can have adverse effects on experiences of ageing.²⁵ Similarly, AMES Australia, a settlement agency supporting newly arrived refugees and migrants, stated that complex life trajectories affect culturally diverse older people's engagement with society.²⁶ As the Living and Ageing Well Officer at Moreland City Council, Elly Gardner, summarised:

Older refugees arriving in Australia can face greater settlement needs due to trauma, higher degree of chronic illness and in some cases complex psychosocial adjustment requirements. Caring practices need to be considerate of mental health needs, and it is important that steps are taken to minimise retraumatisation.²⁷

A family violence service for migrant and refugee communities, inTouch Multicultural Centre Against Family Violence (inTouch), emphasised that older people on temporary visas 'can face significant barriers to accessing services, as visa status determines what health services, welfare services, working rights, and social security people are eligible for.'²⁸ This challenge can compound other barriers preventing culturally diverse older people from accessing services.²⁹ Likewise, Social Security Rights Victoria, a community legal centre with expertise in social security law, advised that temporary visa holders face significant barriers due to being excluded from social benefits, while permanent visa holders are also prevented from accessing social security due to eligibility requirements and waiting periods.³⁰ For example, one 69-year-old Uruguayan Inquiry participant wrote she applied for an Aged Parent Visa in 2018 (costing \$50,000) and is still waiting on an outcome. She described it as 'not nice' to be living in 'limbo' and stated: 'I don't want to be complaintive but everyone needs to have some certainties.'³¹

In light of this evidence, the Committee believes the cultural safety of services for older people can be improved by implementing cultural diversity plans and language service policies, and through the development of a bicultural worker strategy. Cultural diversity plans and language service policies are discussed below, and a bicultural worker strategy is covered in Chapter 3.

²³ cohealth, *Submission 29*, p. 3.

²⁴ Victorian Arabic Social Services, *Submission 24*, p. 2.

²⁵ Ibid.

²⁶ AMES Australia, *Submission 31*, p. 2. See also Peninsula Community Legal Centre, *Submission 18*, p. 3; Public Health Association of Australia, *Submission 25*, received 29 November 2021, p. 2; Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, pp. 1–2; United Spanish Latin American Welfare Centre, *Submission 32*, p. 8; Commissioner for Senior Victorians, *Submission 46*, p. 7; Professor Bianca Brijnath, Director Social Gerontology, National Ageing Research Institute, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 35; Health and Community Services Union, *Submission 61*, p. 3.

²⁷ Elly Gardner, Living and Ageing Well Officer, Moreland City Council, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 2.

²⁸ inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 4.

²⁹ Ibid.

³⁰ Social Security Rights Victoria, *Submission 45*, pp. 2–3. See also Professor Bianca Brijnath, *Transcript of evidence*, p. 35.

³¹ Name withheld, *Submission 17*, received 25 November 2021, p. 1.

2.1.1 Cultural diversity plans help to provide culturally safe care

Each Victorian Government department is required by the *Multicultural Victoria Act 2011* to develop a cultural diversity plan to ‘enhance the delivery of accessible and responsive services to Victorians from culturally diverse communities.’³² The now obsolete Department of Health and Human Services’ (DHHS) plan, *Delivering for diversity: cultural diversity plan 2016–2019* (DHHS cultural diversity plan) was extended to cover 2019–20 given the constraints the COVID-19 pandemic placed on DHHS’ resources. The plan stated:

Our challenge as the government department responsible for supporting and enhancing the community’s health and wellbeing is to ensure that all the work we do is attuned to the needs of our multicultural population.

... addressing this challenge is not optional. It is core business for us as policymakers, funders, service providers and system managers.³³

In 2020–21, DHHS was split into the Department of Families, Fairness and Housing (DFFH) and the Department of Health (DH) and they were required to produce individual plans. These plans were to be published in the *2020–21 Victorian Government report on multicultural affairs*.³⁴ This report noted DH’s cultural diversity plan is still being developed, and DFFH released its *Diversity and Inclusion Framework 2022–2027* in June 2022. It is to be accompanied by an implementation plan.³⁵

Many of the barriers raised by Inquiry participants and discussed throughout this chapter were considered in the DHHS cultural diversity plan. For example, it recognised:

- people of diverse cultural backgrounds may face difficulty navigating services
- culturally safe environments must be created to ensure people are not subject to bias and discrimination
- the trauma people may experience through their migration journey
- the need for a diverse workforce with all staff demonstrating cultural competence
- the importance of working partnerships with culturally diverse communities
- the need to improve data collection and monitor service delivery.³⁶

The DHHS cultural diversity plan included many objectives that the Committee also considers paramount to providing high-quality culturally appropriate care. This includes facilitating better access to services; using different communication

³² Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, Victorian Government, Melbourne, 2021, p. 44.

³³ Department of Health and Human Services, *Delivering for diversity: cultural diversity plan 2016–2019*, Victorian Government, Melbourne, 2016, p. 6.

³⁴ Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, p. 47.

³⁵ Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2020–21*, Victorian Government, Melbourne, 2022, p. 31.

³⁶ Department of Health and Human Services, *Delivering for diversity*.

strategies to raise awareness of services in multiple languages; enhancing language services; implementing cultural responsiveness measures; recruiting people of diverse backgrounds; promoting the engagement of culturally diverse communities in service planning and delivery; and improving data collection of the characteristics of people accessing services, the demographics of Victoria's diverse population, and health and wellbeing outcomes.³⁷

In comparison, DFFH's *Diversity and Inclusion Framework 2022–2027* (which acts as the Department's cultural diversity plan) focuses on developing a diverse and inclusive workforce within the Department, rather than on service delivery. According to the Victorian Government, the purpose of cultural diversity plans is to 'help Victorian government departments deliver more inclusive, accessible and responsive services to CALD communities', including through 'workforce diversity, engagement, participation, inclusion and cultural competency in service delivery.'³⁸ Consequently, the Committee believes DFFH's *Diversity and Inclusion Framework 2022–2027* does not adequately meet the objective of a cultural diversity plan. While building a diverse workforce can help to ensure services are culturally responsive (discussed further in Chapter 3), cultural diversity plans should more specifically outline how government departments and service providers will deliver and support culturally safe services.

Under the *Multicultural Victoria Act 2011*, government departments publish yearly progress updates on the implementation of cultural diversity plans in the *Victorian Government report on multicultural affairs*.³⁹ Key actions taken over recent years by DHHS include providing cultural competency resources and training to staff, providing training on unconscious bias, evaluating programs to identify barriers and translating information into key languages.⁴⁰

However, the evidence presented to the Committee during the Inquiry suggested cultural diversity objectives are not always implemented in practice or do not flow through to individual service providers and staff. For example, Moreland City Council observed, 'There is a Government policy drive and a community desire to "age-in-place" however cultural and language-appropriate services are not meeting current demand, and this will continue to grow.'⁴¹ Vivienne Nguyen, the Chairperson of the Victorian Multicultural Commission (VMC), which connects multicultural communities with the Victorian Government, also identified that the multicultural community needs to be consulted more when developing the cultural diversity plans.⁴²

The Committee received evidence that some current services neither meet the needs of culturally diverse older Victorians nor provide culturally safe care. For example,

³⁷ Ibid.

³⁸ Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2020–21*, p. 31.

³⁹ Department of Health and Human Services, *Delivering for diversity*, p. 22.

⁴⁰ Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, pp. 17–20, 47.

⁴¹ Moreland City Council, *Submission 36*, p. 3.

⁴² Vivienne Nguyen, Chairperson, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 2. See also Hakan Akyol, Executive Senior Adviser, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 3.

Dr Sundram Sivamalai, an Intercultural Advisory Committee Member for the City of Ballarat, stated:

Older CALD residents deserve to be cared for and supported in a culturally sensitive manner, which includes that their ethno-specific needs, such as faith, language, gender et cetera, are considered when caring for them. Unless the healthcare system has a practical, culturally appropriate framework, many of our older migrants from CALD backgrounds may not receive the quality care that they deserve. The current framework that is applied is supportive but could be more sensitive to accommodate the diversity of cultures in our state. There are current government guidelines on how the care is best delivered for clients from CALD communities, but it lacks continuous quality improvement, or quality assurance.⁴³

Similarly, ECCV highlighted that the monitoring and accountability of multicultural policies are ‘not always implemented systematically, resulting in inconsistent, uneven approaches to access and equity for people from migrant and refugee backgrounds’.⁴⁴ Further, ‘cultural safety for older people from migrant and refugee backgrounds is not applied or monitored evenly or consistently in health and human services in Victoria.’⁴⁵

The Commissioner for Senior Victorians highlighted that cultural safety frameworks must be applied to a broad range of programs and services.⁴⁶ The DHHS cultural diversity plan applied to the services funded and delivered by the Victorian Government, including, ‘public, acute and mental health, housing and homelessness, family violence, aged care, child protection, disability, sport and recreation, and community engagement services.’⁴⁷ The DFFH’s *Diversity and Inclusion Framework 2022–2027* only applied to the Department. Several Inquiry participants made recommendations about building the capacity of service providers to deliver person-centred, trauma-informed and culturally and linguistically safe services, supports and activities in these sectors. These suggestions include that service providers:

- adopt a cultural safety framework and service delivery model⁴⁸
- provide person-centred, trauma-informed and holistic care⁴⁹

⁴³ Dr Sundram Sivamalai, *Transcript of evidence*, p. 29. Dr Sivamalai is also the advisor to the Ballarat Indian Association, President of the Emotional Wellbeing Institute, member of the Ethnic Communities’ Council of Victoria board and is a past Community Representative Commissioner of the Victorian Multicultural Commission.

⁴⁴ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 9.

⁴⁵ *Ibid.*, p. 12. See also Vivienne Nguyen, *Transcript of evidence*, p. 3.

⁴⁶ Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 2.

⁴⁷ Department of Health and Human Services, *Delivering for diversity*, p. 7.

⁴⁸ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 3; Commissioner for Senior Victorians, *Submission 46*, pp. 4, 8; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. i, 12.

⁴⁹ Margaret Yung, Acting Program Facilitator, Aged, Residential and Outreach, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 31; Dalal Sleiman, Community Capacity Building and Engagement Leader, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 27; Public Health Association of Australia, *Submission 25*, p. 2; Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, p. 2; cohealth, *Submission 29*, p. 10; United Spanish Latin American Welfare Centre, *Submission 32*, p. 6; Health and Community Services Union, *Submission 67*, p. 7; Ethnic Communities’ Council of Victoria, *Submission 63*, p. 12.

- build relationships with trusted community members who can assist with communicating with clients who are experiencing barriers to accessing services⁵⁰
- utilise available language services, provide forms and information in preferred languages and not assume it is the client's responsibility to find assistance⁵¹
- provide staff with education on discrimination, intersectionality and cross-cultural awareness⁵²
- deliver training and ongoing professional development on cultural safety, and understanding different cultural beliefs and attitudes toward ageing and the care of elders⁵³
- encourage staff to learn basic greetings in various languages to build trust or have culturally important or welcoming signs displayed in different service locations⁵⁴
- are supported to adapt resources to different cultures and provide services that are responsive to individual needs⁵⁵
- are adequately funded to provide culturally safe services and activities⁵⁶
- are encouraged to build partnerships with different cultural and community groups to increase their capacity to deliver culturally inclusive services.⁵⁷

The Committee believes cultural diversity plans could facilitate the realisation of these suggestions. Given the evidence presented to the Committee, DFFH and DH could consider how the objectives in their cultural diversity plans both meet these suggestions and are implemented in practice. This includes supporting service providers and community organisations to apply the objectives and work towards more culturally inclusive and safe practices. Due to the timing of the release of the Committee's report and the plans' time frames (for example, DFFH's plan operates until 2027), the Committee recognises the best practice principles outlined in this chapter will inform future reviews or iterations.

⁵⁰ Housing for the Aged Action Group, *Submission 21*, p. 8.

⁵¹ Ibid.; Whitehorse City Council, *Submission 47*, received 15 December 2021, p. 9; Christopher Turner, Deputy Chief Executive, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 30.

⁵² Housing for the Aged Action Group, *Submission 21*, p. 8; Multicultural Centre for Women's Health, *Submission 22*, p. 4.

⁵³ cohealth, *Submission 29*, p. 5; AMES Australia, *Submission 31*, p. 3; Victorian Transcultural Mental Health, *Submission 35*, received 30 November 2021, p. 2; Eastern Community Legal Centre, *Submission 39*, received 30 November 2021, p. 6; Health and Community Services Union, *Submission 61*, p. 7; John Richards Centre for Rural Ageing Research, *Submission 67*, pp. 2–3; Christopher Turner, *Transcript of evidence*, p. 30; Kieran Hough, Senior Social Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 23; Dr Lesley McKarney, Health Promotion Officer, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 23; Matthew Wilson, Director Community Wellbeing, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 28.

⁵⁴ Housing for the Aged Action Group, *Submission 21*, p. 8; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 2; Commissioner for Senior Victorians, *Submission 46*, p. 19.

⁵⁵ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 6; Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, p. 1.

⁵⁶ cohealth, *Submission 29*, p. 5.

⁵⁷ Commissioner for Senior Victorians, *Submission 46*, p. 19; Megan King, Principal Solicitor, Seniors Law, Justice Connect, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 12–13; Barbara Leon, Operations Manager, United Spanish Latin American Welfare Centre, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 12; ABRISA, *Submission 72, attachment 1*, p. 7.

The Victorian Government provides resources to support the not-for-profit community services sector to strengthen governance, capacity, and sustainability.⁵⁸ It also has a Partnership in Practice Memorandum of Understanding (MOU) with the health, housing and community sectors and a committee to facilitate collaboration and achieve outcomes.⁵⁹ The MOU describes a shared vision of ‘service provision that supports a democratic, fair, effective and accountable body of services that accommodates and values diversity, [and] addresses the needs of vulnerable and marginalised people’.⁶⁰ The Committee considers these are appropriate mechanisms for supporting service providers and the community services sectors to provide culturally safe care. In addition, the Victorian Government could produce a guide on how to provide culturally safe care that is promoted among service providers, or promote resources developed by other organisations. Examples include SBS’s Cultural Competence Program, cultural safety training delivered by the Centre for Culture, Ethnicity and Health, and DH’s 2009 *Cultural responsiveness framework*.⁶¹

FINDING 1: The Victorian Government recognises the importance of providing culturally safe and inclusive care to culturally diverse communities by requiring departments to produce cultural diversity plans. However, departmental cultural diversity plans do not always outline how culturally safe services will be provided and the objectives of the plans are not always implemented in practice. Further, Victorian Government-funded service providers and the community services sector can be better supported to apply cultural safety principles.

RECOMMENDATION 1: That the Victorian Government explore opportunities to support and encourage departments and funded service providers to develop and implement cultural safety plans and objectives, for example, by producing a guide on cultural safety for service providers, promoting existing resources or setting expectations for funded services to adopt cultural safety approaches. Adequate implementation of cultural safety plans should be regularly evaluated.

58 Department of Families, Fairness and Housing, *Business and community: not-for-profit organisations*, 2019, <<https://providers.dffh.vic.gov.au/not-profit-organisations>> accessed 11 May 2022.

59 Department of Families, Fairness and Housing, *Business and community: service partnerships and coordination*, 2019, <<https://providers.dffh.vic.gov.au/service-partnerships-and-coordination>> accessed 11 May 2022; Department of Families, Fairness and Housing, *Business and community: human services and health partnership implementation committee*, 2019, <<https://providers.dffh.vic.gov.au/human-services-and-health-partnership-implementation-committee>> accessed 11 May 2022.

60 Department of Health and Human Services and Victorian Council of Social Services, *Memorandum of Understanding 2016–19: between the non-government health, housing and community services sector, and the Department of Health and Human Services*, Victorian Government, Melbourne, February 2017, p. 2.

61 Cultural Competence Program, *CCP for businesses and organisations*, n.d., <<https://www.cultural-competence.com.au/businesses>> accessed 11 May 2022; Department of Health, *Cultural responsiveness framework—guidelines for Victorian health services*, 2011, <<https://www.health.vic.gov.au/publications/cultural-responsiveness-framework-guidelines-for-victorian-health-services>> accessed 11 May 2022; Centre for Culture, Ethnicity and Health, *Cultural competence*, n.d., <<https://www.ceh.org.au/training>> accessed 15 May 2022.

2.1.2 High-quality and comprehensive language services need more investment

Easy access to high-quality interpreting and translation services was an issue raised repeatedly throughout the Inquiry.⁶² The Victorian Government has policies and guidelines on *Using interpreting services* (August 2019), *Using translation services* (June 2017) and *Providing multilingual information online* (June 2017).⁶³ The policies on using interpreting and translation services identify departments' and agencies' obligation to provide professional interpreting and translation services for Victorians who cannot communicate effectively using English for them to make informed decisions. Interpreting and translation are also important components of providing culturally appropriate services. Each policy includes practical information about understanding, planning, preparing and arranging translations and interpreters.⁶⁴ The *Providing multilingual information online* policy contains information on preparing content for web translations and ensuring the quality of information.⁶⁵

The Victorian Government's multicultural affairs website describes how it is improving the provision of language services and making it easier for Victorians to use translators and interpreters. This includes making 'government services more accessible to Victorians with lower English language skills', increasing the number of interpreters and translators in Victoria through scholarships and helping 'government service providers use language services'.⁶⁶ In 2019–20, the Victorian Government invested \$55 million in language services.⁶⁷

The Victorian Government's language service policy encourages individual departments and agencies that provide direct care to establish specific policies and procedures on

62 cohealth, *Submission 29*, pp. 7, 12; Nada Filipovic, *Submission 5*, received 10 October 2021, p. 1; Shunhua Lin, *Submission 15*, p. 1; Peninsula Community Legal Centre, *Submission 18*, p. 3; Housing for the Aged Action Group, *Submission 21*, p. 7; Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, pp. 2–3; Good Things Foundation Australia, *Submission 30*, p. 9; AMES Australia, *Submission 31*, p. 1; United Spanish Latin American Welfare Centre, *Submission 32*, p. 5; Moreland City Council, *Submission 36*, p. 5; Loddon Campaspe Multicultural Services, *Submission 54*, received 9 January 2022, p. 3; COTA Victoria, *Submission 70*, pp. 9–10; Eastern Community Legal Centre, *Submission 39*, pp. 4, 6; Centre for Cultural Diversity in Ageing, *Submission 43*, received 3 December 2021, p. 7; Adele Pasquini, *Submission 60*, received 24 January 2022, p. 1; Ethnic Communities' Council of Victoria, *Submission 63*, p. 13; Judith Abbott, Chief Executive Officer, Carers Victoria, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 40; Rebecca Edwards, Manager and Principal Lawyer, Seniors Rights Victoria, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 39; Christopher Turner, *Transcript of evidence*, p. 30; Maria Tsopanis, *Transcript of evidence*, p. 24; Megan King, *Transcript of evidence*, p. 13; Jackie Galloway, Chief Executive Officer, Peninsula Community Legal Centre, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 20; Carol Mioduchowski, North Area Health Manager, Barwon Health, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 36; Rebecca Smith, General Manager, Community Aged and Disability, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 3.

63 Victorian Government, *Interpreters and translations*, 2021, <<https://www.vic.gov.au/interpreters-and-translations>> accessed 28 March 2022; Victorian Government, *Using interpreting services*, 2020, <<https://www.vic.gov.au/guidelines-using-interpreting-services>> accessed 28 March 2022; Victorian Government, *Providing multilingual information online*, 2019, <<https://www.vic.gov.au/providing-multilingual-information-online>> accessed 28 March 2022.

64 Victorian Government, *Using interpreting services: Victorian Government policy*, 2019, <<https://www.vic.gov.au/guidelines-using-interpreting-services/victorian-government-policy>> accessed 28 March 2022; Victorian Government, *Using translation services: Victorian Government policy*, 2019, <<https://www.vic.gov.au/using-translation-services/victorian-government-policies>> accessed 28 March 2022.

65 Victorian Government, *Providing multilingual information online*.

66 Victorian Government, *Interpreters and translations*.

67 Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, p. 6.

language services.⁶⁸ As such, the former DHHS published its *Language services policy* and accompanying guidelines on how to work with interpreters and translators in 2018. The policy recognised that around 300,000 Victorians require interpreting services and that demand ‘is increasing due to a growing population of new migrants as well as the ageing of established migrant communities, who may revert to their first language.’⁶⁹ Further, it identified:

The health and wellbeing benefits to people with no or low English proficiency are much higher when they are provided with interpreting services. People with limited English proficiency are at risk of experiencing adverse events and poorer quality of care, if not actual exclusion from services and resources.⁷⁰

The *Language services policy* acknowledged that ‘language services are not always offered, identified or required when they should be.’⁷¹ To help departmental staff and funded agencies, the policy identifies when and how language services should be offered. However, the evidence presented to the Committee suggests that the quality and use of interpreting services can be improved. For example, ECCV wrote:

language services are not always used as required in many service systems, and there are inconsistencies in practice with policy and legislation. In turn, the availability and operation of language services does not always meet the needs of consumers.

...

There has been significant literature regarding challenges, opportunities, and reform recommendations to improve the availability, skills base, remuneration, working conditions, and operational arrangements for language services. Reform and enhancement of language services policy and implementation across Victorian Government service systems must be considered a priority.⁷²

PCLC described the ‘limited availability of free and appropriately qualified interpreter services’ as a ‘well known’ issue in the sector.⁷³ The Multicultural Centre for Women’s Health (MCWH), a community-based organisation providing tailored and accessible wellbeing programs for older migrant and refugee women, highlighted that the ‘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.’⁷⁴ In addition, SRV advised that accessing interpreters is reliant upon someone helping to identify the appropriate service and facilitate access.⁷⁵ The Centre for Cultural Diversity in Ageing, an organisation with expertise in culturally inclusive policy and practice in the aged care sector, also noted that the uptake of language services in aged care settings

68 Victorian Government, *Using interpreting services*.

69 Department of Health and Human Services, *Language services policy*, Victorian Government, Melbourne, 2017, p. 7.

70 Ibid., pp. 7–8.

71 Ibid., p. 7.

72 Ethnic Communities’ Council of Victoria, *Submission 63*, p. 13 with sources.

73 Peninsula Community Legal Centre, *Submission 18*, p. 4.

74 Multicultural Centre for Women’s Health, *Submission 22*, p. 2.

75 Seniors Rights Victoria, *Submission 23*, pp. 12–13.

is low as people are not aware of services.⁷⁶ This was endorsed by cohealth, who listed a range of problems associated with accessing interpreters, potentially leading to people delaying or not accessing support, including:

- insufficient number of interpreters and long wait times
- not all services offer interpreters, particularly after hours
- interpreting quality is sometimes insufficient or inaccurate
- inflexibility when booking interpreters or inability to use them outside of business hours
- using family members as interpreters, even if it is well intentioned, when professional interpreters are not available
- the costs associated with having written materials translated.⁷⁷

Several recommendations were made to the Committee to improve language services, including:

- increased Victorian Government investment in language services⁷⁸
- more training on how to use interpreters⁷⁹
- greater onus placed on service providers to organise interpreters and not individuals⁸⁰
- increased monitoring of demand and supply of language services and ensuring language policies are implemented in practice⁸¹
- better promotion of language services to build trust⁸²
- more funding and training for language services in regional areas and smaller communities⁸³
- ensuring language services are fully utilised in care settings⁸⁴
- expanding the range of languages with translation and interpreting available.⁸⁵

⁷⁶ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 8.

⁷⁷ cohealth, *Submission 29*, p. 8.

⁷⁸ Ibid., p. 4; Municipal Association of Victoria, *Submission 33*, received 30 November 2021, p. 11; Victorian Transcultural Mental Health, *Submission 35*, p. 1; Centre for Cultural Diversity in Ageing, *Submission 43*, pp. 7, 11; COTA Victoria, *Submission 70*, p. 6; Christopher Turner, *Transcript of evidence*, p. 30; Matthew Wilson, *Transcript of evidence*, p. 28; Jackie Galloway, *Transcript of evidence*, p. 17.

⁷⁹ Matthew Wilson, *Transcript of evidence*, p. 28; Kirsten Young, Community Engagement, Education and Legal Policy Officer, Peninsula Community Legal Centre, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 20; Ethnic Communities' Council of Victoria, *Submission 63*, p. 14.

⁸⁰ Health and Community Services Union, *Submission 61*, p. 7.

⁸¹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 14.

⁸² Ibid.

⁸³ Loddon Campaspe Multicultural Services, *Submission 54*, p. 4; Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 33; Dr Sundram Sivamalai, *Transcript of evidence*, p. 29; Ethnic Communities' Council of Victoria, *Submission 63*, p. 7; Jackie Galloway, *Transcript of evidence*, p. 20.

⁸⁴ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 8.

⁸⁵ Jackie Galloway, *Transcript of evidence*, p. 20.

The Committee recognises that the Victorian Government has invested resources in improving language services recently. However, the evidence presented during the Inquiry suggests a need for further improvements. Consequently, the Committee recommends the Victorian Government undertake a review of its language service policy and guidelines and their use across departments and government-funded services.

FINDING 2: The supply and use of interpreting and translation services in Victoria are not always sufficient and of adequate quality. Commonly reported issues include low awareness of available services, services that are inflexible or not extensive enough, and low-quality delivery of services.

RECOMMENDATION 2: That the Victorian Government undertake a review of its language service policies, guidelines and practices and seek to increase investment in translation and interpreting services, including in regional Victoria.

2.2 Comprehensive and uncomplicated care systems are integral

The Committee recognises that applying an intersectional, person-centred and holistic approach to the health and wellbeing of older people is an essential guiding principle of Victoria's care system. This is discussed in Chapter 4. This section focuses on building comprehensive and uncomplicated healthcare and social services systems for culturally diverse older people through increasing the capacity of ethno-specific and multicultural organisations, prioritising place-based services, addressing system complexity and resourcing accessible and face-to-face services.

2.2.1 The capacity of ethno-specific and multicultural organisations to provide care can be improved

Many Inquiry participants highlighted the vital role of multicultural and ethno-specific groups and community leaders who are dedicated to addressing the needs of culturally diverse older Victorians.⁸⁶ This includes seniors' groups that provide social connections for older people, as well as community organisations, neighbourhood houses and providers of essential services. This section focuses on ethno-specific and multicultural organisations that deliver services. Ethno-specific seniors' groups are discussed in Chapter 5.

⁸⁶ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 3; United Spanish Latin American Welfare Centre, *Submission 32*, pp. 5–6; Centre for Cultural Diversity in Ageing, *Submission 43*, pp. 7, 10; Commissioner for Senior Victorians, *Submission 46*, pp. 15–16; Whitehorse City Council, *Submission 47*, pp. 2–3; Ethnic Communities' Council of Victoria, *Submission 63*, p. 16; Nicola Young, *Transcript of evidence*, p. 43; Dalal Sleiman, *Transcript of evidence*, p. 27; ABRISA, *Submission 72, attachment 1*, p. 7.

VASS outlined in its submission that ethno-specific organisations can build trust, provide essential expertise and reduce barriers to accessing services.⁸⁷ They should be empowered to provide a range of services and activities, including:

- education and advocacy regarding mental health⁸⁸
- social connection and mental health initiatives⁸⁹
- warm referrals to mainstream services⁹⁰
- working with new and emerging communities⁹¹
- settlement services.⁹²

Dr Wang wrote that community organisations hold the key to engaging with and reaching older Chinese community members and ‘encouraging their participation in Victoria’s and Australia’s social, economic, and cultural lives.’⁹³ Similarly, Emiliano Zucchi highlighted:

[multicultural and ethno-specific] organisations are trusted as they are peer led, employ bilingual or bicultural workers and have built-in cultural expertise. They also have strong relationships and networks within their communities that can be leveraged to deliver services effectively. However, multicultural and ethno-specific organisations are under-resourced, undervalued and often not effectively engaged by mainstream providers.⁹⁴

The need for additional funding and resourcing for ethno-specific and multicultural groups and organisations was a reoccurring theme conveyed in evidence.⁹⁵ For example, Moreland City Council emphasised:

CALD-specific services are best placed to meet this cohort’s support needs. Our diverse community requires services and staff with deep local knowledge, relationships, and cultural understanding to meet needs and maintain health and wellbeing. However, Moreland requires more service providers, catering to a wider range of cultural groups, and more capacity to meet demand. The majority of local CALD support services are full. They are not offering new client places and have closed their waiting lists. These services require more support and funding to meet the needs of our community.⁹⁶

⁸⁷ Victorian Arabic Social Services, *Submission 24*, pp. 1, 3. See also Ethnic Communities’ Council of Victoria, *Submission 63*, p. 16.

⁸⁸ Multicultural Centre for Women’s Health, *Submission 22*, p. 4.

⁸⁹ Victorian Arabic Social Services, *Submission 24*, p. 3.

⁹⁰ Ibid.

⁹¹ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 3.

⁹² Whitehorse City Council, *Submission 47*, p. 8; Lateef Adeleye, Deputy Secretary, Ballarat African Association Inc., public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 10.

⁹³ Dr Wilfred Wang, *Submission 14*, p. 3.

⁹⁴ Emiliano Zucchi, *Transcript of evidence*, p. 34.

⁹⁵ Multicultural Centre for Women’s Health, *Submission 22*, p. 4; Victorian Arabic Social Services, *Submission 24*, p. 3; Centre for Cultural Diversity in Ageing, *Submission 43*, p. 10; Ethnic Communities’ Council of Victoria, *Submission 63*, p. 16; Rebecca Edwards, *Transcript of evidence*, p. 39; Emiliano Zucchi, *Transcript of evidence*, p. 34; Dalal Sleiman, *Transcript of evidence*, p. 26; Lisa Dinning, *Transcript of evidence*, p. 38.

⁹⁶ Moreland City Council, *Submission 36*, p. 3.

Vivienne Nguyen from VMC stated at a public hearing:

We believe there is a greater need to involve the multicultural, multifaith, ethno-specific organisations as service providers as part of the system as opposed to as complementary to the system. That goes to the heart of the workforce diversity, the understanding of the cultural and religious diversity in our community and the nuances in the way in which we message, deliver and collect data as evidence.⁹⁷

Vivienne Nguyen explained that project-based funding prevents community organisations from becoming integrated into service structures and inhibits their ability to build capacity.⁹⁸ Louise Feery, Manager, Health Promotion at Ballarat Community Health, also reasoned that short-term funding prevents it from implementing projects with long-term vision.⁹⁹ When asked what the Victorian Government can do to better support neighbourhood centres, Lisa Dinning, Workforce Development Adviser at Ballarat Neighbourhood Centre, responded that 'It comes down to funding ... Some more funding for programs which are specifically for multicultural groups and for the multicultural cohort would be helpful.'¹⁰⁰ Lina Hassan, Aged Care and Disability Intake and Case Manager at VASS, also advocated for increased Victorian Government support and funding to ensure that ethno-specific and multicultural service providers can adequately meet the needs of the community.¹⁰¹

FINDING 3: Ethno-specific and multicultural organisations are trusted in the community and provide essential high-quality care and culturally relevant services to culturally diverse older Victorians. However, they are not currently resourced sufficiently and sustainably to deliver services effectively.

RECOMMENDATION 3: That the Victorian Government increase ongoing funding for ethno-specific and multicultural organisations to provide essential services for culturally diverse older people.

⁹⁷ Vivienne Nguyen, *Transcript of evidence*, p. 2.

⁹⁸ *Ibid.*, p. 5.

⁹⁹ Louise Feery, Manager Health Promotion, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 25.

¹⁰⁰ Lisa Dinning, *Transcript of evidence*, p. 38.

¹⁰¹ Lina Hassan, Aged Care and Disability Intake and Case Manager, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 23.

2.2.2 Place-based and community-level services are more accessible and responsive

Inquiry participants highlighted that resourcing place-based and local services is one of the best ways to provide accessible and appropriate care and programs.¹⁰² JRC explained in a submission that ‘the community (including family, friends, and the religious community) are a key source of advice, assistance and support’, which reflects ‘the strong cultural networks that people establish and rely on’ in their local areas.¹⁰³ These networks are an important source of information and connection. Rural and regional communities are particularly well-placed to capitalise on these networks given the ‘small-scale, highly networked services, and strong culture of volunteerism and community-mindedness’ and:

during interviews with service providers of programs that engaged older ethnic people in rural areas, smaller communities and centres were identified as being beneficial to identifying and accessing isolated ethnic seniors, for which face-to-face contact and networking within communities were essential to build trust and rapport. Smaller settings also provide better opportunity to circulate information, and better engagement and rapport between organisations.¹⁰⁴

However, the legislated peak body representing Victoria’s 79 councils, the Municipal Association of Victoria (MAV), highlighted that councils require greater funding and support, and stronger sector partnerships to assist them in service provision.¹⁰⁵ A joint submission from the National Ageing Research Institute (NARI), SRV, MCWH and Carers Victoria,¹⁰⁶ identified a ‘practical need for community-level integration of services and legislation and policy that supports multi-lingual and culturally appropriate’ service provision.¹⁰⁷ Rebecca Edwards, Manager at SRV, elaborated that place-based services should be delivered in partnership with local organisations and communities to ensure they address specific needs.¹⁰⁸ Similarly, Matthew Wilson, Director, Community Wellbeing at the City of Ballarat, stated:

We would like to see a local, decentralised model of support, where organisations such as Seniors Rights Victoria and other support services have a presence in regional cities, utilising the advantage that regional cities present as major hubs to more remote parts

¹⁰² United Spanish Latin American Welfare Centre, *Submission 32*, p. 5; Municipal Association of Victoria, *Submission 33*, pp. 8–9; Whitehorse City Council, *Submission 47*, pp. 8, 10; Rebecca Edwards, *Transcript of evidence*, p. 39; Cassandra Strakosch, Head of Communications and Engagement, Good Things Foundation Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 21–22; Gerard Mansour, *Transcript of evidence*, p. 5; Jackie Galloway, *Transcript of evidence*, p. 17; Alexandria Jones, Community Development Manager, Barwon Community Legal Service, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 19.

¹⁰³ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 4.

¹⁰⁴ *Ibid.*

¹⁰⁵ Municipal Association of Victoria, *Submission 33*, pp. 10–11.

¹⁰⁶ The National Ageing Research Institute is an independent research institute specialising in ageing; Seniors Rights Victoria is a specialist elder abuse prevention and response legal centre; the Multicultural Centre for Women’s Health is a community-based organisation providing tailored and accessible wellbeing programs for older migrant and refugee women; and Carers Victoria is the peak body representing unpaid carers in the state.

¹⁰⁷ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 3. See also Jackie Galloway, *Transcript of evidence*, p. 17; Dr Bruce Baer Arnold, Associate Professor, University of Canberra, *Submission 2*, received 25 October 2021, p. 1.

¹⁰⁸ Rebecca Edwards, *Transcript of evidence*, p. 39.

of the state. We would like to see a deeper and broader investment in local agencies that are focused on providing support to our older migrant and refugee residents, including councils, community health, regional multicultural services—those that are well placed to develop and implement programs and services that meet locally identified and therefore locally known needs of residents who are older and who are from migrant and refugee backgrounds.¹⁰⁹

Moreland City Council noted that local services can struggle to meet the needs of new and emerging communities where only a small number of people are located in each area and older refugees may have ‘unique psychosocial needs.’¹¹⁰ Similarly, MAV indicated:

Recent older migrants, refugees and holders of short-term visas can arrive in Australia bringing with them a background of trauma, family separation, hardship and loss. Improved health and wellbeing service supports for this group have been identified as needed as the existing system appears to not provide the assistance these older people require. Local government, with the financial assistance of state or federal government funding could better connect these older people into their new local communities.¹¹¹

The Commissioner for Senior Victorians advocated for expanding investment in the capacity of local councils to deliver services.¹¹² As did Jan Bruce, the Positive Ageing Policy Advisor at MAV, who suggested Victorian Government funding and resourcing should be provided to councils to develop and expand the support provided to culturally diverse older people in the community.¹¹³

According to JRC, disconnected, insufficient and time-bound funding streams significantly limit the continuity of service delivery and staffing.¹¹⁴ This ‘contributes to poor consistency and sustainability of programs and services,’ which can hinder the development of trust between culturally diverse older people and service providers, and lead to low uptake of services.¹¹⁵ Similarly, MAV specified that local councils are ‘trusted and respected by the community’ and play a vital role in connecting people to services and activities, but:

the resources that councils have available to work with their older community and people from migrant backgrounds is only provided within their resource capacity, and not all needs and issues facing older people can be met with the current resources and funding that councils have.¹¹⁶

¹⁰⁹ Matthew Wilson, *Transcript of evidence*, p. 28.

¹¹⁰ Moreland City Council, *Submission 36*, p. 3. See also Health and Community Services Union, *Submission 61*, p. 7.

¹¹¹ Municipal Association of Victoria, *Submission 33*, pp. 8–9.

¹¹² Gerard Mansour, *Transcript of evidence*, p. 5.

¹¹³ Jan Bruce, Positive Ageing Policy Adviser, Municipal Association of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 11.

¹¹⁴ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 5.

¹¹⁵ *Ibid.*, p. 6. See also Yvonne Lipianin, Manager, Seniors Law, Justice Connect, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 10–11; Dalal Sleiman, *Transcript of evidence*, p. 27; Kirsten Young, *Transcript of evidence*, p. 18.

¹¹⁶ Jan Bruce, *Transcript of evidence*, p. 10.

The Committee recognises that local government and place-based services are an essential element of the overall framework supporting culturally diverse older people. Services that are located in the communities where older people live and are easy to access should be encouraged and supported, but they do not always receive a sufficient level of resourcing to deliver the required services.

FINDING 4: Community and place-based services are best able to meet the needs of culturally diverse older Victorians as they are more accessible and understand the needs of local communities. However, place-based community organisations and councils are often not sufficiently resourced to provide timely access to services and meet demand.

RECOMMENDATION 4: That the Victorian Government review an increase in investment in councils' and community-based service providers' capacity to support older people from culturally diverse backgrounds. Particular attention should be directed to the needs of smaller ethnic and recently arrived communities to ensure equitable access to services.

Regional and rural councils face particular barriers to service delivery

The provision of services in rural, regional and outer suburban areas where migrant and refugee communities live was an issue the Committee heard frequently. As Professor Irene Blackberry, Chair and Director at JRC, commented:

each rural community is unique. Older CALD people draw on a complex network of resources, including health and social support professionals, families, friends and local community as their key resource for advice, assistance and support. Trust is very important, and we have found that strong interorganisational networks and engagement within the whole of the rural community is very critical to the success of any initiatives or programs that are being implemented.¹¹⁷

Rebecca Edwards from SRV expressed that services should be delivered in regional areas rather than being 'metrocentric.'¹¹⁸ In regional areas, JRC explained that service provision is generally more expensive, under-provided, underfunded and prone to staff shortages. It is exacerbated by a shortage of public and private transport and large and potentially geographically isolated regions. This is a prohibitive cost barrier to both accessing and delivering services.¹¹⁹ The complex health needs of culturally diverse older people, combined with the 'structural disadvantages of rural and remote

¹¹⁷ Professor Irene Blackberry, Chair and Director, John Richards Centre for Rural Ageing Research, La Trobe University, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 23. See also Jan Bruce, *Transcript of evidence*, p. 11; Kim Howland, Manager, Community Services, Municipal Association of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 11.

¹¹⁸ Rebecca Edwards, *Transcript of evidence*, p. 39. See also Dr Sundram Sivamalai, Advisor, Ballarat Indian Association, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 15.

¹¹⁹ John Richards Centre for Rural Ageing Research, *Submission 67*, pp. 3, 5–6; Professor Irene Blackberry, *Transcript of evidence*, p. 24. See also Jan Bruce, *Transcript of evidence*, p. 11.

healthcare and service provision', means providing services to this cohort in regional areas is particularly challenging.¹²⁰

From AMES Australia, Maria Tsopanis, Senior Manager of Community Development and Social Participation, and Conor Butler, Research Officer, outlined that encouraging culturally diverse communities to settle in regional areas must be accompanied by adequate housing and services. A coordinated approach in regional locations to support growing multigenerational populations is needed to ensure the sustainability of population growth. This means that services must be provided that address the needs of all generations in culturally diverse communities, not just older people.¹²¹

JRC advocated for permanent and stable funding solutions at the local level in 'recognition of the resource constraints associated with targeting, attracting, and retaining' staff in regional areas and the additional costs associated with rural service delivery.¹²² Professor Blackberry stated that the government should play 'a critical role' in providing funding, support, services and technical help to community organisations, ethnic community organisations and health services in rural areas.¹²³ The Committee recognises that regional communities do not always receive the resourcing and support they need, which may become a greater problem given the expected increases in older regional populations.

FINDING 5: Regional and rural communities and councils face additional barriers when delivering culturally appropriate services due to factors such as geographical isolation, shortage of transport options and higher costs. They do not always receive the resources needed to address the needs of culturally diverse older Victorians living regionally.

RECOMMENDATION 5: That the Victorian Government ensure regional and rural councils, community groups and service providers are adequately supported to meet demand for culturally appropriate services and provide culturally safe care.

¹²⁰ John Richards Centre for Rural Ageing Research, *Submission 67*, pp. 1-2.

¹²¹ Maria Tsopanis, *Transcript of evidence*, p. 25; Conor Butler, Research Officer, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 25. See also Joy Leggo, Chief Executive Officer, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 5.

¹²² John Richards Centre for Rural Ageing Research, *Submission 67*, p. 5.

¹²³ Professor Irene Blackberry, *Transcript of evidence*, p. 25.

2.2.3 Healthcare and social services systems should be easy to navigate for consumers

The Committee received evidence that healthcare and social services systems are too complex for culturally diverse older people to navigate.¹²⁴ The joint submission from NARI, SRV, MCWH and Carers Victoria described Australia's care systems as 'notoriously fragmented', involving a 'confusing array of different programs and levels'.¹²⁵ This issue is more acute for people from migrant and refugee backgrounds:

Older people and their family carers' encounters with these systems can be often unproductive and increase distress. For migrants this is further amplified by cultural and linguistic minority status. Language barriers, cultural differences, and restrictive migration conditions increase the structural burden associated with engaging with the systems in ways not experienced by the Anglo-Australian majority.¹²⁶

The Royal Australian and New Zealand College of Psychiatrists Victorian Branch identified navigating public mental health services as a complex process, which is particularly challenging for culturally diverse older people. This can lead to 'delayed assessment, substandard assessment with misdiagnosis, inadequate investigations, treatment and follow-up', where 'older adults present late to services and [are] more advanced/severe in their presentations'.¹²⁷ Similarly, Rebecca Smith, General Manager, Community Aged and Disability at Cultura, an organisation operating in the Geelong region that provides settlement, community and aged care support, stated at a public hearing:

Our systems to access assistance assume that one size fits all and also require a high level of individual ability in a number of areas: literacy; English-language skills; ability to navigate a complex system, which often requires a level of digital literacy as well as competency in using technology; a questioning mind; ability to self-advocate; and also ability to ask what other options there are. For our migrant and refugee seniors, this is not a confident skill set that they possess.¹²⁸

Several Inquiry participants recommended investing in 'care navigator', 'care finder' or 'community connector' roles to assist culturally diverse older people identify and

¹²⁴ cohealth, *Submission 29*, pp. 4, 7, 12; United Spanish Latin American Welfare Centre, *Submission 32*, pp. 7–8; Name withheld, *Submission 38*, received 30 November 2021, p. 3; Commissioner for Senior Victorians, *Submission 46*, p. 17; Whitehorse City Council, *Submission 47*, p. 4; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 6, 9, 15, 39; ABRISA, *Submission 72*, pp. 3, 5; Jan Bruce, *Transcript of evidence*, p. 11; Emiliano Zucchi, *Transcript of evidence*, p. 34; Lateef Adeleye, *Transcript of evidence*, p. 7; Teresa Azzopardi, *Transcript of evidence*, p. 1; Sherley Hart, community member, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 2; Matthew Wilson, *Transcript of evidence*, p. 27.

¹²⁵ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 2.

¹²⁶ Ibid.

¹²⁷ Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, p. 2.

¹²⁸ Rebecca Smith, *Transcript of evidence*, p. 3.

access social support and health services.¹²⁹ Dr Sivamalai explained that service navigators should be situated in local areas and be provided by both state and local governments.¹³⁰ Bicultural and bilingual workers should be actively encouraged to fill these roles.¹³¹

During the COVID-19 pandemic, the Victorian Government funded councils to deliver the Community Connector program. As part of the Community Activation and Social Isolation initiative, people were linked with a ‘community connector’ in their area who could refer them to local organisations providing emotional, social or practical support:

Community connectors are people in organisations with good networks across and insights into their community. They work to ‘map’ what sorts of practical, emotional and social supports are available in their community, and then ‘wrap’ those supports around people seeking help.¹³²

MAV recognised this program as a successful means of providing support to culturally diverse older people and recommended its implementation post-COVID-19.¹³³ Elly Gardner described the Community Connector program as ‘very cost effective and very successful’ because it enabled Moreland City Council to utilise existing networks and partnerships with community leaders and multicultural organisations.¹³⁴

FINDING 6: Healthcare and social services systems can be confusing, complex and fragmented, affecting the quality of care provided to culturally diverse older people and leading to delays in them accessing services.

RECOMMENDATION 6: That the Victorian Government trial or implement a care finder or community connector initiative to help culturally diverse older people find and access support in their local areas.

¹²⁹ cohealth, *Submission 29*, p. 4; Moreland City Council, *Submission 36*, p. 7; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 16, 39; Municipal Association of Victoria, *Submission 33*, pp. 9, 11; United Spanish Latin American Welfare Centre, *Submission 32*, p. 7; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 3; Commissioner for Senior Victorians, *Submission 46*, pp. 17–18; Whitehorse City Council, *Submission 47*, p. 8; Jan Bruce, *Transcript of evidence*, p. 11; Dr Sundram Sivamalai, *Transcript of evidence*, p. 28; Lateef Adeleye, *Transcript of evidence*, p. 10; Teresa Azzopardi, *Transcript of evidence*, pp. 3, 4; Sonia Di Mezza, *Transcript of evidence*, p. 35; Matthew Wilson, *Transcript of evidence*, p. 28.

¹³⁰ Dr Sundram Sivamalai, *Transcript of evidence*, pp. 29–30.

¹³¹ cohealth, *Submission 29*, p. 4; United Spanish Latin American Welfare Centre, *Submission 32*, p. 7; Ethnic Communities' Council of Victoria, *Submission 63*, p. 16.

¹³² Department of Health and Human Services, *Community Activation and Social Isolation initiative: supporting social connection, information for stakeholders—February 2021*, Victorian Government, Melbourne, 2021, p. 1.

¹³³ Municipal Association of Victoria, *Submission 33*, p. 10.

¹³⁴ Elly Gardner, *Transcript of evidence*, p. 2.

2.2.4 Face-to-face services should continue to be resourced

During the COVID-19 pandemic, many services began utilising online, telephone and video conferencing appointments. While this increased accessibility, it also created barriers.¹³⁵ As the joint submission from NARI, SRV, MCWH and Carers Victoria stated:

The COVID-19 pandemic showed that many services could be delivered online or over the phone, extending the geographic reach and sometimes increasing efficiencies by cutting out travel time for professionals. However, it is important to recognise that many older people, particularly those with any communication difficulties or low digital literacy, may struggle with online options. It is important that services are still resourced to conduct face-to-face services, particularly in instances such as giving legal advice where documents need to be viewed, and decision-making capacity assessed.¹³⁶

Given that many people may not have access to digital devices or be able to use them, services must be still provided in-person.¹³⁷ Not only are face-to-face services best practice in terms of inclusivity and accessibility, SRV reported that in-person appointments are better for comprehensively assessing the needs of clients. Telephone or video conferencing appointments are not always suitable for communicating complex information.¹³⁸ TWRG also identified that services could be improved by delivering more face-to-face appointments with the assistance of interpreters.¹³⁹ Teresa Azzopardi, Social Support Manager at Ballarat Regional Multicultural Council, the peak multicultural agency in the Central Highlands Grampians region, agreed that face-to-face support is essential for culturally diverse older people who may lack digital and English literacy to access services.¹⁴⁰

The Committee supports the continued provision of in-person services as governments move towards digital-based service provision to ensure access to support remains equitable. In addition, telehealth and digital services must be accessible, inclusive and equitable for people from migrant and refugee backgrounds, as discussed in Chapter 7.¹⁴¹

FINDING 7: Digital service delivery and information can increase the accessibility of support and care. However, it can also prevent culturally diverse older people who do not have the means or skills to use digital devices from accessing services.

¹³⁵ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4; cohealth, *Submission 29*, p. 14; Good Things Foundation Australia, *Submission 30*, pp. 5, 10.

¹³⁶ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4.

¹³⁷ Turkish Women's Recreational Group, *Submission 12*, p. 3; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, pp. 4, 6; Eastern Community Legal Centre, *Submission 39*, p. 5; Commissioner for Senior Victorians, *Submission 46*, pp. 9-10; Teresa Azzopardi, *Transcript of evidence*, p. 3.

¹³⁸ Seniors Rights Victoria, *Submission 23*, p. 15. See also National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4.

¹³⁹ Turkish Women's Recreational Group, *Submission 12*, p. 3. See also Farah Abdyashoa, Access and Support Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 21.

¹⁴⁰ Teresa Azzopardi, *Transcript of evidence*, p. 4.

¹⁴¹ Good Things Foundation Australia, *Submission 30*, p. 10.

RECOMMENDATION 7: That the Victorian Government and service providers continue to resource face-to-face service options and offer non-digital communication methods for people who cannot access online services.

2.3 Greater awareness of services in the community is needed

For multicultural older people to access culturally appropriate and fit-for-purpose care systems, available support must be actively promoted. The Commissioner for Senior Victorians identified that many culturally diverse older people have limited awareness of available services and understanding of Victoria's service system structure. Consequently, older people 'struggle to find and access the services and supports that would be beneficial and experience poorer life outcomes as a result'.¹⁴² According to the United Spanish Latin American Welfare Centre (United), which supports Victorians of Spanish-speaking backgrounds, members of the Spanish-speaking community tend to underutilise services due to a lack of knowledge about available support.¹⁴³ Lisa Dinning from Ballarat Neighbourhood Centre recognised this too, stating at a hearing that creating awareness of services is a big challenge, but '[o]nce people join our programs they tend to love it. They become volunteers, they do more and more courses'.¹⁴⁴

Several Inquiry participants recommended more funding for health and service information and government websites to be translated into different languages and accessible formats, including emerging languages and languages with smaller population sizes.¹⁴⁵ Low engagement with services can be exacerbated by a shortage of translated and culturally relevant information, resources and websites, and websites that are difficult to navigate.¹⁴⁶ cohealth advised the Committee that a recurring barrier identified by its clients is 'the lack of information and services in languages other than English [which] can create significant barriers to accessing services and support'.¹⁴⁷ Difficulty navigating services and online information can be exacerbated by outdated government and health information. For example, the Committee found

¹⁴² Commissioner for Senior Victorians, *Submission 46*, p. 17. See also Justice Connect, *Submission 48*, p. 2; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 14; Loddon Campaspe Multicultural Services, *Submission 54*, p. 3.

¹⁴³ United Spanish Latin American Welfare Centre, *Submission 32*, p. 5. See also ABRISA, *Submission 72*, p. 3; Elly Gardner, *Transcript of evidence*, p. 2; Alba Chliakhtine, Executive Officer, ABRISA, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 22.

¹⁴⁴ Lisa Dinning, *Transcript of evidence*, p. 38.

¹⁴⁵ cohealth, *Submission 29*, p. 9; Municipal Association of Victoria, *Submission 33*, p. 9; inTouch Multicultural Centre Against Family Violence, *Submission 42*, pp. 5–6; Health and Community Services Union, *Submission 61*, p. 7; Kathy Barbakos, Client and Community Services Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 31; Alexandria Jones, *Transcript of evidence*, p. 18; Rebecca Smith, *Transcript of evidence*, p. 3; Commissioner for Senior Victorians, *Submission 46*, p. 9; Whitehorse City Council, *Submission 47*, p. 9.

¹⁴⁶ Peninsula Community Legal Centre, *Submission 18*, pp. 3, 7; Multicultural Centre for Women's Health, *Submission 22*, p. 3. See also Good Things Foundation Australia, *Submission 30*, p. 9; United Spanish Latin American Welfare Centre, *Submission 32*, p. 7; Municipal Association of Victoria, *Submission 33*, p. 9; Moreland City Council, *Submission 36*, p. 6; Commissioner for Senior Victorians, *Submission 46*, p. 8; Loddon Campaspe Multicultural Services, *Submission 54*, p. 3; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 6–7; Maria Tsopanis, *Transcript of evidence*, p. 23; Matthew Wilson, *Transcript of evidence*, p. 27; Victorian Transcultural Mental Health, *Submission 35*, p. 1.

¹⁴⁷ cohealth, *Submission 29*, pp. 4, 12.

some information on DH's website to be outdated and it was not always clear which programs or policies were current. The website references the Home and Community Care program that was discontinued for older people in 2016,¹⁴⁸ hosts a 2003 policy on *Improving care for older people: a policy for health services*,¹⁴⁹ and other information for older Victorians are on webpages that have not been reviewed since 2015.¹⁵⁰ In addition, two other webpages on DH's equity and participation policies have not been reviewed since 2015.¹⁵¹

Christopher Turner from cohealth identified that the COVID-19 pandemic revealed that translating written information is not enough: consideration needs to be paid to how different communities receive information and how individuals can be supported to engage and make informed decisions.¹⁵² Likewise, Moreland City Council outlined that '[c]entralised static information' provided by governments, for example, on websites, 'fails to tap into the way' culturally diverse older communities find information.¹⁵³ Nicola Young, Acting Deputy Secretary, Fairer Victoria, DFFH, recognised that the multicultural media and radio sectors are crucial for communicating with multicultural communities. Nicola Young observed that a key lesson from the pandemic was that culturally diverse communities 'might not access news through mainstream media', which is why the Victorian Government has to 'diversify' and use ethnic media (such as community radio and community-centric publications), trusted community leaders and in-person sources.¹⁵⁴ She stated they are 'open to broadening' communication channels with culturally diverse older people based on what they trust and use.¹⁵⁵

ECCV also reinforced the diversity across culturally diverse communities in terms of English proficiency, literacy and access to the internet. This makes it 'imperative for each community profile to be considered when designing services and developing communication strategies.'¹⁵⁶ Responsive and tailored communication strategies are essential to ensuring people are informed and services are specific to health and wellbeing needs.¹⁵⁷

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- 148 Department of Health, *Supporting independent living*, 2021, <<https://www.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living>> accessed 28 March 2022.
- 149 Department of Health, *Improving care for older people: a policy for Health Services*, 2011, <<https://www.health.vic.gov.au/publications/improving-care-for-older-people-a-policy-for-health-services>> accessed 28 March 2022. Note that the website states published 2011 but the document itself states 2003.
- 150 See, for example, Department of Health, *Seniors participation*, 2015, <<https://www.health.vic.gov.au/wellbeing-and-participation/seniors-participation>> accessed 28 March 2022; Department of Health, *Lifelong learning*, 2015, <<https://www.health.vic.gov.au/wellbeing-and-participation/lifelong-learning>> accessed 28 March 2022; Department of Health, *Seniors card*, 2015, <<https://www.health.vic.gov.au/wellbeing-and-participation/seniors-card>> accessed 28 March 2022.
- 151 Department of Health, *Participation and communication*, 2015, <<https://www.health.vic.gov.au/about/participation-and-communication>> accessed 28 March 2022; Department of Health, *Equity in participation: towards a new healthcare policy framework*, 2015, <<https://www.health.vic.gov.au/participation-and-communication/equity-in-participation-towards-a-new-healthcare-policy-framework>> accessed 28 March 2022.
- 152 Christopher Turner, *Transcript of evidence*, p. 31.
- 153 Moreland City Council, *Submission 36*, p. 5. See also Sonia Di Mezza, *Transcript of evidence*, p. 36; Dr Michael Akindeju, President, Ballarat African Association Inc., public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 7.
- 154 Nicola Young, *Transcript of evidence*, p. 44.
- 155 *Ibid.*, pp. 41, 44.
- 156 Ethnic Communities' Council of Victoria, *Submission 63*, p. 3.
- 157 *Ibid.*

FINDING 8: Providing translated service and health information on government websites is not an adequate means of ensuring culturally diverse older people are aware of services. Ethno-specific media and radio are particularly important media channels for communicating with culturally diverse older Victorians.

RECOMMENDATION 8: That the Victorian Government undertake a review of the content on its websites to ensure information for older people is current, accessible and accurate.

RECOMMENDATION 9: That the Victorian Government expand the translation of health and service information, resources and websites into a broad range of community languages using simple language and accessible formats. The Victorian Government should actively promote its translated resources in the community and encourage service providers to better utilise them.

2.3.1 Mistrust and stigma can hinder engagement with government services

In addition to culturally diverse older people being aware of services, they need to trust and want to use the support that is available.¹⁵⁸ ECCV summarised that many culturally diverse older people ‘have well-founded concerns about [the] involvement of governments in their lives. This perspective often results in low levels of trust in mainstream agencies and services.’¹⁵⁹ Service providers and public sector bodies that are not ethno-specific may be unfamiliar with the perspectives of culturally diverse communities and assume a level of trust already exists. This can prevent people from accessing services because, before engaging with a service, they ‘need to be specifically engaged, and have concerns addressed’.¹⁶⁰

Seeking support can be stigmatised in culturally diverse communities, presenting a barrier to equitable access to services.¹⁶¹ PCLC explained that older people are often reluctant to complain about issues that affect them. Combined with culturally diverse older people’s ‘distrust of the legal system’, many legal issues are unreported and older people do not access the services they need.¹⁶² Moreland City Council outlined that cultural concerns and past traumatic experiences can ‘impact acceptance of care services, particularly from government providers due to previous negative experiences.’¹⁶³ Not only is insufficient awareness of services a barrier to engagement,

¹⁵⁸ Peninsula Community Legal Centre, *Submission 18*, p. 3; Justice Connect, *Submission 48*, p. 2; Megan King, *Transcript of evidence*, p. 9; Dr Michael Akindeju, *Transcript of evidence*, p. 10.

¹⁵⁹ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 15.

¹⁶⁰ *Ibid.*

¹⁶¹ *Ibid.*; South East Community Links, *Submission 34*, p. 1; Commissioner for Senior Victorians, *Submission 46*, p. 11.

¹⁶² Peninsula Community Legal Centre, *Submission 18*, p. 4.

¹⁶³ Moreland City Council, *Submission 36*, p. 4. See also Elly Gardner, *Transcript of evidence*, p. 2.

so are negative stereotypes associated with services and a belief that services are inadequate.¹⁶⁴ For example, one 66-year-old Greek Inquiry participant wrote, ‘People are scared stiff of aged care’ and she would appreciate ‘feeling that when I am no longer self sufficient what’s ahead of me is sensitive and appropriate care.’¹⁶⁵ Other Inquiry participants highlighted that stigma associated with seeking help is a barrier in certain scenarios,¹⁶⁶ with United reasoning that ‘CALD communities tend to be guarded about their personal affairs’ and distrust figures of authority.¹⁶⁷

FINDING 9: Culturally diverse older people may be unaware of services, mistrust services that are available, or may not access services due to stigma associated with seeking help.

2.3.2 Better promotion will improve awareness and build trust in government services

Inquiry participants presented several suggestions on how to increase awareness of services and reduce the stigma associated with accessing support. This included:

- using and promoting culturally appropriate engagement and communication methods, including the use of Plain and Easy English and accessible resources (for example, audio and visual formats), translated in consultation with, and distributed by, culturally specific media, community organisations and other communication avenues¹⁶⁸
- providing funding to community organisations to deliver in-language education and information sessions on services that also aim to overcome stigma and barriers to access through repeated sessions¹⁶⁹
- utilising trusted community leaders and bicultural workers to convey information as they can leverage communication networks in the community¹⁷⁰

¹⁶⁴ For example, see Name withheld, *Submission 8*.

¹⁶⁵ Name withheld, *Submission 7*, p. 3. See also United Spanish Latin American Welfare Centre, *Submission 32*, p. 4.

¹⁶⁶ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 6; Commissioner for Senior Victorians, *Submission 46*, pp. 7, 10; Sonia Di Mezza, *Transcript of evidence*, p. 34.

¹⁶⁷ United Spanish Latin American Welfare Centre, *Submission 32*, p. 8.

¹⁶⁸ Moreland City Council, *Submission 36*, p. 8; inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 6; Commissioner for Senior Victorians, *Submission 46*, p. 7; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 16–17; COTA Victoria, *Submission 70*, p. 5; Nicola Young, *Transcript of evidence*, p. 43; Jan Bruce, *Transcript of evidence*, p. 11; Vivienne Nguyen, *Transcript of evidence*, p. 2; Peter Andrinopoulos, Community Support Program Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 32; Fahim Elsheitk, community member, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 26; Sumaya El Masri, Mrs El-Imam’s carer, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 4; Sonia Di Mezza, *Transcript of evidence*, p. 36; Matthew Wilson, *Transcript of evidence*, p. 28; Dr Michael Akindeju, *Transcript of evidence*, p. 23; Alba Chliakhtine, *Transcript of evidence*, p. 23; Alexandria Jones, *Transcript of evidence*, p. 18; Nurcihan Ozturk, Multicultural and Migration Advisor, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 9; Rebecca Smith, *Transcript of evidence*, p. 3.

¹⁶⁹ Housing for the Aged Action Group, *Submission 21*, p. 5.

¹⁷⁰ cohealth, *Submission 29*, p. 9; Commissioner for Senior Victorians, *Submission 46*, p. 7; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 15, 40; Nicola Young, *Transcript of evidence*, pp. 43, 44; Vivienne Nguyen, *Transcript of evidence*, p. 2; Dalal Sleiman, *Transcript of evidence*, pp. 26–27; Sonia Di Mezza, *Transcript of evidence*, p. 35; Alexandria Jones, *Transcript of evidence*, p. 18.

- promoting and making information widely available on activities and services through community-based methods such as ethnic community media, seniors' clubs and multicultural or ethno-specific organisations¹⁷¹
- ensuring active outreach and engagement to identify communities and individuals not accessing support and to increase their awareness of available services¹⁷²
- releasing translated information concurrently with English materials or in a timely manner to ensure the consistency of messaging¹⁷³
- using simple language for translated content and not assuming a high level of English literacy or literacy in other languages.¹⁷⁴

The Committee heard about some best practice approaches to communicating with older culturally diverse communities. The Centre for Cultural Diversity in Ageing informed the Committee about its multilingual older person's COVID-19 support phone line. The support line was funded by the Australian Government during the pandemic and provided support and aged care information in six different languages. The evaluation found that when older people can access services in preferred languages, 'they had the freedom to unfold the complexity of their stories at their own pace' and the 'capacity to express freely allowed for older people to identify further needs and concerns', leading to referrals to other services.¹⁷⁵ While the phone line only applied to information on aged care, Lisa Tribuzio, the Manager of the Centre, stated at a public hearing that it could be extended to other sectors like mental health, emergency services and family services. She described it as 'very innovative' and stated that there 'is nothing like it in the world.'¹⁷⁶

Similarly, the Commissioner for Senior Victorians recognised the strength of Victorian Government communications delivered to culturally diverse communities throughout the COVID-19 pandemic.¹⁷⁷ cohealth supported this opinion and advocated for a multilingual phone line to access information on aged care instead of relying on phone interpreting services.¹⁷⁸ Several Inquiry participants indicated that phone-based translation services can be problematic as individuals need to navigate questions in English before being transferred to a translator.¹⁷⁹

¹⁷¹ Ethnic Communities' Council of Victoria, *Submission 63*, pp. 15, 16–17; Vivienne Nguyen, *Transcript of evidence*, p. 2; cohealth, *Submission 29*, p. 7.

¹⁷² Municipal Association of Victoria, *Submission 33*, pp. 9, 11; ABRISA, *Submission 72*, p. 3; Maria Tsopanis, *Transcript of evidence*, p. 24.

¹⁷³ Dr Wilfred Wang, *Submission 14*, p. 1; COTA Victoria, *Submission 70*, p. 5.

¹⁷⁴ Commissioner for Senior Victorians, *Submission 46*, p. 9.

¹⁷⁵ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 8.

¹⁷⁶ Lisa Tribuzio, Manager, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 29.

¹⁷⁷ Commissioner for Senior Victorians, *Submission 46*, p. 7; Gerard Mansour, *Transcript of evidence*, p. 3. See also Alba Chliakhtine, *Transcript of evidence*, p. 25; Rebecca Smith, *Transcript of evidence*, p. 3.

¹⁷⁸ Robyn Wilmshurst, Healthy Ageing Leader, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 31; Margaret Yung, *Transcript of evidence*, p. 31.

¹⁷⁹ Farah Abdyashoa, *Transcript of evidence*, p. 22; Lisa Tribuzio, *Transcript of evidence*, p. 29; Margaret Yung, *Transcript of evidence*, p. 31.

RECOMMENDATION 10: That the Victorian Government fund ethno-specific and multicultural organisations to provide culturally appropriate and community-led education programs to expand older people’s and their families’ knowledge of government services and resources, and to overcome the stigma associated with accessing support.

RECOMMENDATION 11: That the Victorian Government continue to promote its services and work collaboratively with peak bodies, service providers, multicultural and multifaith organisations and communities to disseminate culturally appropriate and accessible information promptly. This should involve multiple modes of communication using culturally appropriate communication and engagement methods—for example, Easy English, translated resources, ethnic community media, online engagement methods and social media—as well as leveraging the trusted position of community leaders, community organisations and bicultural workers to convey information.

RECOMMENDATION 12: That the Victorian Government ensure programs for culturally diverse older people and service providers have adequate resourcing to develop tailored advertising and promotional materials that can be translated and distributed through different communication pathways.

2.4 Effective collaboration and partnerships can enhance service delivery

Collaboration between different service providers, government departments, community groups, peak bodies and the private and community sectors was consistently highlighted as a best practice principle for improving service delivery.¹⁸⁰ For example, MAV identified that local government provides vital services to support culturally diverse older people, but stronger sector partnerships are needed to further build support.¹⁸¹ The consultations undertaken by the Commissioner for Senior Victorians when producing his submission revealed that ‘strong leadership and connections within and across many multicultural and multifaith communities hold many of the solutions’ to identified challenges, and:

By working in partnership with communities to design appropriate and accessible policy and program responses, all older people, whatever their culture or country of birth, can continue their journey of ageing in ways that are meaningful and satisfying to them.¹⁸²

¹⁸⁰ Victorian Transcultural Mental Health, *Submission 35*, p. 1; Ethnic Communities’ Council of Victoria, *Submission 63*, p. 41; Margaret Yung, *Transcript of evidence*, p. 31; Yvonne Lipianin, *Transcript of evidence*, p. 12; Jan Bruce, *Transcript of evidence*, p. 14; Vivienne Nguyen, *Transcript of evidence*, p. 5; Della Robb, Team Leader Healthy Ageing (Merri Health), North and West Metro Elder Abuse Prevention Networks, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 15; Elly Gardner, *Transcript of evidence*, p. 2; Sonia Di Mezza, *Transcript of evidence*, p. 35; Matthew Wilson, *Transcript of evidence*, p. 31; Joy Leggo, *Transcript of evidence*, p. 1.

¹⁸¹ Municipal Association of Victoria, *Submission 33*, p. 10.

¹⁸² Commissioner for Senior Victorians, *Submission 46*, p. 4.

Matthew Wilson from the City of Ballarat reasoned that delivering social inclusion activities such as cultural awareness training can be complicated by different service structures and layers of bureaucracy in various agencies, but ‘an all-levels-of-government approach’ to planning, delivering and funding settlement support services can help alleviate this.¹⁸³ Moreover, he observed:

So where I believe [the] state can do that successfully is to work in partnership with agencies and through local government at the local level.

As you would be well aware, one of the greatest assets in dealing with structural bureaucracies is very strong local knowledge and very strong local relationships, where you establish coalitions of the willing, if you like, to achieve outcomes that go beyond service descriptions.¹⁸⁴

Similarly, Vivienne Nguyen from VMC highlighted a need for better coordination, collaboration, transparency and accountability between government departments.¹⁸⁵ At a public hearing, Nicola Young from DFFH stated one of the key lessons the Victorian Government learned from the COVID-19 pandemic was ‘to work really closely and in partnership with community and with community leaders.’¹⁸⁶ The Victorian Government’s submission likewise identified:

the importance of partnering with local and trusted community organisations and community leaders to effectively reach and engage with CALD communities. These groups and leaders play a critical role in connecting government with CALD communities and in providing culturally safe and inclusive supports and information.¹⁸⁷

This was endorsed frequently during the Inquiry, as Moreland City Council explained:

To effectively address the needs of older Victorians from migrant and refugee backgrounds all levels of government, the corporate, private and community sectors need to work in partnership. This will ensure that policy, funding, programs, services and governance have the capacity to deliver the services needed.¹⁸⁸

Nurcihan Ozturk, Multicultural and Migration Advisor at the National Council of Women of Victoria raised that for effective partnerships to be implemented, governments should begin by asking communities about what they need, rather than seeking input on an established agenda or plan:

If you ask the community what they want, they tell you what they want, and then it is the role of the local government, state government and federal government to work around their community to deliver those needs. People do not ask for things because they just

¹⁸³ Matthew Wilson, *Transcript of evidence*, pp. 28, 31.

¹⁸⁴ *Ibid.*, p. 31.

¹⁸⁵ Vivienne Nguyen, *Transcript of evidence*, p. 3.

¹⁸⁶ Nicola Young, *Transcript of evidence*, p. 44.

¹⁸⁷ Victorian Government, *Submission 71*, received 4 February 2022, p. 8.

¹⁸⁸ Moreland City Council, *Submission 36*, p. 7. See also Ethnic Communities’ Council of Victoria, *Submission 63*, p. 9.

thought about it and thought it would be a good idea; people have been doing without for so long that they actually know, because they have got a sound foundation of doing without for so long.¹⁸⁹

Similarly, JRC stated that staff at service providers should be encouraged to maintain connections with the community and seek opportunities for in-person contact so they are aware of issues affecting local communities.¹⁹⁰ Cultura highlighted this as well; Rebecca Smith remarked that enhancing relationships between organisations and working collaboratively, rather than operating in silos, is key to improving the delivery of services.¹⁹¹ Dr Wang also suggested encouraging engagement ‘with individuals and organisations who have extensive cultural understanding of the community and have the appropriate language skills to convey important and urgent’ health information.¹⁹²

Inquiry participants made several suggestions on how to achieve this. The Commissioner for Senior Victorians advocated for exploring ‘opportunities for partnerships between cultural community and religious groups and service providers’ to enhance their capacity to deliver culturally inclusive services.¹⁹³ VASS recommended incentivising mainstream service providers to collaborate with ethno-specific services as they hold the relevant expertise and can provide culturally safe services.¹⁹⁴ Elly Gardner from Moreland City Council highlighted that the Victorian Government can resource existing networks and multicultural organisations to effectively develop partnerships.¹⁹⁵ JRC recommended better promotion of relationships between organisations providing services to culturally diverse older people, for example, by developing a ‘coalition or council for community organisations in regional areas’.¹⁹⁶

The Committee recognises the Victorian Government does currently facilitate partnerships between organisations to improve service delivery. While not specific to older people, this includes the Strategic Partnership Program, which funded 11 organisations over four years to ‘design innovative solutions that address priority issues facing local multicultural communities and newly arrived migrants and refugees.’¹⁹⁷ Additionally, Health Service Partnerships were established in July 2021 to ‘support enduring collaboration in the Victorian health system beyond the pandemic’ as an initiative aiming to more effectively achieve positive health outcomes. Two of the Health Service Partnerships’ 2021–22 strategic priorities were implementing the Better at Home program (discussed in Section 2.7) and implementing the recommendations

189 Nurcihan Ozturk, *Transcript of evidence*, p. 12.

190 John Richards Centre for Rural Ageing Research, *Submission 67*, p. 4.

191 Rebecca Smith, *Transcript of evidence*, pp. 5–6.

192 Dr Wilfred Wang, *Submission 14*, p. 3; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 3.

193 Commissioner for Senior Victorians, *Submission 46*, p. 19.

194 Victorian Arabic Social Services, *Submission 24*, p. 3.

195 Elly Gardner, *Transcript of evidence*, p. 2.

196 John Richards Centre for Rural Ageing Research, *Submission 67*, p. 4. See also Kate Diamond-Keith, *Transcript of evidence*, p. 21.

197 Victorian Government, *Micare’s mark of the year*, 2019, <<https://www.vic.gov.au/micares-mark-year>> accessed 15 May 2022. See also Hakan Akyol, *Transcript of evidence*, p. 6.

of the Royal Commission into Victoria's Mental Health System.¹⁹⁸ However, the evidence presented to the Committee suggests partnerships can be further enhanced, particularly through better engagement with ethno-specific and multicultural stakeholders, and in regional areas.

FINDING 10: Collaboration and partnerships between different levels of government, ethno-specific and multicultural organisations, service providers, peak bodies and the private and community sectors are essential to providing high-quality and comprehensive healthcare and social services systems.

RECOMMENDATION 13: That the Victorian Government enhance partnerships between different levels of government, ethno-specific and multicultural groups, service providers, peak bodies and the private and community sectors by creating a network or partnership program focusing on the needs of culturally diverse older Victorians. Particular attention should be paid to partnerships in regional and rural areas.

2.5 Co-design with culturally diverse older people is essential when developing services

Co-design refers to the design of new services, programs and policies with input from both individuals with lived experience and stakeholders. The purpose and benefits of co-designing services include:

- exploring issues and solutions collaboratively
- connecting stakeholders and different communities in meaningful ways
- designing solutions that address both community needs and government limitations
- building confidence, ownership, leadership, accountability and consensus about community-led programs and services.¹⁹⁹

Ageing well in a changing world, the research report undertaken by the Commissioner for Senior Victorians on older people's understanding of what it means to age well, established that older people 'have the knowledge, wisdom and expertise to contribute to policy discussions and the setting of priorities' that affect their health and wellbeing.²⁰⁰ Consulting with multicultural older Victorians can help to ensure services

¹⁹⁸ Department of Health, *Health service partnerships*, 2022, <<https://www.health.vic.gov.au/hospitals-and-health-services/health-service-partnerships>> accessed 15 May 2022.

¹⁹⁹ Victorian Government, *Co-design*, 2020, <<https://www.vic.gov.au/co-design>> accessed 15 May 2022.

²⁰⁰ Commissioner for Senior Victorians, *Ageing well in a changing world: a report by the Commissioner for Senior Victorians*, Victorian Government, Melbourne, 2020, p. 49.

are relevant, meet the needs of the community and reduce barriers to services.²⁰¹ Several Inquiry participants recommended increasing engagement with culturally diverse older people, their carers and community groups through the co-design of services.²⁰² MCWH recommended that this be done through ‘active outreach and consultation by bicultural staff.’²⁰³ The Centre for Cultural Diversity in Ageing recommended establishing an ‘Older People’s Multicultural Council’ to enable input on programs, policies and services.²⁰⁴ Similarly, Moreland City Council suggested that individuals representing different communities be ‘championed’ to inform the development of policies, programs and services.²⁰⁵ Initiatives like this are discussed further in Chapter 6.

The work of the multicultural affairs portfolio in DFFH is informed by several advisory groups and organisations, including a Multicultural Youth Network and a Multifaith Advisory Group. Considering the advisory groups are not specific to older people, who face many unique barriers and a growing population size, the Committee recommends establishing an advisory group that explicitly advises on the needs of culturally diverse older people to support the work of DFFH.

FINDING 11: Co-designing services and support with culturally diverse older people can help to ensure services are culturally safe, meet different needs and are accessible. Culturally diverse older communities should be consulted in the design and review of services that are relevant to them.

RECOMMENDATION 14: That the Victorian Government more actively engage culturally diverse older people and their carers in the co-design of services through outreach and consultation.

RECOMMENDATION 15: That the Department of Families, Fairness and Housing establish an older persons’ advisory group under the multicultural affairs portfolio to advise on government service design.

²⁰¹ cohealth, *Submission 29*, p. 16; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 5, 15, 27–28; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 5.

²⁰² Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 27–28; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 2; Multicultural Centre for Women’s Health, *Submission 22*, p. 5; cohealth, *Submission 29*, pp. 10, 16; Good Things Foundation Australia, *Submission 30*, p. 13; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 5; ABRISA, *Submission 72, attachment 1*, p. 7; Kate Diamond-Keith, *Transcript of evidence*, p. 21; Alba Chliakhtine, *Transcript of evidence*, p. 24; Alexandria Jones, *Transcript of evidence*, p. 20.

²⁰³ Multicultural Centre for Women’s Health, *Submission 22*, p. 5.

²⁰⁴ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 11.

²⁰⁵ Moreland City Council, *Submission 36*, p. 7. See also Maria Tsopanis, *Transcript of evidence*, p. 24.

2.6 More data and research is needed to understand the issues affecting multicultural older Victorians

Several Inquiry participants advocated for greater research on particular topics pertinent to culturally diverse older Victorians. This included on:

- mental health²⁰⁶
- elder abuse, legal needs and access to justice²⁰⁷
- women's health and wellbeing²⁰⁸
- regional issues²⁰⁹
- experiences of discrimination and exclusion²¹⁰
- use of digital media in older Chinese communities²¹¹
- the experiences, perspectives and support needs of LGBTIQ+ culturally diverse older people.²¹²

Research by the Federation of Ethnic Communities' Councils of Australia (FECCA) in 2015 also identified a lack of research on new and emerging communities, smaller CALD population groups, culturally diverse older people, individuals from CALD backgrounds who settle in Australia at an older age and CALD populations that live outside populated areas.²¹³

The joint submission from NARI, SRV, MCWH and Carers Victoria identified that high-quality data collection is needed to sufficiently understand the issues faced by culturally diverse older people.²¹⁴ ECCV recommended establishing a research program that considers the perspectives and experiences of culturally diverse older people on what it means to age well and how this can be applied to service delivery.²¹⁵ Research should try to understand the lived experience of multicultural older Victorians and employ participatory methods to adequately comprehend the needs of the community.²¹⁶ The Committee recognises that the research gaps predominantly

²⁰⁶ Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, p. 3.

²⁰⁷ Peninsula Community Legal Centre, *Submission 18*, p. 14.

²⁰⁸ Multicultural Centre for Women's Health, *Submission 22*, p. 5; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 2.

²⁰⁹ Professor Irene Blackberry, *Transcript of evidence*, p. 22.

²¹⁰ Ethnic Communities' Council of Victoria, *Submission 63*, p. 5.

²¹¹ Dr Wilfred Wang, *Submission 14*, p. 3.

²¹² Ethnic Communities' Council of Victoria, *Submission 63*, p. 7.

²¹³ Federation of Ethnic Communities' Councils of Australia, *Review of Australian research on older people from culturally and linguistically diverse backgrounds: a project funded by the Australian Government Department of Social Services*, Federation of Ethnic Communities' Councils of Australia, Canberra, 2015, p. 25.

²¹⁴ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4.

²¹⁵ Ethnic Communities' Council of Victoria, *Submission 63*, pp. 7–8.

²¹⁶ Vivienne Nguyen, *Transcript of evidence*, p. 2; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 2.

relate to how age and cultural background interconnect with other social issues and intersectional factors. Intersectional factors are different aspects of a person's identity, such as disability, gender and religion, that can result in overlapping forms of discrimination and marginalisation.

FINDING 12: There is limited research on the experiences of culturally diverse older Victorians, particularly as it relates to intersectional factors such as gender, sexuality, mental health, regional location and disability, and specific challenges like elder abuse.

RECOMMENDATION 16: That the Victorian Government commence a research program on the experiences of older people from migrant and refugee backgrounds, particularly about their perspectives on ageing and the impact of intersectional factors.

The Committee also received evidence about collecting data on culturally diverse communities and older people in Victoria. Professor Bianca Brijnath, Director, Social Gerontology at NARI, highlighted that cultural and linguistic diversity is inconsistently recorded and reported in Victoria.²¹⁷ ECCV further identified that a shortage of disaggregated data and evidence on culturally diverse older people 'presents a major challenge to understanding how Victoria can best address the needs of this population.'²¹⁸ It recommended that the Victorian Government '[i]mprove data collection, monitoring, evaluation and reporting to ensure transparency and accountability'.²¹⁹ Nicola Young from DFFH acknowledged that data collection is currently not centralised or systematic. Further, there is an 'opportunity' for existing data collection points to include information on intersectional factors such as age, culture, disability and sexuality, enabling governments to benefit from understanding 'diversity-within-diversity'.²²⁰

ECCV and the joint submission from NARI, SRV, MCWH and Carers Victoria both noted FECCA's research and recommendations on improving national data collection on cultural and linguistic diversity.²²¹ FECCA's 2020 research found:

current Australian data collection and reporting on cultural, ethnic and linguistic diversity, particularly in relation to human services planning and delivery (including health, mental health, aged care, disability and social services), is inadequate. This is true of administrative (reporting on service delivery) and survey data, as well as social and medical research.²²²

²¹⁷ Professor Bianca Brijnath, *Transcript of evidence*, p. 35.

²¹⁸ Ethnic Communities' Council of Victoria, *Submission 63*, p. 1. See also National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4; Vivienne Nguyen, *Transcript of evidence*, p. 5.

²¹⁹ Ethnic Communities' Council of Victoria, *Submission 63*, p. vii.

²²⁰ Nicola Young, *Transcript of evidence*, p. 43.

²²¹ Ethnic Communities' Council of Victoria, *Submission 63*, pp. 7–8; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 5.

²²² Federation of Ethnic Communities' Councils of Australia, *If we don't count it... it doesn't count!: towards consistent national data collection and reporting on cultural, ethnic and linguistic diversity*, issues paper, Federation of Ethnic Communities' Councils of Australia, Canberra, 2020, p. 6.

The low representation of diverse groups in research studies affects the generalisation of findings and means the potential benefits of health research may not reach vulnerable groups: 'The validity of many studies is therefore compromised by not accurately reflecting the diversity of the Australian population.'²²³ FECCA makes numerous recommendations for improving data collection at a national level that are also applicable to Victoria. This includes working towards a consistent, comparable and compatible data collection framework that applies the FAIR Data Principles (Findable, Accessible, Interoperable, Reusable). The data should be used to 'inform evidence-based policy development, resource allocation and service planning' to ensure services are 'accessible, inclusive, and responsive'.²²⁴

FINDING 13: Data on cultural and linguistic diversity, age and other intersectional factors such as disability and sexuality in Victoria is not always systematically collected or consistently recorded.

RECOMMENDATION 17: That the Victorian Government improve data collection on different personal attributes to enhance the provision of services to culturally diverse older people. The Victorian Government should review the Federation of Ethnic Communities' Councils of Australia's 2020 report, *Towards consistent national data collection and reporting on cultural, ethnic and linguistic diversity* when considering how to collect the data.

The Centre for Cultural Diversity in Ageing identified that consumer feedback is essential in shaping a new aged care system in Victoria. Feedback mechanisms should be accessible and encourage a diverse range of opinions.²²⁵ However, the Commissioner for Senior Victorians outlined that culturally diverse older Victorians experience barriers in relation to advocacy and feedback:

Older people may be less likely to provide feedback on services, due to a combination of few feedback channels and low understanding of the importance of their feedback. Some older migrants and refugees and their families are hesitant to speak up about issues with their care because they believe it will not create positive change, or because they do not understand their rights or the process for making a complaint. Others fear that their service may be withdrawn if they speak up, or that it will lead to them being pressured to move into residential aged care.²²⁶

The Commissioner recommended developing culturally appropriate advocacy services to improve feedback mechanisms between members of the community and aged care providers.²²⁷ While both the Centre for Cultural Diversity in Ageing and the Commissioner for Senior Victorians confined their recommendations on inclusive

²²³ Ibid.

²²⁴ Ibid., p. 5.

²²⁵ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 8.

²²⁶ Commissioner for Senior Victorians, *Submission 46*, p. 20.

²²⁷ Ibid.

feedback and advocacy to the aged care sector, the Committee believes consumer feedback is also necessary to evaluate and gauge engagement with other healthcare and social services. Vivienne Nguyen from VMC explained that data collection is partly about understanding the experiences of users and how this data can be used to improve the quality of service delivery and the inclusiveness of programs.²²⁸ Nicola Young also highlighted at a public hearing that while the Victorian Government evaluates many of its programs, there is an opportunity to collate its findings to better understand how to tailor and target services for particular cohorts.²²⁹

FINDING 14: There is an opportunity to collect more evidence on the experience of culturally diverse older Victorians when accessing services and programs and for this data to be used to improve service delivery.

RECOMMENDATION 18: That the Victorian Government develop culturally inclusive feedback mechanisms for the continuous improvement of services.

2.7 The COVID-19 pandemic exacerbated barriers to accessing services

Several Inquiry participants highlighted the exacerbating effects of the COVID-19 pandemic on the health and wellbeing of older people. ECCV acknowledged the higher COVID-19 death rate for older people born overseas and stated, ‘Many of the gaps, failures and barriers in mainstream services and systems have resulted in significant adverse impacts’ on culturally diverse older people.²³⁰ According to the Commissioner for Senior Victorians, the pandemic:

has created significant impacts on older Victorians’ mental and physical health and wellbeing due to reduced access to face-to-face health care, exercise classes and other health and wellbeing activities, as well as the mental health effects of isolation and uncertainty throughout the pandemic. Of particular concern, a number of Australians—including older people—delayed or did not use health services due to COVID-19.

In conversations with the Commissioner, older people, including those from migrant and refugee backgrounds, have expressed their anxiety about the impacts the pandemic has had on reducing their level of fitness and wellbeing and the potential for a hastened decline in their health and independence.²³¹

²²⁸ Vivienne Nguyen, *Transcript of evidence*, p. 6.

²²⁹ Nicola Young, *Transcript of evidence*, p. 43.

²³⁰ Ethnic Communities’ Council of Victoria, *Submission 63*, p. i with sources.

²³¹ Commissioner for Senior Victorians, *Submission 46*, pp. 10–11.

The Committee heard that with the emergence of COVID-19:

- social isolation and loneliness increased
- many older people lost confidence or experienced anxiety when using public transport
- fewer medical appointments were attended and culturally diverse older people experienced increased psychological distress
- older people were prevented from engaging in physical activity and undertaking preventative dental treatment
- the digital exclusion of older people increased as more services moved online
- there was a heightened risk of elder abuse and reduced opportunities to report it.²³²

FINDING 15: The COVID-19 pandemic significantly affected Victoria’s culturally diverse older population in terms of increasing social isolation, digital exclusion and the risk of elder abuse, preventing access to essential physical and mental health services, and contributing to lower overall health and wellbeing.

The Victorian Government provided increased support in response to the pandemic through the CALD Communities Taskforce (the Taskforce). This included funding for 900 multicultural seniors’ groups to ‘provide culturally appropriate health information and support the wellbeing of their members throughout the pandemic.’²³³ The Taskforce also provided funding to the Commissioner for Senior Victorians and ECCV to develop in-language videos using leaders from emerging communities on the importance of COVID-19 vaccinations, as well as for the Commissioner to develop information, translated into 13 languages, for seniors’ groups on how to manage QR codes and density limits.²³⁴

In addition, the Victorian Government devoted resources to producing accessible information for culturally diverse communities on the pandemic and available support. This included a partnership with the National Ethnic and Multicultural Broadcasters’ Council to ‘operate a regular multilingual news service in 19 languages, broadcasting across 15 community radio stations, including four regional radio stations and through online channels.’²³⁵ The Victorian Government outlined one benefit of this was it allowed translated information to be shared concurrently with announcements in English, while written translations were being prepared. The Victorian Government also produced

²³² COTA Victoria, *Submission 70*, pp. 8, 11, 13, 14–15; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 17, 22, 26, 27, 31–32, 42; Moreland City Council, *Submission 36*, p. 5; Turkish Women’s Recreational Group, *Submission 12*, pp. 2–3; Dr Wilfred Wang, *Submission 14*, p. 1; Housing for the Aged Action Group, *Submission 21*, p. 6.

²³³ Victorian Government, *Submission 71*, p. 7.

²³⁴ *Ibid.*, p. 11.

²³⁵ *Ibid.*, p. 10.

visual content and created a WhatsApp group for community leaders to promptly disseminate COVID-19 related information.²³⁶ From 2019–20 to 2021–22, just over \$167 million was provided to activities and programs that supported culturally diverse older Victorians during the COVID-19 pandemic.²³⁷

The Victorian Government is in stage three of the Priority Response for Multicultural Communities (PRMC) grants program. Through PRMC, the Taskforce partnered with over 471 community organisations and assisted multifaith and multicultural communities to provide over 440,000 meals and support 800,000 people in need of assistance.²³⁸ Despite this, several Inquiry participants highlighted that more can be done to address inequities created by the pandemic. The Council on the Ageing (COTA) Victoria, the peak body representing the interests of Victorians aged over 50, stated in its submission:

The emergence of COVID-19 has shone a light on the many challenges associated with providing timely, accurate and accessible language translation to people from non-English speaking backgrounds. At the beginning of the pandemic, the Government relied heavily on digital content as a vehicle for disseminating information in other languages. This approach failed to acknowledge the digital divide that exists for many older people from migrant and refugee backgrounds. The task of disseminating information was further complicated by the fact that some people may not view the Government as a trusted source of information due to past experiences of conflict or persecution.²³⁹

ECCV recognised the Victorian Government’s engagement efforts, particularly at the end of the pandemic, as ‘welcome initiatives to promote greater understanding and uptake of COVID public health measures and vaccinations.’²⁴⁰ However, seniors’ groups faced difficulties finding accessible and appropriate venues that allowed people to meet in a COVID-safe way and funding provided to ECCV to support ethnic seniors’ groups as part of PRMC was only six months in duration.²⁴¹ Additionally:

many multicultural and ethno-specific organisations have found it challenging to deliver these programs alongside other vital program areas, as core funding for Victorian ethno-specific and multicultural agencies has not increased in many years. Consequently, many workers and volunteers are depleted and burnt out, with many organisations remaining under-resourced for the work they do.²⁴²

The guiding principles discussed in this chapter on partnering with local communities, disseminating information in culturally appropriate and accessible ways, and resourcing ethno-specific and multicultural organisations are particularly significant in light of the COVID-19 pandemic.

²³⁶ Ibid., pp. 10–11.

²³⁷ Nicola Young, Acting Deputy Secretary, Fairer Victoria, Department of Families, Fairness and Housing, Inquiry into support for older Victorians from migrant and refugee backgrounds hearing, response to questions on notice received 11 March 2022, p. 1.

²³⁸ Victorian Government, *Submission 71*, p. 8.

²³⁹ COTA Victoria, *Submission 70*, p. 10.

²⁴⁰ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 37.

²⁴¹ Ibid., p. 26.

²⁴² Ibid., p. 37.

The Commissioner for Senior Victorians highlighted that culturally diverse older people need to be supported to re-engage in COVID-safe environments in the community.²⁴³ The Committee endorses recommendations made by the Commissioner, ECCV and COTA Victoria, namely that seniors', multicultural and multifaith community groups provide, or continue to provide, information about COVID-safe practices and support older Victorians in a 'COVID-normal' environment.²⁴⁴ This should be done in consultation with health experts and other health-related resources.

FINDING 16: Ethno-specific seniors' groups played an essential role in providing support for culturally diverse older people throughout the COVID-19 pandemic. They still have an important role to play in supporting culturally diverse older people to safely re-engage in the community as Victoria learns to live with COVID-19.

Since governments and communities better understand what worked well and what actions had adverse consequences when managing the COVID-19 pandemic, they have a role to play in correcting any increased vulnerabilities or risks created due to imposed restrictions.²⁴⁵ The 2022–23 State Budget comprised funding for a Pandemic Repair Plan, including \$12 billion for health services and training and hiring up to 7,000 new healthcare workers.²⁴⁶ It provides support for older Victorians to ensure they are 'treated with respect as they age', including funding for elder abuse prevention initiatives, new public sector residential aged care facilities and \$3 million for 'initiatives to support social recovery programs for older Victorians and carers'.²⁴⁷

The Pandemic Repair Plan also invests \$698 million in the Better at Home program 'to expand the care patients can access in the comfort of their home, without the inconvenience and cost of travel'.²⁴⁸ Through Better at Home, hospital care for a range of health issues such as rehabilitation, post-operation recovery and geriatric care for medical conditions relating to ageing, can be provided in people's homes in a familiar environment. This leads to better health outcomes, and avoids 'the physical deterioration, sleep disruption and social isolation associated with hospital stays'.²⁴⁹ Separate from the pandemic plan, more than \$3.7 million has been allocated to continue

²⁴³ Commissioner for Senior Victorians, *Submission 46*, pp. 14–15.

²⁴⁴ *Ibid.*, p. 15; Ethnic Communities' Council of Victoria, *Submission 63*, p. vi; COTA Victoria, *Submission 70*, pp. 14–15. See also Jan Bruce, *Transcript of evidence*, pp. 11–12.

²⁴⁵ Mary Patetsos, Chairperson, Federation of Ethnic Communities' Councils of Australia, 'Financial safety, communications and the role of digital literacy', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

²⁴⁶ Victorian Government, *Pandemic repair plan*, 2022, <<https://www.budget.vic.gov.au/pandemic-repair-plan>> accessed 11 May 2022.

²⁴⁷ Victorian Government, *Supporting older Victorians*, 2022, <<https://www.budget.vic.gov.au/supporting-older-victorians>> accessed 11 May 2022.

²⁴⁸ Premier of Victoria, *Putting patients first: a pandemic repair plan*, media release, Victorian Government, Melbourne, 3 May 2022.

²⁴⁹ Premier of Victoria, *Better at home—more support to recover at home*, media release, Victorian Government, Melbourne, 14 November 2020; Better Health Channel, *Home-based and virtual hospital care*, 2022, <<https://www.betterhealth.vic.gov.au/servicesandsupport/home-based-and-virtual-hospital-care>> accessed 11 May 2022.

the CALD Communities Taskforce to promote vaccinations and COVID-safe behaviours ‘in culturally tailored ways’.²⁵⁰

ECCV recommended the Victorian Government create a multicultural COVID-19 recovery plan for the next two to three years that includes enhancing palliative care, bereavement and trauma counselling services ‘in recognition of the major impacts of the pandemic.’²⁵¹ Given the significant impact the pandemic had on older people from diverse cultural backgrounds, the Committee believes the current Pandemic Repair Plan can place greater emphasis on addressing the fears and concerns of culturally diverse older people that prevents them from re-engaging in physical and social activities in the community.²⁵²

RECOMMENDATION 19: That the Victorian Government’s Pandemic Repair Plan more specifically address the concerns and challenges experienced by culturally diverse older people during the COVID-19 pandemic. The Plan should include ways to encourage older people to re-engage in physical, social and community activities and strategies to address adverse health and social impacts of the pandemic.

RECOMMENDATION 20: That the Victorian Government continue to invest in providing information and education about COVID-safe practices and social connection opportunities through funding for ethno-specific seniors’ groups and community organisations.

2.8 Summary of the guiding principles for high-quality, comprehensive and culturally appropriate care systems for older Victorians

The Committee identified the following best practice guiding principles for developing government and non-government plans, strategies and programs for culturally diverse older people:

- provide culturally safe services and high-quality and comprehensive language services
- build a workforce that reflects the diversity of the community (see Chapter 3)
- invest in the capacity of ethno-specific and multicultural groups to deliver services
- provide place-based services in the communities where people live

²⁵⁰ Victorian Government, *Budget 2022–23—Helping young Victorians and multicultural communities*, media release, Melbourne, 4 May 2022.

²⁵¹ Ethnic Communities’ Council of Victoria, *Submission 63*, p. vi.

²⁵² Commissioner for Senior Victorians, *Submission 46*, p. 15; Moreland City Council, *Submission 36*, p. 4; Municipal Association of Victoria, *Submission 33*, p. 10.

- ensure healthcare and social services systems are easy to navigate and provide face-to-face service options
- build trust in government services and raise awareness of services through a variety of culturally appropriate and accessible communication methods
- collaborate with key stakeholders and facilitate working relationships
- co-design services with multicultural older Victorians
- increase data and research on key characteristics and issues, and facilitate better feedback on service delivery
- build a holistic system that:
 - recognises intersectionality and the needs of new and emerging communities
 - addresses the social determinants of health
 - places older people at the centre of their own care and recognises their human rights (see Chapter 4)
- support carers and ensure they can maintain sustainable care relationships (see Chapter 4).

In addition, the Committee recognises that Victoria's culturally diverse older population is expected to increase at a disproportionately higher rate than other communities, and by 2026, it is estimated Victoria will have the highest number of culturally diverse older people compared to other states.²⁵³ Given that this cohort can have complex health needs and face many barriers to accessing services, the Committee believes DH should develop a plan to ensure future services can adequately respond to the diverse needs of older people (discussed further in Chapter 4). Additionally, DFFH's and DH's cultural diversity plans should include a specific section on addressing the needs of older people and new and emerging communities to ensure the challenges they face are adequately considered. The cultural diversity plans, ageing well framework and DH's plan for older people should connect to ensure a well-coordinated approach to the health and wellbeing of Victoria's culturally diverse older population. The principles listed above can be used to inform the development and review of DFFH's and DH's cultural diversity plans and ageing plans.

FINDING 17: Culturally diverse older Victorians cannot always access the services they need when they need them. Greater attention should be paid to developing healthcare and social services systems that adequately respond to the challenges they face and enable access to a broad range of services.

²⁵³ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 1.

RECOMMENDATION 21: That the Department of Families, Fairness and Housing's and the Department of Health's cultural diversity plans include a section on addressing the specific needs of older people and new and emerging communities given the complexity of the challenges they face and the expected increase in the population size and needs.

3

Leveraging the value of bicultural workers

A key strategy for improving service delivery for culturally diverse older Victorians is through employing bicultural and bilingual workers in healthcare and social services settings. Bicultural workers, who identify with more than one culture, and bilingual workers, who are fluent in English and at least one other language, can help service providers connect with culturally diverse older people. By sharing a similar culture and speaking their language, bicultural and bilingual workers build trust and understanding between clients and providers and improve the cultural competence of other workers and their organisation more broadly.¹

In its *Diversity and inclusion framework 2022–2027: embedding inclusion in our workplace*, the Department of Families, Fairness and Housing acknowledges the value of a diverse workforce. In particular it recognises that '[a]s a department delivering policy and services to support and empower multicultural communities', all levels of its workforce must represent the cultural diversity of Victoria.² This chapter expands this notion to consider the importance of a bicultural and bilingual workforce across the healthcare and social services sectors to better respond to, understand and address the needs of culturally diverse older Victorians.

3.1 The care workforce should reflect the cultural diversity of the community

The Committee learned that employing bicultural and bilingual staff throughout the care pathway and in a range of different services can have multiple positive benefits, including facilitating better care outcomes, reducing barriers to accessing services and creating employment opportunities. One 75-year-old Inquiry participant from the Democratic Republic of Congo stated that services can be improved by increasing the diversity of staff.³ Employing bicultural and bilingual workers that speak relevant languages will allow better communication between staff and older people, build trust

1 Federation of Ethnic Communities' Councils of Australia, *Australia's bilingual and bicultural workforce*, Federation of Ethnic Communities' Councils of Australia, Canberra, 2017, p. 5.

2 Department of Families, Fairness and Housing, *Diversity and inclusion framework 2022–2027: embedding inclusion in our workplace*, Victorian Government, Melbourne, 2022, p. 39.

3 Name withheld, *Submission 38*, received 30 November 2021, p. 3.

and act as a 'bridge to other team members and services.'⁴ cohealth, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, submitted that increasing the cultural diversity of staff in allied health and social support services will improve the cultural relevance and quality of clinical guidelines on various health conditions.⁵ The cultural safety of services can also be facilitated by developing a diverse workforce that reflects the community.⁶ Hakan Akyol, Executive Senior Adviser to the Victorian Multicultural Commission (VMC), which connects multicultural communities with the Victorian Government, elaborated that diversity in the community services and public sector workforce is 'critical' and will enable better cultural understanding and awareness.⁷ This also applies to increasing the diversity of leaders and senior staff.⁸

Inquiry participants identified a need to upskill, resource and embed bilingual workers across different sectors.⁹ Moreland City Council highlighted the importance of bicultural and bilingual workers in providing place-based services, recommending the availability, accessibility and inclusivity of services could be improved with further resourcing for bicultural support in local government and community services.¹⁰ Similarly, the Commissioner for Senior Victorians observed:

I think there is also a workforce development opportunity. There are a lot of younger people and middle-aged people from migrant and refugee backgrounds who history shows us do exceptionally well if they have an opportunity to work in aged care and community services that focus on older people. And so that is certainly an area for us

4 cohealth, *Submission 29*, received 30 November 2021, p. 16. See also AMES Australia, *Submission 31*, received 30 November 2021, p. 3; United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 5; John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, p. 2; Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 19; ABRISA, *Submission 72*, received 7 February 2022, p. 3; Christopher Turner, Deputy Chief Executive, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 30; Margaret Yung, Acting Program Facilitator, Aged, Residential and Outreach, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 30; Nicola Young, Acting Deputy Secretary, Fairer Victoria, Department of Families, Fairness and Housing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 43; Dalal Sleiman, Community Capacity Building and Engagement Leader, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 27; Kieran Hough, Senior Social Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 23; Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 33; Nurcihan Ozturk, Multicultural and Migration Advisor, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 9.

5 cohealth, *Submission 29*, p. 16.

6 Ibid.; Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. 14; Christopher Turner, *Transcript of evidence*, p. 30; Elly Gardner, Living and Ageing Well Officer, Moreland City Council, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 2; Dr Sundram Sivamalai, Intercultural Advisory Committee Member, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 29; Dr Lesley McKarney, Health Promotion Officer, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 23; Nurcihan Ozturk, *Transcript of evidence*, p. 9.

7 Hakan Akyol, Executive Senior Adviser, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, pp. 3, 6.

8 Vivienne Nguyen, Chairperson, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 2; Nurcihan Ozturk, *Transcript of evidence*, p. 9.

9 National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, received 30 November 2021, p. 2; United Spanish Latin American Welfare Centre, *Submission 32*, p. 5; cohealth, *Submission 29*, p. 4; ABRISA, *Submission 72*, p. 3; Katibe Yesilyurt, community member, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 36; Seniors Rights Victoria, *Submission 23*, received 29 November 2021, p. 13; Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, received 30 November 2021, p. 3.

10 Moreland City Council, *Submission 36*, received 30 November 2021, p. 7.

to look at: how can we provide streamlined pathways that provide support to people no matter where they live? It is clear, for example, that in the future more and more services are going to be provided to older people in their home ... there are two sides to it. It is providing access to greater training opportunities for our frontline staff that are interfacing with older people but also looking at opportunities to strengthen training and development within the culturally diverse communities so more of those people can access employment opportunities in the frontline care and support of older people.¹¹

Christopher Turner, Deputy Chief Executive of cohealth, discussed the need to not only upskill the existing workforce, but to create meaningful employment pathways for culturally diverse people who understand the communities they work with.¹²

The Victorian Government announced funding to develop a bicultural worker strategy in the 2021–22 State Budget.¹³ The Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, recommended in its submission that the strategy 'increases the support and consistency for bilingual and bicultural workers'.¹⁴ The Chief Executive Officer of ECCV, Emiliano Zucchi, elaborated at a public hearing on the need to demarcate the roles and responsibilities of bicultural and bilingual workers as opposed to professional interpreters and healthcare staff. He explained:

Unless as well as being bilingual they are physiotherapists or interpreters or doctors or nurses, we need to be really, really careful that they do not invade the professional ground of the people they work with. So they are just a member of the team looking after our Victorian communities ...

The other thing about bicultural workers is that they are not bound by a code of ethics. So we need to be careful when we engage bicultural workers or bilingual workers that we give them very, very strong parameters within which to operate; otherwise we might have a counterproductive result.¹⁵

Relying on bilingual workers when translation services are unavailable is also inappropriate in certain situations—for example, in legal or medical contexts.¹⁶

The Committee recognises the expertise of organisations like ECCV, the Commissioner for Senior Victorians, VMC and councils in understanding the importance of a diverse workforce and the needs of different communities. Consequently, the Committee recommends they be consulted when the bicultural worker strategy is developed,

¹¹ Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 2. See also John Richards Centre for Rural Ageing Research, *Submission 67*, p. 6.

¹² Christopher Turner, *Transcript of evidence*, p. 30. See also Carol Mioduchowski, North Area Health Manager, Barwon Health, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 34; Alba Chliakhtine, Executive Officer, ABRISA, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, pp. 23–24.

¹³ Department of Treasury and Finance, *Victorian Budget 2021–22 Paper No. 3: service delivery*, Melbourne, 2021, p. 55.

¹⁴ Ethnic Communities' Council of Victoria, *Submission 63*, p. 14.

¹⁵ Emiliano Zucchi, Chief Executive Officer, Ethnic Communities' Council of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 37.

¹⁶ Sonia Di Mezza, *Transcript of evidence*, p. 33; Loddon Campaspe Multicultural Services, *Submission 54*, received 9 January 2022, p. 4.

implemented and reviewed. In addition, the strategy should apply the co-design and collaboration principles as discussed in Chapter 2. Based on the evidence received by the Committee, the strategy should also consider:

- promoting consistency across core competencies, training, qualification, supports, classifications and remuneration levels¹⁷
- increasing professional support, networking and mentoring opportunities¹⁸
- upskilling, resourcing and embedding bilingual and bicultural workers across health, aged care and community care sectors¹⁹
- encouraging bicultural and bilingual workers to move to regional areas and building the capacity of staff already located in regional areas²⁰
- supporting community organisations to build the capacity of bilingual and bicultural workers²¹
- creating employment opportunities targeted toward bilingual and bicultural people²²
- increasing the capacity of bilingual and bicultural workers in key health and housing services to support culturally diverse older people experiencing elder abuse.²³

FINDING 18: Bilingual and bicultural workers are an integral element of healthcare and social services systems for culturally diverse older people as they contribute to the cultural safety of workplaces, facilitate better care outcomes and reduce barriers to accessing services. However, they need support to ensure they can work effectively and provide high-quality care.

RECOMMENDATION 22: That the Victorian Government consult with peak multicultural bodies, service providers, community leaders and culturally diverse communities when developing its bicultural worker strategy.

¹⁷ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 7.

¹⁸ Commissioner for Senior Victorians, *Submission 46*, p. 20; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 7.

¹⁹ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 2; Moreland City Council, *Submission 36*, p. 7; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, received 7 January 2022, p. 3.

²⁰ Loddon Campaspe Multicultural Services, *Submission 54*, p. 5; Professor Irene Blackberry, Chair and Director, John Richards Centre for Rural Ageing Research, La Trobe University, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 25; Vivienne Nguyen, *Transcript of evidence*, p. 5; Dr Lesley McKarney, *Transcript of evidence*, p. 23.

²¹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 16.

²² John Richards Centre for Rural Ageing Research, *Submission 67*, p. 6; Gerard Mansour, *Transcript of evidence*, p. 2; Dr Lesley McKarney, *Transcript of evidence*, p. 23.

²³ Seniors Rights Victoria, *Submission 23*, p. 13.

RECOMMENDATION 23: That the Victorian Government’s bicultural worker strategy consider consistent remuneration, core competencies, training, professional development and support for bicultural and bilingual workers.

RECOMMENDATION 24: That the Victorian Government’s bicultural worker strategy consider how to support people from migrant and refugee backgrounds to apply for bilingual and bicultural roles, and how to embed workers in service delivery, particularly in regional areas.

3.2 Creating employment pathways for bilingual and bicultural workers in aged care will improve inclusiveness

The importance of shared culture and language is particularly critical in aged care, whether older people receive services in their home or in residential aged care facilities. Culturally inclusive aged care provided by bilingual and/or bicultural workers improves the quality of life of aged care users because they can better interact with staff and express their wishes.²⁴ As VMC Chairperson, Vivienne Nguyen, explained, culturally diverse workers ‘bring with them the cultural understanding, the religious nuances and ways in which messages can be delivered or understood and embraced by their community far better.’²⁵

The Australian Government’s Aged Care Diversity Framework recognises the importance a diverse aged care workforce has in meeting the needs of culturally diverse older people (see Chapter 9 for further discussion of aged care services and their regulation). Language and communication are key factors ensuring quality aged care, so in addition to cultural awareness training, providers should employ bilingual and bicultural staff.²⁶ Joy Leggo, Chief Executive Officer of Cultura, an organisation that provides aged care and other services to multicultural communities in Geelong, told the Committee:

it makes a huge difference, because running a residential CALD [culturally and linguistically diverse] facility is about that conversation—the weather today or the grandkids or whatever—in their own language; that is just as important as other things as well. And then in the dementia unit, most people lose their learned language of English as they age with dementia—the ability to be able to communicate then. Just think—‘I’ve lost my language, I’m back to my native language, and I can’t understand what anyone’s talking to me about, and I’ve got a level of confusion anyway’—how that must be in their world. So the importance of that is significant.²⁷

²⁴ ABRISA, *Submission 72*, p. 3.

²⁵ Vivienne Nguyen, *Transcript of evidence*, p. 2.

²⁶ Commissioner for Senior Victorians, *Submission 46*, p. 19.

²⁷ Joy Leggo, Chief Executive Officer, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, pp. 4–5.

According to the Australian Institute of Health and Welfare, 12% of aged care service users at 30 June 2020 had a preferred language other than English. While a significant proportion of aged care workers speak a language other than English, there is no data comparing workers' cultural backgrounds with that of aged care service users. In most residential aged care facilities where more than one-third of staff speak a language other than English, the most common cultural background of staff was Indian and Filipino, which may not match the cultural background of residents.²⁸

Aged care providers can struggle to find and retain bilingual and bicultural workers. For example, Moreland City Council observed, 'The aged care sector is not attracting a sufficient number of qualified bicultural workers to meet demand. Staff numbers are low, and providers are unable to fill staff vacancies.'²⁹ Rebecca Smith, General Manager, Community Aged and Disability at Cultura, added:

as a provider of services we are fortunate to have a number of bilingual support workers working with us. However, Joy [Leggo] has highlighted the workforce shortages that we have and the ability to recruit qualified workers that have had the appropriate training and experience—they are becoming harder to find and also to retain, as we are in competition with many other sectors. As Joy has highlighted, through no fault of their own or their RTO [registered training organisation], they do not often come job ready, and they lack experience in applying what they have learned into practice.³⁰

The shortage of bilingual and bicultural aged care workers is even more severe in regional Victoria.³¹ As Loddon Campaspe Multicultural Services (LCMS), an organisation that supports people from multicultural backgrounds in the region, explained:

Given the lack of cultural/ethnic diversity in the Loddon Campaspe [sic] region, being able to access paid carers either in residential aged care facilities or to provide age care services at home who are from culturally diverse backgrounds and who speak relevant languages, is quite rare.³²

According to the John Richards Centre for Rural Ageing Research (JRC), a research institute specialising in rural experiences of ageing, the shortage of aged care workers in regional and rural Victoria is most likely due to 'fewer qualified individuals, low remuneration for aged care workers, and negative profile of aged care careers.'³³ Although an increasing number of people from migrant backgrounds are working in aged care, JRC noted there is high staff turnover and skill shortages. It identified the following barriers for bilingual and bicultural workers remaining in the aged care sector in regional and rural Victoria:

28 Australian Institute of Health and Welfare, *Older Australians: culturally and linguistically diverse older people*, 2021, <<https://www.aihw.gov.au/reports/older-people/older-australians/contents/feature-articles/culturally-and-linguistically-diverse-older-people>> accessed 6 May 2022.

29 Moreland City Council, *Submission 36*, p. 4.

30 Rebecca Smith, General Manager, Community Aged and Disability, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 4.

31 John Richards Centre for Rural Ageing Research, *Submission 67*, p. 6.

32 Loddon Campaspe Multicultural Services, *Submission 54*, p. 5.

33 John Richards Centre for Rural Ageing Research, *Submission 67*, p. 6.

- lack of support for further training, including support to qualify as an enrolled or registered nurse
- discrimination, racism and/or cultural insensitivity from clients, colleagues and supervisors
- geographical barriers to networking
- lack of English proficiency and/or language barriers
- difficulty and reluctance addressing workplace issues due to the perception it will create additional problems for them.³⁴

Sonia Di Mezza, Chief Executive Officer of LCMS, added that housing shortages in regional areas make it harder to attract bilingual and bicultural aged care workers. She said:

Housing is a crisis. It is no good having a job if you have got nowhere to live. If you go to Sydney or Melbourne, most of the aged care providers [staff] are from multicultural backgrounds. They have got everything that they need and they can work there. So we need to look at the complete package to make it more attractive for multicultural workers to come to Bendigo and Ballarat and regional areas to work.³⁵

LCMS suggested greater investment in employment opportunities specifically for people who speak languages other than English and are willing to move to regional Victoria to work.³⁶

There was broad support for the creation of employment pathways for bilingual and bicultural workers in the aged care sector among Inquiry participants.³⁷ For example, when asked how the Victorian Government can assist with the provision of culturally appropriate aged care, Carol Mioduchowski, North Area Health Manager at Barwon Health, answered:

thinking through some of those integration pathways about actually having staff from diverse backgrounds working in those settings is the most important thing for me. You know, thinking through the current sort of migrant group, a Croatian person can probably speak or communicate with and do some work with people from a range of different Balkan backgrounds. So just really thinking about the diversity and improving that pathway would be number one, I think, for aged care.³⁸

She pointed out the Aboriginal health model, which takes a holistic approach to health and wellbeing, and suggested a similar model for multicultural health that goes beyond

³⁴ Ibid.

³⁵ Sonia Di Mezza, *Transcript of evidence*, pp. 32, 35.

³⁶ Loddon Campaspe Multicultural Services, *Submission 54*, p. 5.

³⁷ For example, Ballarat African Association Inc., *Submission 1*, received 19 October 2021, p. 1; cohealth, *Submission 29*, p. 11; United Spanish Latin American Welfare Centre, *Submission 32*, p. 5; Moreland City Council, *Submission 36*, p. 7; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 12.

³⁸ Carol Mioduchowski, *Transcript of evidence*, p. 36.

'an interpreter service.'³⁹ She added that employing culturally diverse staff helps improve cultural awareness among other staff, stating:

Having people of culturally diverse backgrounds is fantastic, because it is a two-way learning process—learning some of those skills and how we operate those Western mores as well as learning about culture. At Corio we have got a Japanese physio. We have got an Indian physio. We have got an Ethiopian podiatrist. It is such a lovely, diverse background that we learn a lot from. We learn about Ramadan and all the different bits and pieces, and that I think gives everyone a really good opportunity to kind of think about how they approach people in different areas.⁴⁰

Inquiry participants supported targeted training and recruitment of people from migrant and refugee backgrounds in aged care, suggesting that this would have the double benefit of providing culturally inclusive services for older people and improving employment outcomes for younger and middle-aged people in these communities.⁴¹ For example, Nurcihan Ozturk, the National Council of Women of Victoria's Multicultural and Migration Adviser, told the Committee:

there should be a recruitment drive for bilingual workers and bicultural workers, because with the recent influx of migrants they are not only bilingual people, they speak a number of different languages because of the transition and how they got to Australia. So they have picked up languages from country X, where they have spent five years, and five years in another country. They may not be fluent, but they have enough language to get themselves by. They understand also the culture of that country where they spent five years et cetera. So it is not just about being bilingual, it is all about being bicultural as well.⁴²

Alba Chliakhtine, Executive Officer of ABRISA, a community-based organisation providing support to members of the Brazilian community in Victoria, also supported conveying to refugees that:

there is an opportunity for them to join the sector. And there is a difference they can make, even though their English may not be perfect. Because those who looked after our people, their English was not perfect, but their care and diligence and the happiness they brought every time they walked in and said 'Hello' in Portuguese was substantial.⁴³

According to JRC, recruiting and retaining culturally diverse workers in the aged care sector is assisted by providing professional development opportunities, support services at work and in the community, and reciprocity and mutual respect from colleagues.⁴⁴ It suggested a 'social change campaign to reframe caring and promote

³⁹ Ibid., p. 35.

⁴⁰ Ibid., p. 34.

⁴¹ For example, cohealth, *Submission 29*, p. 9; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 6; Gerard Mansour, *Transcript of evidence*, p. 2; Alba Chliakhtine, *Transcript of evidence*, p. 23.

⁴² Nurcihan Ozturk, *Transcript of evidence*, p. 9.

⁴³ Alba Chliakhtine, *Transcript of evidence*, p. 24.

⁴⁴ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 6.

people to take up careers in aged care services and programs' as well as training, ongoing professional development and networking opportunities for culturally diverse people, especially those living in regional and rural areas.⁴⁵

Kieran Hough, Senior Social Worker at Victorian Arabic Social Services, a not-for-profit association supporting people of Arabic-speaking backgrounds, credited the Victorian Government's free TAFE courses with attracting people from culturally diverse backgrounds into the community services sector who might otherwise not have accessed training due to financial barriers.⁴⁶ Free TAFE courses in ageing support and nursing are also available, which enable employment in the aged care sector.

Other Victorian Government initiatives could be used to encourage culturally diverse people to enter the aged care sector. For example, the forthcoming bicultural worker strategy (discussed in Section 3.1) could specifically consider measures to promote employment in the aged care sector. Similarly, Jobs Victoria, a Victorian Government employment service that provides targeted support services for jobseekers and employers, can create pathways for culturally diverse people to work in aged care. One such Jobs Victoria program supports participants to gain an aged care qualification while also working full-time or part-time in the sector over 12 months. This program offers up to 200 aged care roles in Bendigo and Mildura, and applicants from CALD backgrounds and newly arrived migrants from non-English speaking backgrounds will be prioritised, along with women and those aged over 45.⁴⁷ The Victorian Government should continue to support similar initiatives and expand them into other regional areas.

FINDING 19: Bilingual and bicultural workers in the aged care sector improve the quality and inclusiveness of aged care services by enabling greater interaction with clients and providing cultural understanding and safety.

RECOMMENDATION 25: That the Victorian Government continue supporting and expand Jobs Victoria programs that target and support newly arrived migrants, refugees and culturally diverse people to gain qualifications and employment in the aged care sector.

⁴⁵ Ibid., p. 7.

⁴⁶ Kieran Hough, *Transcript of evidence*, p. 23.

⁴⁷ Jobs Victoria, *Aged care jobs for women in Bendigo and Mildura*, 2022, <<https://jobs.vic.gov.au/latest-updates/updates/aged-care-jobs-for-women-in-bendigo-and-mildura>> accessed 24 May 2022.

4 Strengthening mental and physical health

Delivering a broad range of services and programs can improve the positive mental and physical wellbeing of multicultural older Victorians by addressing their interconnected needs. The Committee believes that concentrating on the social determinants of health, as well as taking a holistic approach to mental and physical wellbeing, can more effectively enable the independence and decision making of multicultural older Victorians.

This chapter begins by considering the mental health of culturally diverse older people and the Royal Commission into Victoria’s Mental Health System (Mental Health Royal Commission). Next, three other particular topics the Committee received evidence on—physical health, dementia and the role of carers—are examined.

The chapter concludes with recommendations on building holistic healthcare and social services systems that adequately focus on the needs of culturally diverse older people and foster self-care. Chapter 2 discussed how this can be achieved through place-based services, culturally appropriate care and systems informed by the voices of those with lived experiences. This chapter considers how to empower multicultural older Victorians to make decisions about their own health, address the social determinants of health and recognise intersectionality. Intersectionality refers to different aspects of a person’s identity, such as cultural background, disability and gender, that can result in overlapping forms of marginalisation and discrimination.¹

4.1 Culturally diverse older Victorians may be more at risk of poor mental health

The mental health of multicultural older Victorians was consistently referred to during the Inquiry. The Royal Australian and New Zealand College of Psychiatrists Victorian Branch (RANZCP Victorian Branch) noted the high prevalence of mental ill-health in culturally diverse older communities due to factors such as the ‘negative impacts of prolonged uncertainty, experiences of discrimination, marginalisation and policies which prevent families from uniting’.² The Mental Health Royal Commission supported this, finding that some culturally diverse communities—refugees and asylum seekers

¹ Victorian Government, *Understanding intersectionality*, 2021, <<https://www.vic.gov.au/understanding-intersectionality>> accessed 28 February 2022.

² Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, received 30 November 2021, p. 1. See also Health and Community Services Union, *Submission 61*, received 25 January 2022, p. 3.

in particular—experience an increased risk of mental illness.³ The Multicultural Centre for Women’s Health (MCWH), a community-based organisation providing tailored and accessible wellbeing programs for older migrant and refugee women, indicated that women from migrant and refugee backgrounds are especially vulnerable to poor mental health due to structural and personal disadvantages. Social isolation, loneliness and elder abuse, as well as factors like language, financial literacy and technology, can exacerbate the risk of poor mental health.⁴ Social connection is important for mental health and is explored in Chapter 5.⁵

The stigma attached to mental health in culturally diverse communities can complicate service delivery.⁶ South East Community Links (SECL), a provider of a range of services in Melbourne’s south-east, conveyed that mental health in culturally diverse communities can be a particular challenge given low understanding of mental health, and feelings of embarrassment or shame that prevent individuals from seeking help.⁷ The Mental Health Royal Commission also reported a range of factors that deter culturally diverse older Victorians from seeking support, including shame, a reluctance to talk about mental illness, fear of being excluded by cultural or faith-based communities and families, and low knowledge about available services.⁸ In addition, the underutilisation of mental health services can be exacerbated by services that are not culturally relevant, leaving culturally diverse older people who have a different understanding of mental health compared with Western models, feeling unsatisfied and alienated.⁹

The Mental Health Royal Commission identified that Victoria’s mental health and wellbeing system must cater for the various needs of diverse communities, and that this is not always achieved.¹⁰ The Victorian Government has begun implementing recommendations that prioritise the needs of culturally diverse communities and older people, as described in Table 4.1. In addition, the Department of Health’s (DH) *Mental health and wellbeing workforce strategy 2021–2024* addresses key recommendations for creating a diverse and responsive mental health workforce.¹¹

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- 3 Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 11; Royal Commission into Victoria’s Mental Health System, *Final report Volume 3: promoting inclusion and addressing inequities*, State of Victoria, Melbourne, February 2021, p. 214.
- 4 Multicultural Centre for Women’s Health, *Submission 22*, received 29 November 2021, pp. 2–3; Dr Giang Tran, Advocacy and Policy Officer, Multicultural Centre for Women’s Health, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 36.
- 5 John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, pp. 4, 8.
- 6 Commissioner for Senior Victorians, *Submission 46*, p. 11.
- 7 South East Community Links, *Submission 34*, received 30 November 2021, p. 1. See also Name withheld, *Submission 69*, received 31 January 2022, p. 2.
- 8 Commissioner for Senior Victorians, *Submission 46*, p. 11.
- 9 Ethnic Communities’ Council of Victoria, *Submission 63*, received 27 January 2022, p. 41.
- 10 Royal Commission into Victoria’s Mental Health System, *Final report Volume 2: collaboration to support good mental health and wellbeing*, State of Victoria, Melbourne, February 2021, p. 283; Commissioner for Senior Victorians, *Submission 46*, p. 11.
- 11 Department of Health, *Victoria’s mental health and wellbeing workforce strategy 2021–2024*, Victorian Government, Melbourne, 2021.

Table 4.1 Royal Commission into Victoria's Mental Health System's recommendations to the Victorian Government relevant to culturally diverse and older people

Recommendation summary	Implementation update ^a
<p>3. Create a 'responsive and integrated mental health and wellbeing system, in which people receive most services locally and in the community throughout Victoria, close to their families, carers, supporters and networks.'</p> <p>Establish 50–60 Adult and Older Adult Local Mental Health and Wellbeing Services (Local Services), which operate in a range of settings with extended hours, and 22 Adult and Older Adult Area Mental Health and Wellbeing Services (Area Services), which are 'delivered through partnerships between public health services or public hospitals and non-government organisations that deliver wellbeing supports'.</p>	<p>60 Local Services are being established across Victoria. Six will be open by the end of 2022 and all are expected to be established by 2026.</p> <p>Area Services will be established to meet demand and provide 'community-based treatment, care and support of the right type, duration and intensity' over 10 years. DH and Area Services are currently 'working through the expanded range of treatment, care and support'.</p>
<p>5. Ensure Local Services and Area Services provide comprehensive, multidisciplinary and integrated care that is available 24 hours a day. They should also be responsive and accessible to the diversity of local communities.</p>	<p>To be implemented when Local and Area Services are created.</p>
<p>15. Establish a social prescribing trial in each of the Local Services 'to support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives.'</p>	<p>The social prescribing trials will commence in six Local Services in the Latrobe Valley, Benalla, Frankston, Geelong, Brimbank and Whittlesea, by July 2022.</p>
<p>22. Establish a 'mental health and wellbeing service stream for older Victorians, that focuses on improving their mental health and wellbeing outcomes.' It should 'ensure older Victorians have access to the same mental health treatment, care and support as the rest of the adult population.' The Area Services should include 'older adult mental health and wellbeing specialist multidisciplinary teams' to provide specialist treatment, support and care for 'people with complex and compounding mental health needs generally related to ageing', and provide assistance to other care services like aged care.</p>	<p>As of 17 March 2022, the Victorian Government had committed to implementing the recommendation but had not yet provided detailed information.</p>
<p>23. Establish a Statewide Trauma Service to deliver mental health and wellbeing outcomes for people with lived experiences of trauma.</p>	<p>To be established by the end of 2022. A co-design process has begun, including with people who have lived experiences of trauma. The service will include a 'multidisciplinary workforce of specialist trauma practitioners' who will work with peer support workers, help consumers to 'develop a recovery plan and provide therapeutic and holistic care' and assist other practitioners to understand trauma-informed care.</p>
<p>34. Ensure Victoria's diverse communities are actively engaged in 'planning, implementing and managing the reformed mental health and wellbeing system.' This includes ensuring all Victorians have access to appropriate information and communication methods regardless of 'preferred language, hearing, literacy or neurocognitive ability'.</p> <p>Enable communities and community-led organisations to deliver mental health awareness campaigns and system navigation assistance.</p> <p>Improve data collection on diverse communities' mental health.</p>	<p>The Victorian Government has established a Diverse Communities' Working Group to 'advise on the mental health and wellbeing needs of diverse communities and how best to respond to these needs.' A Diverse Communities' Mental Health and Wellbeing Framework will be co-designed with the Working Group that will outline actions needed to build an inclusive system.</p> <p>The Victorian Government will 'partner with community organisations and peak bodies to support their communities to engage with the reforms. This will ensure communities can play an active role in designing and delivering the new mental health and well-being system.'</p> <p>The Victorian Government is enhancing its data recording and collection system 'to better record and understand the experiences of diverse communities.'</p>

(Continued)

Recommendation summary	Implementation update ^a
39. Provide additional resources to enable effective service delivery of mental health and wellbeing services in regional Victoria and to 'small or geographically isolated rural communities'.	As of 18 March 2022, the Victorian Government had committed to implementing the recommendation but had not yet provided detailed information.

a. All updates are from the Department of Health's website and were last updated on 17 or 18 March 2022, except for recommendation 23 which was last updated on 5 April 2022.

Sources: Department of Health, *Mental health and wellbeing reform*, 2022, <<https://www.health.vic.gov.au/mental-health/mental-health-wellbeing-reform>> accessed 18 May 2022; Royal Commission into Victoria's Mental Health System, *Recommendations*, n.d., <<https://finalreport.rcvmhs.vic.gov.au/recommendations>> accessed 18 May 2022.

The Commissioner for Senior Victorians identified the Mental Health Royal Commission reforms as an 'excellent opportunity to focus on the particular need of older migrants and refugees'.¹² The Commissioner explained that destigmatising mental illness and encouraging culturally diverse older people to seek support can be facilitated through community education on understanding mental health and where to find support, and by encouraging older people to discuss their mental health. This must be supported by a stronger service system, where professionals have the training and skills to provide appropriate care. The Commissioner identified social prescribing trials (recommendation 15) as a specific best practice initiative and recommended the trials pay specific attention to the needs of culturally diverse older people.¹³ This is discussed further in Chapter 5.

Inquiry participants raised several concerns about the ongoing cultural appropriateness of Victoria's mental health system and the reform process. Emiliano Zucchi, Chief Executive Officer (CEO) at the Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, stated:

The current reform process has highlighted that Victoria's mental health system is experienced as inadequate, exclusionary and at times unsafe. This has resulted in stark health inequities, particularly in the context of the COVID-19 pandemic.¹⁴

RANZCP Victorian Branch advocated for equitable mental health services that are accessible and culturally responsive, arguing that the current mental health system in Victoria does not provide this. It recommended increasing neuropsychiatry services in recognition of the trauma many migrant and refugee communities experience, as well as ensuring culturally responsive mental health services are provided (discussed in Chapter 2).¹⁵ Similarly, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, cohealth, and the Health and Community Services Union, representing Victorian workers in the mental health, disability and alcohol and other drugs sectors, also called for increased mental health support for

¹² Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 1–2.

¹³ Ibid., p. 4; Commissioner for Senior Victorians, *Submission 46*, p. 11.

¹⁴ Emiliano Zucchi, Chief Executive Officer, Ethnic Communities' Council of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 35.

¹⁵ Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, pp. 1–2. See also United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 6.

older people.¹⁶ An Intercultural Advisory Committee Member for the City of Ballarat, Dr Sundram Sivamalai, recognised that while reform is underway, there is an urgent need to provide mental health support with qualified professionals in regional areas.¹⁷

ECCV advised many of the issues discussed in Chapter 2—such as difficulties navigating services, limited co-design, lack of culturally safe care, lack of translated mental health information, inadequate use of interpreters and experiences of discrimination in the system—are ongoing problems for Victoria’s mental health system.¹⁸ ECCV reasoned that cultural safety could be better enshrined in the Mental Health Royal Commission reforms, identifying a risk that it will be overlooked by government agencies, organisations and service providers. ECCV pinpointed several opportunities for improvement, including ensuring people of migrant and refugee backgrounds, carers and ethno-specific organisations are engaged in the co-design of mental health services and programs, and employing culturally diverse people with lived experience of mental illness in the sector.¹⁹

Importantly, ECCV reported that culturally diverse older people want to seek mental health support from ethno-specific, multicultural and community organisations rather than mainstream services, but few are currently funded to deliver this. ECCV argued that instead of collaborating with diverse communities to develop services as recommended in the Mental Health Royal Commission, investment should focus on increasing the capacity of the multicultural mental health sector to directly provide care. This includes expanding the number of ethno-specific and multicultural organisations providing mental health services, increasing the capacity of existing specialist mental health providers to work with and deliver support to culturally diverse older people, developing strong relationships with mainstream services and integrating ethno-specific organisations into the broader mental health system.²⁰ Carol Mioduchowski, North Area Health Manager at Barwon Health, reinforced that the current mental health reforms should ‘really consider’ the needs of older migrants and refugees to avoid re-traumatisation.²¹

The 2022–23 State Budget comprised funding of \$1.3 billion for mental health reforms (in addition to \$3.8 billion in the previous financial year), including funding for acute care in regional areas and early mental healthcare initiatives.²² While the Committee received several recommendations from Inquiry participants on strengthening the mental health of culturally diverse older Victorians, it has refrained from making recommendations given the system is currently undergoing significant change.

¹⁶ cohealth, *Submission 29*, received 30 November 2021, p. 17; Health and Community Services Union, *Submission 61*, p. 7.

¹⁷ Dr Sundram Sivamalai, Intercultural Advisory Committee Member, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 29.

¹⁸ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 42.

¹⁹ *Ibid.*, pp. 43–44.

²⁰ *Ibid.*, pp. 44–45.

²¹ Carol Mioduchowski, North Area Health Manager, Barwon Health, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 34.

²² Premier of Victoria, *A mental health system to work for every Victorian*, media release, Victorian Government, Melbourne, 3 May 2022.

FINDING 20: Culturally diverse older people experience an increased risk of poor mental health due to factors such as migration journey, trauma, marginalisation, visa status, socioeconomic disadvantage and social isolation. Victoria’s mental health system is currently undergoing significant reform which may reduce barriers to accessing services and lead to better mental health outcomes.

4.2 Physical health programs are important but not always culturally appropriate or extensive

The physical health of culturally diverse older people can be facilitated through age-friendly environments and infrastructure that accommodate people of all ages with a range of mobility requirements (see Section 4.7). In addition to this, Inquiry participants raised the need for more services such as physiotherapy, occupational therapy, physical activities and orthopaedics.²³ The Council on the Ageing (COTA) Victoria, the peak body representing the interests of Victorians aged over 50, outlined that:

physical activity plays a critical role in reducing the risks of falls, minimising the impact of age-related health conditions and enabling people to maintain their mobility and independence as they grow older.²⁴

This extends beyond physical activity like walking to strength-based exercise.²⁵ RANZCP Victorian Branch’s submission identified that refugee and asylum seeker populations are more vulnerable to poor physical and mental ill-health than other migrant groups.²⁶ People who have migrated or sought asylum from non-English speaking countries are also particularly prone to adverse physical health.²⁷

A range of physical health programs operate in Victoria. COTA Victoria delivers a tailored strength-based training program called Living Longer Living Stronger in partnership with different providers.²⁸ Seniors Online, a Victorian Government website for older Victorians, provides links to a range of physical activity resources to encourage older people to be active, including Get Active Victoria, a Victorian Government-funded initiative promoting physical activity for people of all ages.²⁹ Australian Multicultural Community Services (AMCS) also delivers Moving for Life—The Way I Like It, which tailors group-based exercises for culturally diverse older people depending on their

²³ COTA Victoria, *Submission 70*, received 3 February 2022, p. 7; Name withheld, *Submission 4*, received 29 October 2021, pp. 2–3; Sahar Ageed, *Submission 9*, received 5 November 2021, p. 2.

²⁴ COTA Victoria, *Submission 70*, p. 14.

²⁵ COTA Victoria, *COTA Victoria submission*, submission to Parliament of Victoria, Public Accounts and Estimates Committee, Inquiry into the Victorian Government’s response to COVID-19, 2020, p. 24.

²⁶ Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, p. 2.

²⁷ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 36.

²⁸ COTA Victoria, *Living Longer Living Stronger*, n.d., <<https://www.cotavic.org.au/our-programs/strength-training>> accessed 18 May 2022.

²⁹ Seniors Online, *Get active!*, n.d., <seniorsonline.vic.gov.au/services-information/keep-active-safe-and-strong> accessed 6 June 2022.

health and fitness levels. The program is delivered through senior ethnic community groups and clubs and has been provided to over 2,500 people.³⁰ The Victorian Active Ageing Partnership, a three-year project established in 2015, aspired to promote the physical activity of older people. It was targeted toward socioeconomically disadvantaged or isolated older Victorians, but is no longer funded.³¹

However, evidence presented to the Committee suggested these resources are not extensive or tailored enough. The principles identified in Chapter 2 on providing safe and inclusive care and co-design need to be applied to services that support the physical health of older people.³² According to cohealth, ‘Services such as physiotherapy to treat chronic pain and mobility declines often do not meet the needs of older [people from] migrant and refugee backgrounds.’³³ VicHealth, a health promotion agency, proposed that healthy outcomes could be improved for older Victorians by ensuring they have access to culturally appropriate and affordable food in their localities, and when accessing aged care and food relief.³⁴ COTA Victoria identified that the COVID-19 pandemic reduced the level of physical activity of older people. It recommended that the Victorian Government support multicultural organisations and groups to help older people re-engage in physical activity, including through:

- increased awareness of exercise physiology and physiotherapy subsidies
- financial support to access these services
- free clinics that provide advice on safely re-engaging in physical activity
- subsidised or free travel for older Victorians on low incomes to attend medical appointments.³⁵

FINDING 21: Culturally diverse older people can experience an increased risk of poor physical health. Physical activity and health services such as physiotherapy are important contributors to overall health and wellbeing, but are not extensive and are not always culturally appropriate.

RECOMMENDATION 26: That the Victorian Government increase the promotion of existing physical health initiatives and programs in culturally diverse communities and seek to ensure programs offered can be tailored to different cohorts.

³⁰ Australian Multicultural Community Services Inc., *Moving for Life—The Way I Like It*, n.d., <<https://www.amcservices.org.au/projects/moving-for-life-the-way-i-like-it>> accessed 18 May 2022.

³¹ Department of Health, *Active ageing*, 2015, <<https://www.health.vic.gov.au/wellbeing-and-participation/active-ageing>> accessed 18 May 2022; Musculoskeletal Australia, *Victorian Active Ageing Partnership*, n.d., <<https://msk.org.au/vaap>> accessed 18 May 2022.

³² cohealth, *Submission 29*, p. 10.

³³ Ibid.

³⁴ VicHealth, *Submission 66*, received 31 January 2022, pp. 14–15.

³⁵ COTA Victoria, *Submission 70*, p. 15.

Oral healthcare was identified as a particular issue for older people. Poor oral health can make it harder to maintain a healthy diet, particularly for people using aged care services.³⁶ People of refugee or asylum seeker backgrounds or who hold healthcare or pensioner concession cards are eligible to access Victoria's public dental care services.³⁷ However, some older people who are eligible for low-cost or free dental care can wait up to 30 months to access support, and people in residential aged care are often restricted to dental care arranged by their families.³⁸ cohealth explained oral healthcare can be too expensive for many culturally diverse older people who cannot afford private healthcare.³⁹ COTA Victoria outlined oral healthcare is a 'significant area of unmet need that must be prioritised' due to older Victorians not always having access to timely and affordable dental care.⁴⁰

Christopher Turner, Deputy Chief Executive at cohealth, expanded on the issue of dental care at length at a public hearing. A major concern is the wait time for an individual to access healthcare through the public dental system. Over the past year, wait times for an initial dental appointment for cohealth's clients aged over 65 has risen from 15 to 43 months. Wait periods for denture care is about 20 months.⁴¹ This affects just under 6,000 of cohealth's clients, 42% of whom are over the age of 65. Over 75% of its clients aged over 65 were born overseas. cohealth identified restrictions imposed during the COVID-19 pandemic as one of the main contributors to longer wait times. While recognising Victoria's public oral healthcare provider, Dental Health Services Victoria, provided additional grant funding in December 2021 to offer clients dental care through private clinics, cohealth explained this has not addressed underlying issues of insufficient federal and state funding for public oral healthcare.⁴² cohealth currently has unused capacity to provide more dental services but it requires additional funding to do so. It advocated for investment in the public dental system to reduce wait periods, as well as additional funding for culturally appropriate and innovative preventative oral healthcare.⁴³ COTA Victoria also recommended increasing funding for Dental Health Services Victoria to decrease wait times and facilitate access to affordable dental care, and funding for multicultural community organisations to distribute information on low-cost or free dental services.⁴⁴

FINDING 22: Culturally diverse older people experience long wait times to access public dental healthcare and often cannot afford private dental services.

³⁶ cohealth, *Submission 29*, p. 9.

³⁷ Department of Health, *Access to Victoria's public dental care services*, 2022, <<https://www.health.vic.gov.au/dental-health/access-to-victorias-public-dental-care-services>> accessed 18 May 2022.

³⁸ COTA Victoria, *Submission 70*, pp. 9–10.

³⁹ cohealth, *Submission 29*, pp. 9–10, 11.

⁴⁰ COTA Victoria, *Submission 70*, p. 15.

⁴¹ Christopher Turner, Deputy Chief Executive, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 32.

⁴² cohealth, *Inquiry into support for older Victorians from refugee and migrant backgrounds hearing*, response to questions on notice received 15 February 2022, p. 1.

⁴³ Christopher Turner, *Transcript of evidence*, p. 35; cohealth, response to questions on notice, p. 2.

⁴⁴ COTA Victoria, *Submission 70*, p. 15.

RECOMMENDATION 27: That the Victorian Government invest in state public dental services to deliver more procedures for culturally diverse older patients needing dental care.

RECOMMENDATION 28: That the Victorian Government raise awareness of available free or low-cost dental services in culturally diverse communities.

Inquiry participants also raised the issue of culturally appropriate palliative care. DH funds Palliative Care Victoria, the main body representing the sector in the state, to implement a culturally responsive palliative care strategy. The strategy aims to enhance access to and understanding of palliative care in multicultural communities by increasing the capacity of relevant services to provide culturally responsive care. It does this by delivering training and education programs; raising awareness of palliative care in multicultural communities through bilingual education; training community leaders so they can disseminate community information; and publishing fact sheets in 21 languages. Palliative Care Victoria has engaged with over 15 migrant communities and ethnic media to implement the strategy. The Victorian Government outlined the educational resources:

raise awareness of palliative care in ethnic communities, particularly among older populations and those with life-limiting or chronic illness; raise awareness of issues around death and dying and how to promote quality of life; and normalise discussion about death as a natural part of life.⁴⁵

A 2015 review of the strategy found participatory engagement strategies rather than print resources are needed to improve awareness of services and ensure education is tailored to specific cultural, linguistic and spiritual needs. The Victorian Government identified that awareness and use of palliative care services in culturally diverse communities is low and can be improved.⁴⁶ Loddon Campaspe Multicultural Services (LCMS), a not-for-profit service provider for migrants and refugees in the region, also noted a lack, and low awareness, of services in regional Victoria.⁴⁷ In the 2022–23 State Budget, the Victorian Government invested \$17 million in palliative care services in regional and rural communities.⁴⁸

FINDING 23: The Victorian Government and Palliative Care Victoria have several initiatives that aim to increase awareness and uptake of palliative care services in culturally diverse communities. Despite this, awareness of palliative care services in culturally diverse communities can still be low, particularly in regional and rural areas.

⁴⁵ Victorian Government, *Submission 71*, received 4 February 2022, p. 24.

⁴⁶ *Ibid.*, pp. 23–25.

⁴⁷ Loddon Campaspe Multicultural Services, *Submission 54*, received 9 January 2022, p. 5.

⁴⁸ Victorian Government, *Barwon: Better health, closer to home*, 2022, <<https://www.budget.vic.gov.au/barwon#better-health-closer-to-home>> accessed 18 May 2022.

RECOMMENDATION 29: That the Victorian Government’s 2022–23 State Budget funding for palliative care services in regional and rural communities be accompanied by a campaign to raise awareness of services in culturally diverse communities.

4.3 Dementia in culturally diverse communities is expected to increase

Dementia is an umbrella term used to describe symptoms of different illnesses that affect the brain, the most common being Alzheimer’s disease and cardiovascular dementia.⁴⁹ It is a progressive disease that can affect memory, rational thinking, language, behaviour and personality, emotions, social skills and the senses.⁵⁰ It cannot be cured, is usually fatal and is the leading cause of death for females in Australia.⁵¹ Dementia is a particularly challenging issue in culturally diverse communities as English language skills can erode with its onset, causing people to revert to their primary language.⁵² This highlights the need for culturally safe and inclusive care.

There is no data on the actual prevalence of dementia in culturally diverse communities, but it is expected to grow.⁵³ In 2011, ECCV identified dementia care as a high priority as it is anticipated to increase ‘six-fold in the next four decades amongst Australians who speak a language other than English’.⁵⁴ It was estimated nearly 70,000 people were living with dementia in Victoria in 2011, expected to rise to nearly 100,000 by 2020 and over 250,000 by 2050.⁵⁵ In addition, rates of mild cognitive impairment among culturally diverse communities are two to three times higher than in people from English-speaking backgrounds.⁵⁶ However, it is unknown if data on the prevalence of dementia in culturally diverse communities is a real difference or a reflection of reporting anomalies due to factors such as education, language, cultural biases in cognitive tests or inadequate dementia assessment tools.⁵⁷

49 Better Health Channel, *Services to support people with dementia and their carers*, 2014, <<https://www.betterhealth.vic.gov.au/health/servicesandsupport/dementia-and-memory-loss-services>> accessed 18 May 2022.

50 Department of Health, *Dementia services*, 2015, <<https://www.health.vic.gov.au/supporting-independent-living/dementia-services>> accessed 18 May 2022.

51 Ethnic Communities’ Council of Victoria, *Meant to care about culturally relevant dementia care*, discussion paper, volume 1: number 2, Ethnic Communities’ Council of Victoria, Melbourne, 2011, p. 15; Australian Institute of Health and Welfare, *Deaths in Australia*, 2021, <<https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>> accessed 18 May 2022.

52 COTA Victoria, *Submission 70*, p. 9.

53 National Institute for Dementia Research, *Culturally and linguistically diverse (CALD) dementia research action plan: Full report*, Commonwealth of Australia, Canberra, 2020, p. 4; Professor Bianca Brijnath, Director Social Gerontology, National Ageing Research Institute, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 41.

54 Ethnic Communities’ Council of Victoria, *Meant to care about culturally relevant dementia care*, p. 5.

55 *Ibid.*, p. 4.

56 Federation of Ethnic Communities’ Councils of Australia, *Review of Australian research on older people from culturally and linguistically diverse backgrounds: a project funded by the Australian Government Department of Social Services*, Federation of Ethnic Communities’ Councils of Australia, Canberra, 2015, p. 17; National Institute for Dementia Research, *Culturally and linguistically diverse (CALD) dementia research action plan*, pp. 4–5.

57 National Institute for Dementia Research, *Culturally and linguistically diverse (CALD) dementia research action plan*, pp. 4–5, 8–9.

The 2020 *Culturally and linguistically diverse (CALD) dementia research action plan*, developed by the National Ageing Research Institute (NARI) and National Health and Medical Research Council's National Institute of Dementia Research (NNIDR), highlighted disparities in care and health outcomes for CALD communities compared to the general population. This includes that they are generally diagnosed with dementia at a later stage and have limited awareness of what it is. The plan suggests that more culturally inclusive dementia action research will lead to improved dementia literacy, more timely help-seeking, better screening and diagnosis and better health outcomes. This can be achieved through several outputs, including dementia awareness and risk reduction strategies and the use of culturally appropriate dementia assessment tools.⁵⁸ NARI and NNIDR intend to implement the action plan by developing research tools.⁵⁹

Several Australian and Victorian services support people with dementia and their carers. Dementia Australia, the peak body representing Australians living with dementia, provides counselling, information, education, referral and training services. It also provides a practical resource kit, *Perceptions of dementia in ethnic communities*, which helps planners and service providers to understand and develop appropriate services for various ethnic communities, and advice, tips and strategies translated into 38 different languages.⁶⁰ In addition:

- the National Dementia Helpline provides confidential information and support over the phone to people with dementia, their partners, friends and carers⁶¹
- *Dementia friendly environments: a guide for residential aged care services* is a Victorian Government resource presenting information on how to change physical environments to better support people living with dementia⁶²
- the Centre for Cultural Diversity in Ageing, an organisation providing expertise in culturally inclusive policy and practices for the aged services sector, offers various resources on dementia care.⁶³

In some culturally diverse communities, a poor understanding of dementia and its symptoms—as well as the cultural stigma associated with a diagnosis—can result in a denial of the condition or late diagnosis.⁶⁴ Professor Bianca Brijnath, Director, Social Gerontology at NARI, acknowledged that the large projected increase in dementia in culturally diverse communities is partly due to an ageing population, but also because dementia prevention and risk reduction strategies may not be filtering through.⁶⁵

⁵⁸ Ibid., pp. 8–9.

⁵⁹ Ibid., p. 10.

⁶⁰ Dementia Australia, *CaLD dementia resources for families and professionals*, n.d., <<https://www.dementia.org.au/resources/diversity/cald-dementia-resources-for-families-and-professionals>> accessed 18 May 2022.

⁶¹ Better Health Channel, *Services to support people with dementia and their carers*.

⁶² Department of Health, *Dementia services*.

⁶³ Dementia Training Australia, *Dementia care resources for culturally and linguistically diverse communities (CALD)*, 2016, <<https://dta.com.au/dementia-care-resources-for-culturally-and-linguistically-diverse-communities-cald>> accessed 18 May 2022.

⁶⁴ Federation of Ethnic Communities' Councils of Australia, *Review of Australian research on older people from culturally and linguistically diverse backgrounds*, p. 18.

⁶⁵ Professor Bianca Brijnath, *Transcript of evidence*, p. 41.

Similarly, Victorian Transcultural Mental Health (VTMH), the peak intersectional and transcultural mental health service in Victoria, advocated for increasing awareness of dementia in culturally diverse communities.⁶⁶

ECCV identified that dementia awareness programs are more effective when they are person-centred and conducted in partnership with multicultural organisations.⁶⁷ AMCS recently implemented an example of this through its Dementia-friendly Communities Program for people with dementia who speak English as a second language. The program aims to enable the continued participation of older people living with dementia in society and avoid social isolation. It was developed using a co-design approach with people living with dementia and carers, who were able to share their experiences and help design actionable solutions based on the challenges they face in the community.⁶⁸

FINDING 24: Culturally diverse communities may have low awareness of dementia and risk reduction strategies. Consequently, they can experience poorer health outcomes, including late or inaccurate diagnosis.

RECOMMENDATION 30: That the Victorian Government increase awareness of dementia in culturally diverse communities, in partnership with ethno-specific and multicultural groups and organisations, to encourage preventative and early help-seeking behaviours.

4.4 Carers provide vital support to culturally diverse older Victorians but the role can be challenging

There are more than 700,000 carers in Victoria, many of whom care for multicultural older people.⁶⁹ Judith Abbott, CEO at Carers Victoria, the peak body representing carers in the state, advised that one of the biggest challenges the sector faces is collecting data on the number of carers who are culturally diverse. The number may be hidden as multicultural older people may not identify as a carer, may face language and cultural barriers that prevent engagement with services, or may be unaware that services exist. Broadly speaking, about 170,000 carers are over 65 and around 80% of the care older people receive is in the home by family members. When older people do go into residential care, families still provide significant support in terms of translation, communication and food.⁷⁰

⁶⁶ Victorian Transcultural Mental Health, *Submission 35*, received 30 November 2021, p. 2. See also Adele Pasquini, *Submission 60*, received 24 January 2022, p. 1; ABRISA, *Submission 72*, received 7 February 2022, p. 6.

⁶⁷ Ethnic Communities' Council of Victoria, *Meant to care about culturally relevant dementia care*, p. 11.

⁶⁸ Dementia Australia, *Breaking down barriers for people living with dementia in culturally and linguistically diverse communities in Victoria*, n.d., <<https://www.dementiafriendly.org.au/communities-in-action/breaking-down-barriers-people-living-dementia-culturally-and-linguistically>> accessed 18 May 2022; Impacto Consulting, *Co-designing new services to help people living with dementia stay connected to their community*, n.d., <<https://www.impactoconsulting.com.au/csamcs>> accessed 18 May 2022.

⁶⁹ Victorian Government, *Submission 71*, p. 18.

⁷⁰ Judith Abbott, Chief Executive Officer, Carers Victoria, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 37.

The Commissioner for Senior Victorians' submission identified that caring for an older person is often an expected part of a family role.⁷¹ The Commissioner expanded on this at a hearing, explaining this can be both a negative and a positive and it:

is enormously powerful and a strength for our community where informal care and support are available. But of course in lots of families that is not possible, and so access to the service system becomes very, very critical to everybody—both the family and the older person—having a better quality of life.⁷²

Further, changing cultural norms about caring responsibilities in second-generation migrants can strain familial relationships.⁷³ A joint submission from NARI, Seniors Rights Victoria (SRV), a specialist elder abuse prevention and response legal centre, MCWH and Carers Victoria outlined, 'In migrant and refugee communities, the majority of care for older people is undertaken at home by family carers, especially women.'⁷⁴ Additionally:

while an older spouse within a couple might be recognised (by medical staff and Centrelink) as a primary carer, many older couples are co-dependent on each other and in turn dependent on their adult children, who take on a significant caring role because they are more confident in English and in navigating the health system. It is thus important that the care system adopt family centred practises [sic] that recognise shared care.⁷⁵

Caring can be a rewarding role, but it also presents challenges for the carer in terms of poor mental health, psychological distress, social isolation, financial disadvantage and neglecting personal wants and needs.⁷⁶ Caring for someone with dementia can be one of the most difficult forms of care because it can be 'accompanied by feelings of loss and grief for the relationship and a life once shared.'⁷⁷ Older women of migrant and refugee backgrounds who are carers are particularly vulnerable to experiencing depression and poor mental health. Undertaking caring responsibilities can also lead to loss of household income and productivity, or reduced opportunities for education.⁷⁸ The Committee heard from one carer, Sumaya El Masri, at a public hearing in Coburg who exemplified many of the issues carers face (Case Study 4.1). Sumaya loves caring for older people and helping others, but she identified caring for Ikbal El-Imam, 97, as a big challenge.

71 Commissioner for Senior Victorians, *Submission 46*, p. 8.

72 Gerard Mansour, *Transcript of evidence*, p. 6.

73 Commissioner for Senior Victorians, *Submission 46*, p. 8. See also ABRISA, *Submission 72*, p. 6.

74 National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, received 30 November 2021, p. 3.

75 Ibid.

76 Ibid.; Judith Abbott, *Transcript of evidence*, p. 37.

77 Judith Abbott, *Transcript of evidence*, p. 37.

78 Multicultural Centre for Women's Health, *Submission 22*, p. 3; Judith Abbott, *Transcript of evidence*, p. 37; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 3.

CASE STUDY 4.1: 'To look after her is a big challenge; it is a big thing'

'First of all, I love helping elderly people and I love helping others, especially elderly people.

...

I live with Ikbal. I sleep there and I live with her, and through my three years—I think; now two years?—I had to give up in one way or another. My marriage broke down ... I have made sacrifices in one way or another. To look after her is a big challenge; it is a big thing. I used to drive forward and back from Epping to Coburg, but then I had to make choices. I love what I am doing. It is not for the money. The money—there is nothing in it. When a person loves what they are doing, they do it from the heart and they do it all 100% correctly. We are all human, we do mistakes, but we do it to the best of our knowledge.

Then I am in between my kids and Ikbal—back and forth, back and forth. It is a hard job where I am at. It is not easy. Nothing is easy. And she would not give up and go to a nursing home. I asked her last week, 'Would you like to go for just two weeks to try?'. She said no. While her brain is good, she stays at home. Okay, she is happy and she stays at home, but it is more and more demanding. Sometimes I go without breakfast, like today. Sometimes I go without dinner; I just drink water and that is it. I eat fruit. I do not know, I tend to forget about myself sometimes.'

Sumaya El Masri

Source: Sumaya El Masri, Mrs El-Imam's carer, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 3.

The Victorian Government provides several services for unpaid carers. The Office for Senior Victorians funds Carers Victoria to provide support and information for carers and the sector through education, training, resources and networking opportunities.⁷⁹ The Office for Senior Victorians oversees the *Recognising and supporting Victoria's carers—Victorian carer strategy 2018–22* (Victorian Carers Strategy). The Strategy acknowledges the essential support carers provide and has five priorities:

1. carers have better health and wellbeing
2. carers are supported in school, study and work environments
3. carers can access support and services that meet their needs
4. carers have less financial stress
5. carers are recognised, acknowledged and respected.⁸⁰

In addition, the Victorian Carer Card offers a range of benefits, including transport concessions. The Support for Carers Program provides funding to 44 service providers, including multicultural community organisations, to deliver services including respite

⁷⁹ Victorian Government, *Submission 71*, p. 18.

⁸⁰ *Ibid.*

and practical support, counselling and connections to other services and networks.⁸¹ It also encompasses grants and initiatives to promote the health and wellbeing of carers and facilitate access to support and opportunities, including employment and education. A Victorian Carer Advisory Group informs the development and delivery of programs.⁸²

In 2019, the Victorian Government provided \$49.5 million in funding over four years to support the Victorian Carers Strategy. The 2021–22 funding focused on the needs of carers in regional and rural communities and those who are from diverse communities. Some projects specific to culturally diverse older people that were funded included:

- Recognising and Respecting Victoria’s Carers from Culturally and Linguistically Diverse Backgrounds, developed by ECCV and Carers Victoria with a focus on preventing and increasing awareness of elder abuse in care relationships
- Standing Strong—Resilience for Older Carers, developed by Financial Counselling Victoria, Alfred Carer Services and Southern Migrant and Refugee Centre, to enhance the financial independence, resilience and wellbeing of carers in CALD communities
- Imaste Mazi—We are Together, developed by Pronia Australian Greek Welfare Society, an organisation supporting the Australian Greek community, to promote the wellbeing of Greek-speaking carers aged over 65, enhance access to services and strengthen connections with other carers and the community.⁸³

The NARI, SRV, MCWH and Carers Victoria joint submission recommended government investment in ‘community-led, culturally responsive initiatives that educate, upskill and support migrant and refugee carers to improve their mental health and well-being, and ensure care relationships are sustainable.’⁸⁴ Similarly, the United Spanish Latin American Welfare Centre (United), which supports Victorians of Spanish-speaking backgrounds, and VTMH highlighted the importance of peer support for carers’ positive mental health.⁸⁵

ABRISA, a community-based organisation providing support to members of the Brazilian community, identified a need for better respite support so carers can effectively deliver care.⁸⁶ Judith Abbott from Carers Victoria also recognised accessing culturally appropriate respite can be an issue and advocated for enhancing this.⁸⁷ Similarly, Sumaya El Masri, the carer who gave evidence at the Coburg hearing, observed that there is not enough respite care.⁸⁸

⁸¹ Department of Families, Fairness and Housing, *Carers*, 2021, <<https://www.dffh.vic.gov.au/carers>> accessed 28 March 2022; Victorian Government, *Submission 71*, p. 18.

⁸² Department of Families, Fairness and Housing, *Carers*.

⁸³ Victorian Government, *Submission 71*, pp. 19–20.

⁸⁴ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 4.

⁸⁵ United Spanish Latin American Welfare Centre, *Submission 32*, p. 5; Victorian Transcultural Mental Health, *Submission 35*, p. 2.

⁸⁶ ABRISA, *Submission 72*, p. 4.

⁸⁷ Judith Abbott, *Transcript of evidence*, p. 37.

⁸⁸ Sumaya El Masri, Mrs El-Imam’s carer, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 4.

The Commissioner for Senior Victorians described the need to facilitate the willingness of families and older people to seek support early, because while informal care is one of the biggest strengths of the health system, it is also a potential burden that should be alleviated where possible.⁸⁹ The Commissioner identified that older people and carers may have low awareness of carer services, can be reluctant to seek help, or the guilt associated with seeking respite can diminish quality of life and lead to isolation.⁹⁰ This highlights the importance of an intersectional approach that recognises factors such as carer status along with cultural background.⁹¹

ECCV identified that service providers should respect the role of family members as carers for older people who help them navigate services, but they should develop skills to 'ensure that family members are not unduly relied on, or unduly influential' in respect to a person's care. This can be done through effective cross-cultural communication that meets the needs of an older person and maintains their privacy and confidentiality.⁹² Emiliano Zucchi also highlighted at a hearing that while families are an important element of many people's lives, 'families are there to support and love their fellow family members; they are not there to support services that we as a society should be supporting.'⁹³

The Mental Health Royal Commission recommended establishing eight family and carer-led centres throughout the state to provide information for families and carers, connect them with support, 'provide access to increased funds for immediate practical needs including short-term respite' and facilitate peer support groups.⁹⁴ Judith Abbott described the Mental Health Royal Commission's recognition of the important role carers play as 'fantastic'. However, she identified a need for older and culturally diverse carers to have access to mental health and wellbeing supports that 'give them the best chance' to be 'happy, well and sustained in their role.'⁹⁵ The Committee recognises the Mental Health Royal Commission may improve access to peer support and culturally appropriate respite, but believes the next iteration of the Victorian Carer Strategy could embed this further to support sustainable care relationships.

FINDING 25: The Victorian Government provides significant support for carers. However, access to culturally appropriate respite and peer support networks, and better awareness of available services, could be further improved in culturally diverse communities.

⁸⁹ Gerard Mansour, *Transcript of evidence*, p. 6.

⁹⁰ Commissioner for Senior Victorians, *Submission 46*, p. 8.

⁹¹ Judith Abbott, *Transcript of evidence*, p. 37; Multicultural Centre for Women's Health, *Submission 22*, p. 4.

⁹² Ethnic Communities' Council of Victoria, *Submission 63*, p. 12.

⁹³ Emiliano Zucchi, *Transcript of evidence*, p. 36.

⁹⁴ Royal Commission into Victoria's Mental Health System, *Final report: summary and recommendations*, State of Victoria, Melbourne, February 2021, p. 67.

⁹⁵ Judith Abbott, *Transcript of evidence*, pp. 37–38.

RECOMMENDATION 31: That the Victorian Government, through the next iteration of the *Victorian carer strategy 2018–22*, focus on improving awareness of available carer supports in culturally diverse communities and providing culturally appropriate respite and peer support.

4.5 Culturally diverse older people can be empowered through health self-care

The Committee learned it is important to empower culturally diverse older people and place them at the centre of their own care. Health self-care can be understood as the capacity of individuals, families, carers and communities to prevent disease, promote and maintain health, and manage disability and illness with or without healthcare services.⁹⁶ The Commissioner for Senior Victorians raised this in his submission, stating:

One of the most important elements for older people’s health and wellbeing is their capacity to engage in health self-care ...

Health self-care recognises individuals as active participants in managing their health and has considerable benefits in improving people’s wellbeing and reducing health-care costs.⁹⁷

The Commissioner identified that health self-care is particularly important in migrant and refugee communities as some older people prefer to seek family support for managing health instead of relying on service providers.⁹⁸ Similarly, in the Commissioner’s *Ageing well in a changing world* (Ageing well report), the ability of older people to manage their health, maintain independence, have a meaningful life and make their own decisions were identified as vital elements of ageing well.⁹⁹ Exemplifying this, one Inquiry participant wrote about their 82-year-old migrant father in a submission, expressing, ‘His independence and control over his own life is everything to him.’¹⁰⁰

Nurcihan Ozturk, Multicultural and Migration Adviser at the National Council of Women of Victoria (NCWV), identified at a public hearing that services sometimes assume what is best for an older person and do not listen to find out what their needs are.¹⁰¹ Similarly, Dr Sivamalai stated:

⁹⁶ Commissioner for Senior Victorians, *Submission 46*, p. 12.

⁹⁷ *Ibid.*, with sources.

⁹⁸ *Ibid.*

⁹⁹ Commissioner for Senior Victorians, *Ageing well in a changing world: a report by the Commissioner for Senior Victorians*, Victorian Government, Melbourne, 2020, pp. 32, 35. See also submission Dr Bruce Baer Arnold, Associate Professor, University of Canberra, *Submission 2*, received 25 October 2021, p. 3.

¹⁰⁰ Name withheld, *Submission 69*, p. 1.

¹⁰¹ Nurcihan Ozturk, Multicultural and Migration Adviser, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 9.

Very often when we talk about health systems, we say the patient is the most important person, but very seldom do we have them have to have a say in their own care. The denial of this person's views on their care is an important issue.¹⁰²

Lina Hassan, Aged Care and Disability Intake and Case Manager at Victorian Arabic Social Services (VASS), a not-for-profit association supporting people of Arabic-speaking backgrounds, told the Committee about its approach to providing care and support, which involves empowering older people through programs that increase their independence.¹⁰³ Similarly, AMES Australia, a settlement agency that supports newly arrived refugees and migrants, outlined its 'strength-based' approach to service delivery that recognises older people as 'leaders and role models, integral to the lives of people of all ages.'¹⁰⁴ Inquiry participants also highlighted the need to move away from a 'deficit lens', where older people are viewed as dependent and with declining health, to recognise their contribution and value in society.¹⁰⁵

4.6 Intersectionality affects access to services

The Committee was urged to apply an intersectional lens throughout the Inquiry to adequately appreciate and understand the compounding factors that inhibit culturally diverse older people from accessing support in Victoria.¹⁰⁶ Intersectionality refers to how 'different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.'¹⁰⁷ These aspects include gender, ethnicity, sexual orientation, nationality, refugee or asylum seeker background, migration or visa status, religion, language, age and ability, socioeconomic status, geographic location, housing security and mental health. Additionally, racism, ageism, ableism, sexism, homophobia and stigma are some of the types of discrimination people may experience as a result of societal attitudes, systems and structures. When people experience multiple types of discrimination and marginalisation, the barriers to accessing services and the likelihood of experiencing challenges like elder abuse or social isolation intensify.¹⁰⁸

In addition to intersectionality, multiple barriers prevent culturally diverse older Victorians from engaging with services and participating in the community. Discussed throughout the report, many of these barriers are universal and reduce the accessibility and usability of a range of services. This also means that addressing the barriers will

¹⁰² Dr Sundram Sivamalai, *Transcript of evidence*, p. 29.

¹⁰³ Lina Hassan, Aged Care and Disability Intake and Case Manager, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 20. See also Health and Community Services Union, *Submission 61*, p. 8.

¹⁰⁴ AMES Australia, *Submission 31*, received 30 November 2021, p. 4.

¹⁰⁵ Ethnic Communities' Council of Victoria, *Submission 63*, p. 1; AMES Australia, *Submission 31*, p. 4; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 2.

¹⁰⁶ Multicultural Centre for Women's Health, *Submission 22*, p. 4; Commissioner for Senior Victorians, *Submission 46*, p. 6; Seniors Rights Victoria, *Submission 23*, received 29 November 2021, pp. 8, 11; South East Community Links, *Submission 34*, p. 2; Kate Diamond-Keith, Gambling Harm and Elder Abuse Prevention Project Consultant, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 21; Alexandria Jones, Community Development Manager, Barwon Community Legal Service, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 18; COTA Victoria, *Submission 70*, p. 11.

¹⁰⁷ Victorian Government, *Understanding intersectionality*.

¹⁰⁸ *Ibid.*

likely have a multipronged effect and increase uptake of different services, improving the experiences of both older and multicultural Victorians. The Committee recognises the variety of experiences across culturally diverse older populations; not every person will experience barriers in the same way and some people may not experience any.

ECCV described how new and emerging communities face particular barriers to accessing services:

Older people from new and emerging communities comprise a growing, but often overlooked, population group.

...

Due to their recent arrival, barriers in the migration and asylum process, smaller numbers, and lack of resources, many people from new and emerging communities face particular challenges, and barriers. This aspect of the diversity of the older population must be considered in policy making and in designing service systems and programs.¹⁰⁹

Similarly, the Centre for Cultural Diversity in Ageing stated that new and emerging communities often require additional support and have rapidly increasing older populations, particularly individuals aged 55–64. However, community infrastructure and aged care services for these communities are often underdeveloped.¹¹⁰ While acknowledging that many experiences are shared with established population groups, ECCV reasoned a generalist approach to diversity that combines the two groups is insufficient: new and emerging communities require targeted initiatives and support.¹¹¹ SRV identified that smaller cultural communities are ‘arguably more in need of dedicated accessible and culturally appropriate resources’ as they are more likely to be geographically and socially isolated.¹¹²

New and emerging groups also include the growing number of refugees settling in Australia at an older age, particularly from Asia, the Middle East and Africa. They are more likely to experience socioeconomic disadvantage, mental illness, language barriers and settlement challenges. Older refugees may be at greater risk of mental and physical health complications resulting from trauma, injury, deprivation and family separation.¹¹³ The Municipal Association of Victoria, the peak body representing Victoria’s 79 councils, also identified that refugees, short-term visa holders and recent older migrants who have a background of ‘trauma, family separation, hardship and loss’ particularly need ‘[i]mproved health and wellbeing service supports’.¹¹⁴

¹⁰⁹ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 9 with sources.

¹¹⁰ Centre for Cultural Diversity in Ageing, *Submission 43*, received 3 December 2021, pp. 2, 9.

¹¹¹ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 7.

¹¹² Seniors Rights Victoria, *Submission 23*, p. 11.

¹¹³ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 6.

¹¹⁴ Municipal Association of Victoria, *Submission 33*, received 30 November 2021, p. 8.

COTA Victoria identified the intersection of age and disability as requiring particular attention because:

it is common for people with disability from migrant and refugee backgrounds to experience stigmatisation and increased rates of isolation. Language and cultural barriers can also make it difficult for this cohort to identify, understand and access supports that could help increase their inclusion and participation in community activities.¹¹⁵

For culturally diverse older women, discrimination based on the intersection of age, gender and race can cause particular harm.¹¹⁶ Dr Deborah Towns, Convener, State Standing Committees at NCWV, highlighted that multicultural older women experience additional disadvantages due to low levels of education, caring responsibilities and lower levels of superannuation. This starts when women are young and continues as they age; Dr Towns describes it as ‘longitudinal discrimination’.¹¹⁷ Similarly, Dr Giang Tran, Research Project Officer at MCWH, expressed that barriers to seeking support are amplified for women of migrant and refugee backgrounds. This is because ‘the system can be complex, difficult to navigate, expensive and inflexible’, not culturally responsive and ‘not tailored to older migrant and refugee women in Victoria.’¹¹⁸ AMES Australia advised that women in migrant and refugee communities face particular barriers—such as family violence and elder abuse—but it is important not to characterise all older migrant and refugee women as victims. Many older women in these communities take on strong leadership roles.¹¹⁹

ECCV also drew attention to the intersection between age, race and sexuality, noting the limited evidence on the experience of culturally diverse older LGBTIQ+ Victorians. Homosexuality and gender non-conforming identities may have been criminalised in older people’s birth country, and they may have been pressured to conform to heterosexual gender norms. This discrimination may continue in Australia; ECCV reported that older LGBTIQ+ people from migrant and refugee backgrounds have experienced racism, ageism and exclusion from LGBTIQ+ community organisations and activities.¹²⁰ COTA Victoria also reinforced that multicultural older Victorians who identify as LGBTIQ+ are at increased risk of social isolation and loneliness, resulting in ‘layered forms of discrimination.’¹²¹

115 COTA Victoria, *Submission 70*, p. 11 with sources. See also National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 3; Maria Tsopanis, Senior Manager Community Development and Social Participation, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 24.

116 Ethnic Communities’ Council of Victoria, *Submission 63*, p. 4.

117 Dr Deborah Towns, Convener, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, pp. 9–10, 11.

118 Dr Giang Tran, *Transcript of evidence*, p. 36. See also AMES Australia, *Submission 31*, p. 3; COTA Victoria, *Submission 70*, p. 12.

119 AMES Australia, *Submission 31*, p. 3.

120 Ethnic Communities’ Council of Victoria, *Submission 63*, p. 7.

121 COTA Victoria, *Submission 70*, p. 12.

While migrants from English-speaking countries may not face all the same barriers as those from non-English speaking countries—the most obvious being language—they do share other barriers such as system complexity, ageism, financial and visa security, lack of accessible transport and suitable housing. In addition, some barriers are likely to be experienced by all older people—not just those who have moved to Australia—and culturally diverse people of all ages. However, the Committee acknowledges that older people from non-English speaking countries, from new and emerging communities, who are women, identify as LGBTIQ+ or who live with a disability are likely to experience barriers in more severe ways. The Committee believes a strength of the recommendations in this report lies in acknowledging that improving services for culturally diverse older people will likely lead to improved outcomes for all older people and culturally diverse communities of all ages. Both intersectionality and barriers to help-seeking should be recognised in government policies and service design, as discussed further in Section 4.8.

4.7 Addressing the social determinants of health facilitates positive ageing

ECCV proposed in its submission that action must be taken on the social determinants of health to provide equitable health outcomes for culturally diverse older people.¹²² Several social determinants of health, which are non-medical factors that influence health outcomes, were presented to the Committee as particularly important for older people of migrant and refugee backgrounds, and are considered below.

4.7.1 Socioeconomic status and financial literacy are core enablers of healthy ageing

The Ageing well report identified financial constraints as a key barrier to ageing well and that financial stability was a top priority for older people.¹²³ The Commissioner for Senior Victorians emphasised, ‘The importance of financial security and independence for older people’s quality of life cannot be understated.’¹²⁴ Culturally diverse older people often have lower incomes, life savings and superannuation compared to those born in Australia.¹²⁵ VASS submitted that Victorians born in non-English speaking countries are disproportionately affected by financial hardship. In its experience, the financial disadvantage of older migrants and refugees ‘can lead to physical and mental health issues through delayed health appointments, inadequate nutrition, stress, anxiety and depression.’¹²⁶ Financial stability can be a particular issue for services that have high upfront costs, further preventing older people from accessing support. Services need to be free or affordable and equitably distributed regardless of visa category or

¹²² Ethnic Communities’ Council of Victoria, *Submission 63*, pp. ii–iii.

¹²³ Commissioner for Senior Victorians, *Ageing well in a changing world*, pp. 2, 33.

¹²⁴ Commissioner for Senior Victorians, *Submission 46*, p. 10.

¹²⁵ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 5.

¹²⁶ Victorian Arabic Social Services, *Submission 24*, received 29 November 2021, p. 2.

migration status.¹²⁷ For example, an independent not-for-profit organisation providing legal services in Melbourne's south-east suburbs, the Peninsula Community Legal Centre, outlined that private lawyers are too expensive for many people who are ineligible for legal aid, 'leaving them with few options to obtain the legal assistance they need.'¹²⁸ This was substantiated by several Inquiry participants, including cohealth, which confirmed that the cost of services and activities can be prohibitive.¹²⁹ Low socioeconomic status and poor financial literacy are also risk factors for elder abuse, and financial hardship can exacerbate mental and physical health problems.¹³⁰

Several Inquiry participants recommended increasing the Age Pension or social security payments for older people. VASS identified that this would improve the physical and mental health of older people through reduced stress, as well as practical issues such as being able to afford housing, nutritious food and heating.¹³¹ Social Security Rights Victoria (SSRV), a Victoria-wide community legal centre with expertise in social security policy and law, stated that Australia's social security system does not meet international obligations regarding the right to medical care, public health, social services and social security regardless of national or ethnic origin. SSRV described how older Victorians from migrant and refugee backgrounds are excluded from much national social security support or are subject to waiting periods. This leaves culturally diverse older people vulnerable to a range of challenges such as elder abuse, financial hardship, social isolation or inadequate access to healthcare.¹³² SSRV recommended the Victorian Government increase income support for people who are unable to access national social security payments due to visa status or who cannot work. It also recommended advocating to the Australian Government for easier access to income support for migrants and refugees.¹³³ Financial Counselling Victoria (FCVic), the peak Victorian body for financial counsellors, endorsed these recommendations and further suggested that the Victorian Government 'bridge the gap for all Victorians who cannot access Federal Medicare and social security support due to their visa status.'¹³⁴

The Committee recognises the Victorian Government provided over \$6.7 million in the 2022–23 State Budget in settlement service funding for newly arrived migrants to 'bridge gaps left by the Commonwealth'.¹³⁵ However, given established migrant and refugee groups are also prone to financial hardship, the Committee believes this support is not extensive enough to address the needs of all multicultural older Victorians.

¹²⁷ Multicultural Centre for Women's Health, *Submission 22*, p. 4; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 6; cohealth, *Submission 29*, p. 9.

¹²⁸ Peninsula Community Legal Centre, *Submission 18*, received 26 November 2021, p. 2.

¹²⁹ cohealth, *Submission 29*, p. 9; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 6; South East Community Links, *Submission 34*, p. 3.

¹³⁰ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, received 7 January 2022, p. 9; Kieran Hough, Senior Social Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 20.

¹³¹ Victorian Arabic Social Services, *Submission 24*, p. 2.

¹³² Social Security Rights Victoria, *Submission 45*, received 3 December 2021, pp. 2–4. See also Kathy Barbakos, Client and Community Services Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 30.

¹³³ Social Security Rights Victoria, *Submission 45*, p. 11.

¹³⁴ Financial Counselling Victoria, *Submission 73*, received 2 March 2022, p. 5.

¹³⁵ Premier of Victoria, *Helping young Victorians and multicultural communities*, media release, Victorian Government, Melbourne, 3 May 2022.

FINDING 26: Culturally diverse older people often experience financial hardship, leading to poorer health and wellbeing outcomes, lower access to services and increased risk of social isolation and elder abuse.

RECOMMENDATION 32: That the Victorian Government seek to alleviate the financial hardship of culturally diverse older Victorians and provide more affordable access to services by advocating that the Australian Government raise the Age Pension, providing additional subsidised care options or providing additional income support.

The Commissioner for Senior Victorians expressed that limited financial literacy and skills can restrict older people's independence and quality of life.¹³⁶ According to Mary Patetsos, Chairperson at the Federation of Ethnic Communities' Councils of Australia (FECCA), financial independence and increased financial literacy can enable culturally diverse older people to stay at home longer. In FECCA's experience, one of the factors for older people leaving their homes is difficulty managing personal finances. Without safe, secure and accessible means of financial management, older people and their families may 'give up' and move into supported care to avoid managing their finances.¹³⁷ Older women of migrant and refugee backgrounds are particularly vulnerable to financial instability or illiteracy due to cultural norms about financial management being considered a 'man's role'.¹³⁸ FCVic further identified that multicultural older Victorians often have a limited understanding of financial and consumer rights.¹³⁹

SECL advocated for tailored workshops that build the capacity of culturally diverse members of the community to plan for future expenses and manage their finances.¹⁴⁰ Similarly, the Commissioner for Senior Victorians recommended increasing knowledge of existing financial counselling services and financial literacy training in culturally diverse communities as well as expanding the number of services available. The Commissioner identified that these should be culturally appropriate and particular attention should be paid to the needs of older women.¹⁴¹ FCVic made several recommendations aimed at increasing financial literacy, including:

- developing community-led awareness programs about consumer and financial rights and available support
- funding financial counsellors to deliver financial capability and digital literacy activities

¹³⁶ Commissioner for Senior Victorians, *Submission 46*, p. 10. See also Seniors Rights Victoria, *Submission 23*, p. 14.

¹³⁷ Mary Patetsos, Chairperson, Federation of Ethnic Communities' Councils of Australia, 'Financial safety, communications and the role of digital literacy', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

¹³⁸ Commissioner for Senior Victorians, *Submission 46*, p. 10.

¹³⁹ Financial Counselling Victoria, *Submission 73*, p. 6.

¹⁴⁰ South East Community Links, *Submission 34*, p. 2.

¹⁴¹ Commissioner for Senior Victorians, *Submission 46*, p. 10.

- funding the embedment of financial counsellors in community health services
- expanding the provision of financial literacy resources to multicultural communities
- increasing the number of bilingual and bicultural financial counsellors.¹⁴²

Chapter 8 discusses the current financial counselling services available in Victoria in the context of preventing elder abuse.

FINDING 27: Financial independence and literacy can enable culturally diverse older Victorians to age at home for longer and facilitate independence and improved quality of life. However, culturally diverse older people, particularly women, often experience poor financial literacy and understanding of financial and consumer rights.

RECOMMENDATION 33: That the Victorian Government collaborate with ethno-specific organisations and financial counselling providers to develop tailored and culturally appropriate financial counselling services, financial literacy training and capacity-building workshops.

RECOMMENDATION 34: That the Victorian Government increase awareness of existing financial counselling services in culturally diverse communities.

4.7.2 Strong health literacy is needed to effectively manage self-care

Health literacy is about how individuals access, understand and use health information to benefit their health.¹⁴³ Health literacy is an essential skill to gather and understand health information, navigate health services, make informed health decisions and manage overall health.¹⁴⁴ The Public Health Association of Australia (PHAA), a non-government organisation promoting the health and wellbeing of all Australians, identified health literacy as the ‘foundation on which citizens are enabled to play an active role in improving their own health and engage successfully with community action for health.’¹⁴⁵ The Commissioner for Senior Victorians drew upon research from the Australian Bureau of Statistics that indicated close to 71% of Australians aged 60–64 and 83% aged 65–74 have lower than adequate health literacy. Poor English language proficiency in culturally diverse communities likely exacerbates barriers to achieving health literacy.¹⁴⁶ Likewise, ECCV explained that people born outside of Australia or

¹⁴² Financial Counselling Victoria, *Submission 73*, p. 2.

¹⁴³ Australian Institute of Health and Welfare, *Health literacy*, 2021, <<https://www.aihw.gov.au/reports/australias-health/health-literacy>> accessed 12 April 2022.

¹⁴⁴ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 40; Gerard Mansour, *Transcript of evidence*, pp. 1–2; Commissioner for Senior Victorians, *Submission 46*, p. 12.

¹⁴⁵ Public Health Association of Australia, *Submission 25*, received 29 November 2021, p. 1.

¹⁴⁶ Commissioner for Senior Victorians, *Submission 46*, p. 12.

who do not speak English as a first language experience lower levels of health literacy, contributing to worse health outcomes and preventing access to health services.¹⁴⁷

The Commissioner for Senior Victorians supported the Mitchell Institute for Education and Health Policy's 2020 report on *Self-care for health: a national policy blueprint*, which recommended establishing a national health literacy strategy. The health and education policy think tank's report recognised the importance of engaging with culturally diverse communities when developing initiatives to enhance their health literacy. The Commissioner advocated for community education on health literacy and that service providers should support health self-care through producing accessible health information.¹⁴⁸ Similarly, ECCV recommended establishing place-based, co-designed and community-led capacity-building projects on health literacy throughout Victoria.¹⁴⁹ The Good Things Foundation Australia, a social change charity aspiring to improve lives through digital means, also suggested that increasing digital literacy can be a basis for improving health literacy and personal health management through online channels.¹⁵⁰ This is discussed further in Chapter 7.

FINDING 28: Health literacy is an essential skill for understanding health information, navigating health services, making informed health decisions and managing overall health. However, culturally diverse older people often have inadequate health literacy which can be a barrier to accessing services and lead to poorer overall health and wellbeing.

RECOMMENDATION 35: That the Victorian Government fund culturally appropriate and place-based capacity-building programs and projects to improve the health literacy of culturally diverse older populations.

4.7.3 Age-friendly cities support community participation and better health

Age-friendly environments enable people 'to do the things they value' and contribute to community life regardless of their physical or mental capacity.¹⁵¹ Urban environments that are not age-friendly can create physical and social barriers for older people,¹⁵²

¹⁴⁷ Ethnic Communities' Council of Victoria, *Submission 63*, p. 40. See also Public Health Association of Australia, *Submission 25*, p. 1; Centre for Cultural Diversity in Ageing, *Submission 43*, p. 9; Jess Wilson, Chief Executive Officer, Good Things Foundation Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 18.

¹⁴⁸ Commissioner for Senior Victorians, *Submission 46*, pp. 12–13.

¹⁴⁹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 40.

¹⁵⁰ Jess Wilson, *Transcript of evidence*, p. 18.

¹⁵¹ World Health Organization, *Age-friendly in practice*, n.d., <<https://extranet.who.int/agefriendlyworld/age-friendly-practices>> accessed 12 November 2021.

¹⁵² Public Health Association of Australia, *Submission 25*, p. 1.

and changes in mobility and frailty can impact older people's physical ability to access services and activities.¹⁵³

This issue can be particularly acute for older people in rural and regional areas given the inadequate availability of services and activities, infrastructure and transport.¹⁵⁴ PHAA identified age-friendly environments as best practice for advancing the mental and physical wellbeing of older people as they:

promote health, remove barriers and provide support for people experiencing losses in capacity, they can ensure older people age safely in a place that is right for them, are free from poverty, can continue to develop personally, and can contribute to their communities while retaining autonomy and health.¹⁵⁵

VicHealth recommended creating age-friendly communities and cities that deliver safe and accessible footpath and road networks that cater to different mobility needs and promote active travel. Moreover, barriers to walking should be reduced by installing sufficient lighting, maintaining walkways and footpaths and improving cycling and road safety on shared paths. Creating age-friendly communities involves ensuring adequate access to open and green spaces that support older people to be active and promote their wellbeing.¹⁵⁶ For example, one 66-year-old Inquiry participant with a Greek background identified that older people need 'better support to remain active', including street lighting, shade and seats in public spaces, and accessible parking.¹⁵⁷

Public and private transport was identified by multiple Inquiry participants as a barrier to accessing services. Accessible transport is needed to ensure culturally diverse older people can move freely in the community, maintain their independence, remain at home longer and attend appointments.¹⁵⁸ As cohealth indicated, 'Difficulties with transport can be a barrier to accessing services for older people of all cultural backgrounds, particularly as mobility declines.'¹⁵⁹ For example, one 72-year-old English Inquiry participant summarised that accessing public transport can be 'hazardous' and narrow footpaths, poor lighting and inadequate seating and resting places can deter older people from engaging in the community.¹⁶⁰

¹⁵³ Commissioner for Senior Victorians, *Submission 46*, p. 14. See also National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 5; South East Community Links, *Submission 34*, p. 3.

¹⁵⁴ Commissioner for Senior Victorians, *Submission 46*, p. 14; Dr Bruce Baer Arnold, *Submission 2*, p. 1; Matthew Wilson, Director Community Wellbeing, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 27; Dr Sundram Sivamalai, Advisor, Ballarat Indian Association, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 14; Teresa Azzopardi, Social Support Manager, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, pp. 1-2, 4; COTA Victoria, *Submission 70*, p. 13.

¹⁵⁵ Public Health Association of Australia, *Submission 25*, p. 1.

¹⁵⁶ VicHealth, *Submission 66*, p. 1. See also Ethnic Communities' Council of Victoria, *Submission 63*, p. 36.

¹⁵⁷ Name withheld, *Submission 7*, received 4 November 2021, p. 2.

¹⁵⁸ cohealth, *Submission 29*, pp. 6-7.

¹⁵⁹ *Ibid.*, p. 9. See also COTA Victoria, *Submission 70*, p. 13; Guzide Suluk, community member, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 35; Katibe Yesilyurt, community member, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 37; Serap Yildiz, Vice President, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 37.

¹⁶⁰ Name withheld, *Submission 8*, p. 2.

The Committee acknowledges increased investment by the Victorian Government in the 2022–23 State Budget for transport, including the regional rail network and bus networks in suburban and regional areas.¹⁶¹ It is also investing in the accessibility of public spaces and community centres.¹⁶² However, the Committee believes there is an opportunity for greater focus on creating age-friendly environments, including through point-to-point affordable public transport options. Chapter 5 considers and makes recommendations on improving age-friendly environments and transport in more depth.

FINDING 29: Age-friendly cities and adequate transport can enable older people to move about in the community, maintain their independence, attend medical appointments and remain in their homes for longer. They also contribute to better overall mental health and wellbeing.

4.7.4 Age and culturally appropriate housing is needed to facilitate healthy ageing in the home

Older people should be able to age in their homes for as long as possible, in the communities where they live and have social networks.¹⁶³ In Victoria, more people are expected to receive care in their homes and community settings in the future.¹⁶⁴ The Committee recognises the Better at Home initiative discussed in Chapter 2 as an important step to achieving this. The importance of ageing at home was reinforced during the Inquiry, with one 50-year-old Inquiry participant from a Chinese background writing, ‘I hope to be able to live at home into my old age’.¹⁶⁵ Another 70-year-old Italian said to live more happily, she would like ‘[a]nything possible’ done to allow her to stay at home.¹⁶⁶ To age well at home, older people require suitable and stable housing.¹⁶⁷

The Housing for the Aged Action Group (HAAG), a member-based community organisation specialising in older people’s housing needs, identified in its submission that older migrants and refugees require access to social housing that is close to their communities, services and social connections. Secure, safe and affordable housing is essential for positive health and wellbeing.¹⁶⁸ HAAG outlined that ‘approximately one-third of social housing tenants in Australia were aged 55 years and over’ in 2018 and that with an ageing population and unaffordable private housing market, the

161 Victorian Government, *Improving our public transport system*, 2022, <<https://www.budget.vic.gov.au/improving-our-public-transport-system>> accessed 18 May 2022.

162 Premier of Victoria, *Creating jobs and keeping local communities connected*, media release, Victorian Government, Melbourne, 3 May 2022.

163 Dr Bruce Baer Arnold, *Submission 2*, p. 4; Commissioner for Senior Victorians, *Submission 46*, p. 18; ABRISA, *Submission 72, attachment 1*, p. 4; Housing for the Aged Action Group, *Submission 21*, received 29 November 2021, p. 3; Commissioner for Senior Victorians, *Ageing well in a changing world*, p. 11.

164 Department of Health, *Health 2040: advancing health access and care*, 2016, <<https://www.health.vic.gov.au/publications/health-2040-advancing-health-access-and-care>> accessed 12 April 2022.

165 Name withheld, *Submission 10*, received 6 November 2021, p. 2.

166 Name withheld, *Submission 52*, received 6 January 2022, p. 2.

167 Commissioner for Senior Victorians, *Ageing well in a changing world*, p. 11; cohealth, *Submission 29*, pp. 6–7.

168 Housing for the Aged Action Group, *Submission 21*, pp. 1, 6. See also Health and Community Services Union, *Submission 61*, p. 6; cohealth, *Submission 29*, p. 16.

demand for social housing is expected to increase markedly.¹⁶⁹ According to HAAG, older people from migrant and refugee backgrounds are in ‘desperate need’ of appropriate public housing:

they are unable to leave their community as they often do not drive and their often-limited English means they are unable to participate in society without the support of their families. There is very limited supply in the areas where social housing is most needed such as Hume and Moreland so people are often forced to live away from family and friends. Social housing that is far from the older person’s community, away from familiar areas and services, family and friends is not appropriate, and it often leads to mental health problems.¹⁷⁰

Moreover, homelessness has multiple negative health associations, including premature ageing, greater rates of chronic health conditions and mental illness, and higher rates of death.¹⁷¹ A family violence service for migrant and refugee communities, inTouch Multicultural Centre Against Family Violence (inTouch), identified that older women are the ‘fastest growing group of homeless people in Australia’, a trend compounded by factors like financial insecurity, ageism in the workforce and language barriers.¹⁷² It also emphasised a shortage of suitable housing for women aged over 60 from migrant and refugee backgrounds, which acts as an additional barrier to leaving family violence situations. Age and culturally appropriate short- and long-term housing is needed to provide people experiencing elder abuse with the confidence to seek support and leave abusive relationships.¹⁷³

North and West Metro Elder Abuse Prevention Networks (North and West Metro EAPNs), which consist of community organisations that work to prevent elder abuse in northern and western Melbourne, further elaborated that affordable housing is an issue as both elder abuse perpetrators and victims often experience housing difficulties. This is particularly relevant in Victoria as the state has ‘the lowest level of social housing stock in Australia.’¹⁷⁴ North and West Metro EAPNs acknowledged the Victorian Government’s recent substantial investment in social housing, but believes this does not sufficiently meet demand. They advocated for boosting crisis and long-term social housing supply to support older people experiencing socioeconomic disadvantage.¹⁷⁵ inTouch similarly called for more government investment in long-term and crisis accommodation for multicultural older Victorians to give them the confidence to leave abusive situations.¹⁷⁶

Sonia Di Mezza, CEO at LCMS, identified housing as a ‘crisis’ in regional areas. This is a particular issue for motivating bicultural and bilingual aged care workers to relocate.

¹⁶⁹ Housing for the Aged Action Group, *Submission 21*, p. 9.

¹⁷⁰ *Ibid.*, p. 6.

¹⁷¹ *Ibid.*, p. 9.

¹⁷² inTouch Multicultural Centre Against Family Violence, *Submission 42*, received 1 December 2021, p. 4.

¹⁷³ *Ibid.*, p. 5. See also North and West Metro Elder Abuse Prevention Networks, *Submission 53*, pp. 9–10.

¹⁷⁴ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 10.

¹⁷⁵ *Ibid.* See also Health and Community Services Union, *Submission 61*, pp. 6, 8.

¹⁷⁶ inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 5.

She advocated for increasing accommodation and housing to encourage multicultural workers to move to regional areas.¹⁷⁷ HAAG indicated an additional challenge is that social housing applications are often confusing and not enough support is provided to assist people with the process. HAAG recommended increasing the cultural safety of the housing sector, further investing in social housing in areas where migrant and refugee communities live, greater reporting on unmet demand for public housing for those experiencing elder abuse and simplifying and using Plain English in housing application processes.¹⁷⁸

In the 2022–23 State Budget, the Victorian Government expanded refuge and crisis accommodation for people experiencing family violence and homelessness and provided increased housing through the ‘Big housing build’ initiative. According to the Victorian Government, the initiative will create over 12,000 affordable social houses, with 25% of the funding being allocated to regional areas.¹⁷⁹ The Committee commends the Victorian Government for its investment in social housing. Any future social housing must be appropriate for Victorians of all ages and varying levels of mobility, located in areas that allow people to maintain social connections, well-integrated to support the place-based delivery of healthcare and social services, and accessible to culturally diverse communities.

FINDING 30: Age and culturally appropriate private and social housing is essential for maintaining the independence of culturally diverse older people. It allows them to sustain social connections, access services and experience better quality of life. Insufficient housing supply or housing that is not appropriate is a particular issue in regional communities, as well as for older people experiencing elder abuse.

RECOMMENDATION 36: That the Victorian Government’s investment in social and affordable housing include housing that adequately addresses the needs of culturally diverse older Victorians and enables them to stay at home for longer.

4.7.5 Discrimination, racism and marginalisation can act as a barrier to accessing services

Discrimination and marginalisation can affect older people’s access to a range of services. For example, AMES Australia indicated that due to financial hardship, some culturally diverse older people need to work past retirement age. Discrimination against both older and culturally diverse people in recruitment processes can be a barrier

¹⁷⁷ Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, pp. 32, 35.

¹⁷⁸ Housing for the Aged Action Group, *Submission 21*, p. 3.

¹⁷⁹ Premier of Victoria, *Creating jobs and keeping local communities connected*; Premier of Victoria, *Helping more Victorians get a roof over their head*, media release, Victorian Government, Melbourne, 3 May 2022.

to gaining suitable employment.¹⁸⁰ Moreover, HAAG outlined that people often face multiple forms of discrimination due to the biased expectation that older people who have lived in Australia for a long time should have learned English or ‘assimilated’, and that they should be cared for by their families. This compounds with other factors such as ageism and racism and can lead to ‘fear or hesitancy in accessing government services.’¹⁸¹ Eastern Community Legal Centre (ECLC), a multidisciplinary legal service operating in Melbourne’s east, highlighted:

it is also unfortunately a disheartening reality that older people within Australian society are often marginalised, or made invisible as they age. This marginalisation contributes to increased social isolation and disengagement. ECLC notes that this is particularly the case for older people who are dependent on social security or come from lower income earning backgrounds. An additional layer of marginalisation exists for older people from migrant and refugee backgrounds who may have already had to contend with experiences of racism resulting in instances of social exclusion.¹⁸²

For example, Chang Lee Hu, a 70-year-old Inquiry participant from Hong Kong described ‘bullying’, ‘misunderstanding’ and ‘[A]sian hate’ as everyday challenges in a submission.¹⁸³

The Victorian Government is developing a state-wide Anti-Racism Strategy that ‘aims to address racism in all its forms, at both an interpersonal level, as well as at a systemic and structural level.’¹⁸⁴ The Victorian Government’s submission outlined the strategy does this through multiple mechanisms, including by increasing cultural safety in service delivery and access to culturally appropriate information. The Victorian Government is also implementing the recommendations from the Committee’s previous Inquiry into anti-vilification protections.¹⁸⁵ Vivienne Nguyen, Chairperson of the Victorian Multicultural Commission, which connects multicultural communities with the Victorian Government, remarked that addressing racism and discrimination is important. She noted the Victorian Government’s racism strategy is a ‘significant piece of work’ and identified that building a diverse workforce will also help to reduce racism.¹⁸⁶

4.7.6 Ageism can have negative health consequences and affect quality of life

Ageism is understood as ‘the way people are treated differently as they age ... Negative attitudes associated with ageing mean that it can be seen as a time of decline, loss and

¹⁸⁰ AMES Australia, *Submission 31*, p. 2. See also in Touch Multicultural Centre Against Family Violence, *Submission 42*, p. 4; Ange Kenos, *Submission 3*, received 27 October 2021, p. 1; Ethnic Communities’ Council of Victoria, *Submission 63*, p. 5; COTA Victoria, *Submission 70*, p. 16.

¹⁸¹ Housing for the Aged Action Group, *Submission 21*, p. 8.

¹⁸² Eastern Community Legal Centre, *Submission 39*, received 30 November 2021, p. 3.

¹⁸³ Chang Lee Hu, *Submission 51*, received 6 January 2022, p. 2.

¹⁸⁴ Victorian Government, *Submission 71*, p. 6.

¹⁸⁵ *Ibid.*

¹⁸⁶ Vivienne Nguyen, Chairperson, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 2.

vulnerability.¹⁸⁷ It results in the marginalisation of older people who are ‘afforded less power and social status.’¹⁸⁸ The United Nations’ 2021 *Global report on ageism* expanded on the effects of ageism, indicating that:

For older people, ageism is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline. Ageism reduces older people’s quality of life, increases their social isolation and loneliness (both of which are associated with serious health problems), restricts their ability to express their sexuality and may increase the risk of violence and abuse against older people.¹⁸⁹

Ageism can be both structural and internalised and can reduce access to a diverse range of services.¹⁹⁰ In the context of ageism, the Commissioner for Senior Victorians described the ‘personal waiting list’, or the gap between an older person realising they require support and then accessing a service, stating:

In some cases this is due to an older person not being aware of an appropriate service that could meet their need, but it can also be a response to internalised ageism and a reluctance to seek support that might feel like compromising their independence and losing control over their lives. Some older people may see acceptance of services as ‘the beginning of the end’, with an associated loss of decision-making control and a fear that someone will make decisions on their behalf against their wishes.¹⁹¹

Many Inquiry participants highlighted the need to reduce ageism in the community to improve outcomes for culturally diverse older people. United advocated for reducing ageist language and valuing older people for the wisdom, skills and knowledge they can bring, rather than their age.¹⁹² North and West Metro EAPNs identified a need for the Victorian Government to provide long-term funding for culturally appropriate anti-ageism campaigns that facilitate a sustainable shift in community attitudes. This is based on the detrimental effects ageism can have on older people’s health, in addition to contributing to elder abuse.¹⁹³ In their submissions, an English Inquiry participant who is almost 70 identified the ‘disregard and a lack of respect for older people’ in the community as an everyday challenge and another 70-year-old Italian remarked ageism is an issue they would like addressed.¹⁹⁴ COTA Victoria has also suggested that ‘the public discourse surrounding the pandemic has led into a rampant culture of ageism’, often manifesting in ‘older people being perceived as less deserving, incapacitated and/or in need of protection.’¹⁹⁵ Ageism is discussed further in Chapter 6 on participation and Chapter 8 in the context of preventing elder abuse.

¹⁸⁷ Seniors Rights Victoria, *Elder abuse as family violence*, Seniors Rights Victoria, Melbourne 2018, p. 4.

¹⁸⁸ Ibid.

¹⁸⁹ World Health Organization, *Global report on ageism: executive summary*, World Health Organization, Geneva, 2021, p. 3.

¹⁹⁰ Gerard Mansour, *Transcript of evidence*, pp. 1, 6.

¹⁹¹ Commissioner for Senior Victorians, *Submission 46*, p. 17. See also Gerard Mansour, *Transcript of evidence*, pp. 1, 6.

¹⁹² United Spanish Latin American Welfare Centre, *Submission 32*, p. 9.

¹⁹³ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, pp. 8–9.

¹⁹⁴ Name withheld, *Submission 8*, p. 2; Name withheld, *Submission 52*, p. 3.

¹⁹⁵ COTA Victoria, *COTA Victoria submission*, p. 9.

4.8 A holistic approach to mental and physical health and wellbeing is essential

A holistic approach to the mental and physical health and wellbeing of older Victorians combines understandings of intersectionality, the social determinants of health and person-centred care. The capacity of an individual to ‘meet their basic needs, learn, grow, contribute to and interact with the environments they live in’ should be fostered to enable healthy ageing.¹⁹⁶ SECL encouraged the Committee to apply an intersectional approach and look holistically at an individual’s identity and journey.¹⁹⁷ Similarly, VTMH summarised the approach Victoria should take:

Ageing well might have different connotations for each person from culturally and linguistically diverse (CALD) backgrounds. Therefore, [a] person centred approach as part of intersectionality means every person is unique. The migration history of CALD migrants (pre, during and post-migration) have utmost significance in their mental health and wellbeing; especially older people from refugee backgrounds deserve more consideration about their circumstances.¹⁹⁸

Dr Tran from MCWH suggested that applying an intersectional approach involves adopting policy and legislation that supports culturally appropriate and multilingual service delivery. It should also acknowledge the impact of systemic inequality, discrimination and challenges such as social isolation and language barriers.¹⁹⁹ In addition, recognising intersectionality will assist service providers to deliver person-centred care that acknowledges and accounts for individual needs.²⁰⁰ SRV advocated for services to use an intersectional lens to communication that ‘considers the multiple elements of a person’s identity and the communities to which they belong.’²⁰¹

Similarly, the Health and Community Services Union advocated for a holistic health approach to treatment, care and support, taking into consideration culture, education and employment, housing, visa uncertainty, immigration detention, family separation and potential co-occurring issues like alcohol and drug use.²⁰² Joy Leggo, CEO at Cultura, a universal service provider for culturally and linguistically diverse people in the Geelong region, reinforced a need to provide a holistic approach to health and wellbeing over the entire lifespan of migrants and refugees so they can ‘age in some peace.’²⁰³

cohealth’s submission identified that a broad and inclusive approach to improving the physical and mental health and wellbeing of culturally diverse older people should

¹⁹⁶ Public Health Association of Australia, *Submission 25*, p. 1.

¹⁹⁷ South East Community Links, *Submission 34*, p. 2.

¹⁹⁸ Victorian Transcultural Mental Health, *Submission 35*, p. 1.

¹⁹⁹ Dr Giang Tran, *Transcript of evidence*, p. 36.

²⁰⁰ South East Community Links, *Submission 34*, p. 1; Victorian Transcultural Mental Health, *Submission 35*, p. 1.

²⁰¹ Seniors Rights Victoria, *Submission 23*, p. 11.

²⁰² Health and Community Services Union, *Submission 61*, p. 7.

²⁰³ Joy Leggo, Chief Executive Officer, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 2.

include culturally- and age-specific programs and community-building activities such as yoga, tai chi, cooking groups and community gardens.²⁰⁴ Similarly, AMES Australia suggested that ‘group activities offer the best opportunity for improved social and mental/physical health outcomes’, including activities like facilitated conversations over coffee, group yoga, or intergenerational activities involving storytelling and traditional art.²⁰⁵ United further highlighted the importance of arts- and music-based activities as part of a holistic approach as they connect people with their culture and history, promoting positive psychological and physical health.²⁰⁶

Fostering a sense of community is important for the mental and physical wellbeing of culturally diverse older people. Community gardens were noted in particular as a social connection initiative and means to improve overall health. VicHealth advocated for increased support for older migrants and refugees to create community gardens to grow their own food.²⁰⁷ One 67-year-old Inquiry participant from the Democratic Republic of Congo (DRC) wrote that she gardens to keep physically, socially and mentally active. The vegetables are then used in care packages for other community members ‘to help people feel like they were back home.’²⁰⁸ Another 75-year-old from the DRC similarly described the sense of community he feels on his morning walk, stating that to keep socially, physically and mentally active, ‘I meet and greet ... with wonderful people on my everyday walk’. He also described sharing food and seedlings with other community members and showing them how to plant vegetables, which has the added benefit of motivating people to ‘get outside and moving.’²⁰⁹

Ethno-specific seniors’ groups are particularly important for promoting the overall mental health and wellbeing of older people. The Turkish Women’s Recreational Group, which provides support to Turkish women in the City of Whittlesea, stated in its submission that more funding is needed for these groups to assist members of the community with physical activity and positive mental health.²¹⁰ Intergenerational and intercultural activities were also identified as a means of improving overall mental health and wellbeing.²¹¹ These are discussed further in Chapter 5.

The spiritual health of culturally diverse older people was also raised in the Inquiry, with Dr Sivamalai discussing the importance of spirituality for Indian communities at a hearing and United noting:

A person’s health and wellbeing cannot be separate from their culture or their cultural identity, the two are inextricably linked. Connecting with culture has a positive effect on

²⁰⁴ cohealth, *Submission 29*, p. 17.

²⁰⁵ AMES Australia, *Submission 31*, p. 3. See also South East Community Links, *Submission 34*, p. 2; Name withheld, *Submission 38*, received 30 November 2021, p. 4; Name withheld, *Submission 56*, received 10 January 2022, p. 3.

²⁰⁶ United Spanish Latin American Welfare Centre, *Submission 32*, p. 9.

²⁰⁷ VicHealth, *Submission 66*, p. 2.

²⁰⁸ Name withheld, *Submission 37*, p. 3.

²⁰⁹ Name withheld, *Submission 38*, p. 4.

²¹⁰ Turkish Women’s Recreational Group, *Submission 12*, received 12 November 2021, p. 3.

²¹¹ cohealth, *Submission 29*, p. 17; United Spanish Latin American Welfare Centre, *Submission 32*, p. 9; Commissioner for Senior Victorians, *Submission 46*, p. 14.

a persons' sense of belonging and identity, with favourable outcomes for physical and mental health.²¹²

A research institute specialising in rural experiences of ageing, the John Richards Centre for Rural Ageing Research, identified a need to move beyond a biomedical model of care—where ageing is viewed negatively based on body functions, accrual of disease and decline in health—to focus on health, connection and longevity in a more holistic sense. This would allow healthcare providers to more appropriately respond to cultural understandings of wellbeing and for better integration of services with culture, family and community.²¹³

DH has several strategies addressing the health needs of Victorians. *Health 2040*, published in December 2016, sets out how better access, health and care will be delivered in the future. *Health 2040* recognises Victoria has an ageing population, meaning more attention must be paid to prevention and early intervention. It states:

We need to redouble our efforts to provide integrated, holistic care that recognises that physical, mental and other health issues are integrally linked. We need to build services around multiple needs, both within health services and beyond, linking with and drawing on other services and the strengths and skills of communities, families and carers.

... We know that a 'one size fits all' approach doesn't work for a diverse community, and that we have not done enough to support people who are disadvantaged or suffering from stigma and discrimination.²¹⁴

Some of *Health 2040*'s focus areas include:

- building healthy neighbourhoods, including through better housing and transport
- increasing diverse and marginalised communities' participation in healthcare services, including migrant, refugee and asylum seeker communities and regional Victorians
- developing a diverse workforce
- increasing care delivered in the home and community and reducing wait times for key services like palliative care
- reducing gaps to access services, including for CALD and refugee communities
- providing care that considers all of a person's needs
- linking care options and assisting people to navigate the system
- empowering and placing individuals at the centre of care decisions
- providing culturally responsive and equitable care.²¹⁵

212 Dr Sundram Sivamalai, *Transcript of evidence*, p. 13; United Spanish Latin American Welfare Centre, *Submission 32*, p. 9.

213 John Richards Centre for Rural Ageing Research, *Submission 67*, p. 2.

214 Department of Health, *Health 2040: advancing health access and care*.

215 Ibid.

Additionally, the *Victorian public health and wellbeing plan 2019–2023* is the ‘primary mechanism’ for securing a high standard of health and wellbeing for all Victorians.²¹⁶ It acknowledges the increased burden of chronic disease as Victorians live longer, meaning demand on individuals, carers, families, communities and services will grow.²¹⁷ Further, the plan recognises the need to take action on social and economic determinants of health and the need for a ‘joined-up approach across all parts of the public health and wellbeing system.’²¹⁸ The plan has 10 priority areas, including increasing healthy eating, active living and mental wellbeing.²¹⁹

The Committee received evidence that service delivery could be improved for culturally diverse older people in many of the focus areas in *Health 2040* and the *Victorian public health and wellbeing plan 2019–2023*. In addition, DH provides plans for specific population groups, including *Healthy kids, healthy futures*, a five-year action plan for the health of children and young people and *Korin Korin Balit-Djak*, a plan for the health, safety and wellbeing of Aboriginal communities across Victoria.²²⁰ Consequently, the Committee believes DH should develop a specific plan for older people, with a particular focus on culturally diverse communities, to assist with achieving the objectives of *Health 2040* and the *Victorian public health and wellbeing plan 2019–2023*. This should include focusing on addressing the social determinants of health, expanding self-care and increasing independence, recognising intersectionality and incorporating the guiding principles summarised in Chapter 2.

In addition, the Ageing well report found that one of older people’s top priorities for health, social wellbeing and independence was accessing support and services when needed.²²¹ Long wait times were identified as an issue for many older people, including a 73-year-old Inquiry participant from a ‘hybrid culture’ who wrote they usually have access to adequate healthcare but wait times are ‘blowing out’.²²² Another 75-year-old from the DRC stated that because he does not have private health insurance, if he is not on a public waiting list he learns to cope with any sickness that cannot be healed.²²³ Similarly, the Commissioner for Senior Victorians highlighted that in order to age well, older people need access to appropriate services in a timely manner.²²⁴ RANZCP Victorian Branch also identified a need to increase age-appropriate services that manage both mental and physical health, in recognition of the growing population of culturally diverse older people that will place additional demand on services.²²⁵

216 Department of Health, *Victorian public health and wellbeing plan 2019–2023*, Victorian Government, Melbourne, 2019, p. 1.

217 Ibid., p. iii.

218 Ibid., p. 6.

219 Ibid., p. 19.

220 Department of Health, *Healthy kids, healthy futures*, 2022, <<https://www.health.vic.gov.au/health-strategies/healthy-kids-healthy-futures>> accessed 12 April 2022; Department of Health, *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*, 2017, <<https://www.health.vic.gov.au/health-strategies/korin-korin-balit-djak-aboriginal-health-wellbeing-and-safety-strategic-plan-2017>> accessed 7 June 2022.

221 Commissioner for Senior Victorians, *Ageing well in a changing world*, p. 2.

222 Name withheld, *Submission 50*, p. 2. See also Name withheld, *Submission 52*, p. 2; Sahar Ageed, *Submission 9*, p. 2; Name withheld, *Submission 7*, p. 2; Shunhua Lin, *Submission 15*, received 18 November 2021, p. 2; cohealth, *Submission 29*, p. 7; Name withheld, *Submission 37*, p. 2; Name withheld, *Submission 13*, received 14 November 2021, p. 2.

223 Name withheld, *Submission 38*, p. 3.

224 Commissioner for Senior Victorians, *Submission 46*, p. 16.

225 Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, *Submission 28*, p. 3.

FINDING 31: A holistic approach to the mental and physical health and wellbeing of culturally diverse older Victorians can be facilitated through recognising intersectionality, providing person-centred care and addressing the social determinants of health. Providing services that address a range of mental and physical health needs in a timely manner is required to achieve this.

RECOMMENDATION 37: That the Department of Health create a plan for improving the mental and physical health and wellbeing of older people, with a particular focus on culturally diverse communities. It should adopt the guiding principles identified in Chapter 2 of this report.

RECOMMENDATION 38: That the Victorian Government’s ageing well action plan, *Ageing well in Victoria: an action plan for strengthening wellbeing for senior Victorians 2022–2026*, and the Department of Health’s ageing plan (as identified in Recommendation 37), emphasise locating culturally diverse older people at the centre of their own care, recognising intersectionality and the needs of new and emerging communities, addressing the social determinants of health, providing wrap-around holistic support, and providing timely access to services.

5 Addressing social isolation and loneliness

According to the Commissioner for Senior Victorians, one in 10 older Victorians experiences significant negative impacts on their mental and physical health due to social isolation and loneliness.¹ Social isolation is the absence of social interactions with friends, family and wider society, whereas loneliness is a subjective, negative feeling of a lack of companionship. While they are related, they do not always occur together. For example, social isolation can be a risk factor for loneliness but not all people who are socially isolated feel lonely. Conversely, people who have social connections can feel lonely.²

Older people are more likely to experience social isolation than younger people. Social isolation at an older age can result from frailty, poor mobility and loss of friend and family supports. Older people from migrant and refugee backgrounds are even more susceptible to social isolation due to language and cultural barriers, especially if they arrived in Australia at a later age.³ Furthermore, the COVID-19 pandemic restrictions and their aftermath exacerbated the social isolation and loneliness felt by culturally diverse older Victorians.⁴

This chapter considers the impact of social isolation and its prevalence, strategies to reduce social isolation and loneliness among culturally diverse older Victorians, and the role of ethno-specific seniors' groups in increasing social connections.

5.1 Culturally diverse older people are at greater risk of social isolation

In its consultations with members and stakeholders, the Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, found social isolation to be the 'major priority issue for older people from migrant and refugee backgrounds.'⁵ ECCV noted that social isolation posed risks to the health, wellbeing and life satisfaction of culturally diverse older Victorians as well as increased their risk of experiencing abuse and neglect.⁶ This section gives examples of social isolation and loneliness presented to the Committee, discusses the causes of social isolation, and outlines its impact on health and wellbeing.

¹ Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, pp. 13–14.

² Anne Pate, *Social isolation: its impact on the mental health and wellbeing of older Victorians*, report for COTA Victoria, Melbourne, 2014, p. 6; Australian Institute of Health and Welfare, *Social isolation and loneliness*, 2021, <<https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness-covid-pandemic>> accessed 12 November 2021.

³ cohealth, *Submission 29*, received 30 November 2021, p. 14; Commissioner for Senior Victorians, *Submission 46*, p. 14.

⁴ Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. 22.

⁵ Ibid.

⁶ Ibid.

5.1.1 A lack of social connections can lead to social isolation and chronic loneliness

Council on the Ageing (COTA) Victoria, the peak body representing the interests of Victorians aged over 50, noted that prior to the COVID-19 pandemic, about 10% of Victorians aged over 60 were experiencing chronic loneliness.⁷ Loneliness is often experienced by older people who have lost friends or family and are socially isolated. Older people are also more likely than younger people to live alone, with more than one in three women and one in five men aged over 65 living alone.⁸

During the COVID-19 pandemic even more older people felt isolated because of lockdowns and advice given to them to stay home to reduce the risk of infection. Evidence presented to the Committee supported this. For example, an older Italian community leader told Moreland City Council:

There are lots of older people living alone without connection to their family or community ... I talk to people every day and hear them crying on the phone. It is very very bad for people at the moment. Particularly for those without English. They don't know how to get services and even can't go to church.⁹

Similarly, a volunteer visitor for a Greek organisation stated:

Even though people have relatives around, they don't have any other relationships. They need somebody to talk to, to communicate with. The kids don't have the time to sit down and talk to their parents. We sit for 2 or 3 hours and just talk about the past. Their time in Greece, in their youth. They want a sympathetic ear.¹⁰

Older people living alone may lack companionship, which can lead to loneliness. When asked what could make her life happier, Shunhua Lin, an 81-year-old ethnic Chinese woman from Indonesia, said, 'Cooking, gardening, visiting people and singing. I like to travel around very much, as well as doing some simple crafts. I also need someone to talk to.'¹¹ Case study 5.1 gives an example of how culturally diverse older men are prone to loneliness.

The Commissioner for Senior Victorians found that people living alone, people with limited English and people who provide unpaid care for others are at greater risk of social isolation and loneliness.¹² Dr Sundram Sivamalai, advisor to the Ballarat Indian Association, a community service organisation that supports newly arrived Indian families in Ballarat, added that older Indian people often spend their time caring for grandchildren and:

⁷ COTA Victoria, *Submission 70*, received 3 February 2022, p. 11.

⁸ Ibid.

⁹ Moreland City Council, *Submission 36*, received 30 November 2021, p. 4.

¹⁰ Ibid.

¹¹ Shunhua Lin, *Submission 15*, received 18 November 2021, p. 2.

¹² Commissioner for Senior Victorians, *Ageing is everyone's business: a report on isolation and loneliness among senior Victorians*, Victorian Government, Melbourne, 2016, p. 29.

there is no opportunity for them to verbalise or share their emotional stress with anyone. They may continue their suffering in silence. So loneliness among aged parents is not uncommon.

...

Establishing peer support in the older generation for themselves takes much longer than for those who were born here, so for them to spend time in seeking peer support is not as easy. They are spending more time in helping their grandchildren, and therefore they do not have time for their networks and tend to miss out on finding time for connecting with their old-aged peers.¹³

The Commissioner for Senior Victorians estimates the percentage of lonely older Victorians will increase by 73% between 2011 and 2031 to affect almost 186,000 people.¹⁴

CASE STUDY 5.1: 'Men seem to just pull away from everything a lot quicker'

'I am a member of the Alevi elderly council. I help the group in different ways. I am a very active person. For many years now, with women and men all mixed together, we get together at the Cem Evi [a gathering and worshipping place for the Alevi people, a sub-ethnic cultural group from Turkey]. Most of them are women. The men that come, there will not be more than 30 or 40. The men are more lonely and they cannot do as much as what women do with the housework. Even technology—they use technology less than what the women do. We started a course for people on how to use Facebook, and most of that was women. Especially the men that do not have partners—they have difficulty looking after themselves, especially cooking. They do not look after their health, and then during their daily life they expect everything from women. As their partners get older things get forgotten and then they start arguing and fighting. Then the psychological issues mount up and they do not accept going to a psychologist. Usually the men drive, and as they get older they cannot drive anymore, and the wife has never gotten her licence, so their living standards deteriorate. Social places for the men to go—we can just say there are hardly any. The ones that are healthy and can move around get to go to places, but the ones that are not healthy enough and that cannot go anywhere have hardly any luck to go anywhere. Most of the men that come to our group are the ones that can come there. They do not have any transport issues, but the elderly, they cannot come at all. And the authority within the family changes. It is very hard for them to explain this to each other, and then they start having issues with their children.

Men seem to just pull away from everything a lot quicker. They break away from life, and their expectations from other people build up. They have no motive in life, so that makes them even worse.'

Huseyin Duman

Source: Huseyin Duman, community member, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 35.

¹³ Dr Sundram Sivamalai, Advisor, Ballarat Indian Association, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 13.

¹⁴ Commissioner for Senior Victorians, *Ageing is everyone's business*, p. 29.

5.1.2 Social isolation can be caused by language, cultural, financial and transport barriers

The following factors have been linked to a greater risk of social isolation:

- older age—due to increasing frailty and deaths of friends and family
- mobility restrictions—especially when transport options are lacking
- gender—men tend to have fewer social networks
- ethnicity—due to poor English and poor knowledge of, or inability to access, services
- sexuality—LGBTIQ+ people may experience discrimination and lack social supports
- caring responsibilities—by reducing social networks and opportunities to socialise
- living in a rural area—due to geographic isolation and fewer social activity options
- residential care—due to likely poorer health and/or cognitive capacity.¹⁵

Inquiry participants raised language barriers and lack of access to culturally appropriate activities and services as the main causes of social isolation and loneliness among culturally diverse older people. For example, Dr Wilfred Wang, a media and communications academic at the University of Melbourne, stated:

Older Chinese Australians' greater sense of loneliness is not only due to their lack of proficiency in English, but the difficulty of accessing language support and interpretation services. This issue has seriously limited their social autonomy and mobility of living in Australia.¹⁶

According to the Multicultural Centre for Women's Health, a community-based organisation providing tailored and accessible wellbeing programs for older migrant and refugee women, poor English proficiency can make it harder for culturally diverse older women to attend social activities and create new networks. In addition, cultural disconnection due to a lack of opportunities to embrace their culture and community can also lead to social isolation and loneliness among older women.¹⁷

The Turkish Women's Recreational Group (TWRG), which provides support to Turkish women in the City of Whittlesea, agreed that poor English proficiency was the main challenge for women in the group.¹⁸ These language barriers also have an impact on culturally diverse older men. Furthermore, some people revert to their first language when they get older, which makes it harder for them to socialise outside their family or immediate culture.¹⁹ The ability to socialise is essential for mental wellbeing according to TWRG:

¹⁵ Anne Pate, *Social isolation*, pp. 8–9.

¹⁶ Dr Wilfred Wang, *Submission 14*, received 16 November 2021, p. 2.

¹⁷ Multicultural Centre for Women's Health, *Submission 22*, received 29 November 2021, pp. 2–3.

¹⁸ Turkish Women's Recreational Group, *Submission 12*, received 12 November 2021, p. 2.

¹⁹ COTA Victoria, *Submission 70*, p. 11; Moreland City Council, *Submission 36*, p. 4.

Women from Culturally diverse backgrounds rely heavily on human contact with their family, children and grandchildren, they rely on social gatherings to assist with their health and overall well being.²⁰

Older migrants and refugees can find it harder to socialise in Australia where activities tend to be planned and scheduled unlike in their home country where there are gathering places, piazzas and parks in their neighbourhoods and villages that allow more informal interactions with others.²¹ Culturally diverse older people who arrived at a later age are more at risk of social isolation because they may have never worked or participated in other activities in Australia that could help them build social networks.²² The experience of trauma and its impacts on health and wellbeing can also exacerbate social isolation and loneliness among older refugees.²³

Physical access to services and community activities is also important to reduce social isolation. Culturally diverse older people who cannot drive and do not have access to transport find it difficult to socialise beyond their family.²⁴ As explained by Guzide Suluk, a member of the Alevi Community Council of Australia (ACCA), a voluntary organisation that supports the Alevi community in Melbourne:

With most of our elderly it is like they have stopped doing everything and are waiting for the day to die. Previously in councils and health centres they used to have Turkish staff and they used to get us all together, but at the moment we do not have that either. There are groups that do speak English, but somehow those people cannot adapt to those groups. Most of the elderly do not even leave the house because they cannot use public transport, and they cannot drive because they would not know their way around—they would not know how to get there. Most of the elderly when they can get together and the ones [who] do have [the] means to get together [then] we get together. But then there are the ones that cannot leave home because they do not have any means to actually get to those meetings because they cannot use public transport and there is no other transport or any means to bring them there.²⁵

Fewer public transport options and fewer culturally appropriate services and programs in regional and rural areas can also exacerbate loneliness and social isolation for culturally diverse older people.²⁶ Poor infrastructure such as a lack of pedestrian accessibility, shared spaces, lighting and public seating also create barriers for older people to socially participate in both regional and metropolitan communities.²⁷

²⁰ Turkish Women's Recreational Group, *Submission 12*, p. 3.

²¹ South East Community Links, *Submission 34*, received 30 November 2021, pp. 1–2.

²² AMES Australia, *Submission 31*, received 30 November 2021, p. 2; Ethnic Communities' Council of Victoria, *Submission 63*, p. 22.

²³ COTA Victoria, *Submission 70*, p. 11.

²⁴ Housing for the Aged Action Group, *Submission 21*, received 29 November 2021, p. 6; Health and Community Services Union, *Submission 61*, received 25 January 2022, p. 5.

²⁵ Guzide Suluk, community member, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 35.

²⁶ Commissioner for Senior Victorians, *Submission 46*, p. 14; John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, p. 4.

²⁷ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, received 7 January 2022, p. 13.

Older migrants and refugees who experience other forms of discrimination and marginalisation because of aspects of their identity such as disability, gender identity or sexual orientation are also at greater risk of social isolation and loneliness.²⁸ This is discussed further in Chapter 4.

The COVID-19 pandemic exacerbated social isolation and loneliness

According to Spiro, a Greek man aged 85 from the City of Moreland, ‘This pandemic has done the worst thing—the daily things we used to do in life, no longer can we go and share these things.’²⁹ TWRG also highlighted the negative impact of the COVID-19 pandemic on older people’s social connections:

With the impacts of Covid-19 over the past 2 years keeping socially active has been very limited[;] this has lead [sic] to many women being isolated from family and friends. The majority of the members used to attend weekly group meetings that kept them informed and allowed them to participate in activities and outings. Now that the restrictions have been lifted a lot more government funding needs to go into providing grassroots groups/clubs with funds to be able to run programs that assists their members with more physical activities and providing guest speakers to lessen the impacts of mental health and wellbeing to their members.³⁰

Moreland City Council found community members reported high rates of social isolation because of the COVID-19 pandemic and local service providers reported that older clients felt ‘isolated, anxious and scared’.³¹ The lockdowns negatively affected both the physical and mental wellbeing of culturally diverse older people, and some of these effects have been long lasting.³²

The sense of social isolation continued after restrictions eased as culturally diverse older people avoided going out due to the need to check in to venues using QR codes.³³ Digital exclusion was a compounding factor, as explained by Maria Tsopanis, Senior Manager of Community Development and Social Participation at AMES Australia, a settlement agency which supports newly arrived refugees and migrants:

In terms of COVID, over the past two years really ... the restrictions that we have been placed under have really heightened the isolation that a lot of older members of migrant and refugee communities face. Particularly with the move to everything going online, the lack of technical ability or digital literacy skills is one factor, but access to devices is another, as well as access to reliable internet.³⁴

²⁸ COTA Victoria, *Submission 70*, pp. 11, 12.

²⁹ Moreland City Council, *Submission 36*, p. 4.

³⁰ Turkish Women’s Recreational Group, *Submission 12*, p. 3.

³¹ Moreland City Council, *Submission 36*, p. 4.

³² National Council of Women of Victoria Inc., *Submission 40*, received 1 December 2021, p. 3.

³³ Moreland City Council, *Submission 36*, p. 4; COTA Victoria, *Submission 70*, p. 8; Lisa Tribuzio, Manager, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 32.

³⁴ Maria Tsopanis, Senior Manager Community Development and Social Participation, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 24.

She added that the pandemic disrupted older people's regular social interactions:

What has also happened during COVID is that there has become more of a reliance on one or two family members rather than a range of different family members, just because of the nature of restrictions and the fact that if those individuals were in the home setting, they were limited in the number of family members with primary caring responsibilities, often restricted to one or two family members. That is great, but it does reduce their social contact, which is really important for health and wellbeing. It also limits their source of information and where they get their trusted information from.

...

As I said, COVID has impacted on health in terms of physical and mental deterioration. I have certainly seen this within my own family structure, where my ageing mother has deteriorated physically and mentally because of the social isolation and lack of interaction with other people and social connection with her peer group, which is really, really fundamental.³⁵

Lisa Tribuzio, Manager of the Centre for Cultural Diversity in Ageing, an organisation that provides expertise in culturally inclusive policy and practices for the aged services sector, added that social isolation and loneliness were made worse during the COVID-19 pandemic because older people could not visit or be visited by family and friends living overseas.³⁶

In 2019–20, the Department of Premier and Cabinet (DPC) provided \$1.13 million over two years to fund the Multicultural Community Connections Program, which was designed to support 'multicultural and multifaith organisations to strengthen community connections that had been impacted by social distancing and health and economic restrictions due to COVID-19'.³⁷ The program provided organisations grants of up to \$25,000 to improve digital capacity and cover volunteer costs associated with delivering programs during the pandemic.

5.1.3 Social isolation and loneliness are detrimental to physical and mental health

Social isolation and loneliness pose a similar risk of premature death as obesity, smoking and alcohol consumption.³⁸ Studies have linked social isolation with mental illness, emotional distress, suicide, the development of dementia, poor health behaviours, poor sleep, high blood pressure and poorer immune function.³⁹

Chronic loneliness can make people feel angry, sad, depressed, worthless, resentful and pessimistic. It can also lead to risky behaviours such as alcohol consumption.

³⁵ Ibid.

³⁶ Lisa Tribuzio, *Transcript of evidence*, p. 32.

³⁷ Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, Victorian Government, Melbourne, 2021, p. 15.

³⁸ Australian Institute of Health and Welfare, *Social isolation and loneliness*; Anne Pate, *Social isolation*, p. 10.

³⁹ Australian Institute of Health and Welfare, *Social isolation and loneliness*.

Furthermore, negative thoughts and behaviours can create a self-reinforcing negative loop that pushes other people away. While social isolation can lead to poor mental health, people with poor mental health are at a greater risk of experiencing social isolation if they are unable to participate in, or avoid, social activities.⁴⁰

The Multicultural Centre for Women's Health noted that socially isolated older migrants have higher rates of depression, social anxiety and other mental health issues than those who are not socially isolated.⁴¹ Dr Wang also referred to studies showing older Chinese Australians had high levels of social isolation and loneliness before the COVID-19 pandemic. He added that the number of Chinese people aged 60 and over seeking mental health support doubled between 2019–20 and 2020–21 at the Centre for Holistic Health in Forest Hill where he volunteers.⁴²

Cultural identity and a sense of belonging are important for the health and wellbeing of culturally diverse older people and a lack of programs and activities enabling them to interact with people of a similar background and maintain their cultural identity can negatively affect their mental health.⁴³ The 2021 Royal Commission into Victoria's Mental Health System found community connection and high-quality social relationships are conducive to better overall health and wellbeing.⁴⁴

FINDING 32: Culturally diverse older Victorians are more likely to experience social isolation and chronic loneliness than other older people due to language and cultural barriers, and this can have adverse effects on their mental and physical health.

5.2 Programs and opportunities for social interaction foster social inclusion

Helping culturally diverse older Victorians to interact with their peers or with other generations can help them to overcome social isolation and loneliness. This can be done by establishing local, place-based programs to enhance social interaction and providing spaces, transport and financial support for social activities to occur. This section discusses strategies for enabling more social interaction among culturally diverse older people.

Older Victorians from migrant and refugee backgrounds told the Committee that they wanted more opportunities to interact socially. For example, when asked what more could be done to help her live more happily, a 66-year-old Greek woman answered,

⁴⁰ Anne Pate, *Social isolation*, pp. 12–13.

⁴¹ Multicultural Centre for Women's Health, *Submission 22*, p. 2.

⁴² Dr Wilfred Wang, *Submission 14*, p. 2.

⁴³ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 4.

⁴⁴ Royal Commission into Victoria's Mental Health System, *Final report Volume 2: collaboration to support good mental health and wellbeing*, State of Victoria, Melbourne, February 2021, pp. 24–25.

'Opportunities to socialise in my community through broad based activities that are not age segregated.'⁴⁵

Sherley Hart, former president of the Filipino–Australian Association of Ballarat Incorporated and member of the Ballarat Regional Multicultural Council, the peak multicultural agency in the Central Highlands Grampians region, explained how her community tries to take older members to 'outings ... because they would like to go out because they are very lonely, especially if they live alone by themselves.'⁴⁶ However, she added that this is not always possible because there are not enough community members available to take them out.⁴⁷

Ebtesam Chniker, a community member of Arabic Welfare, a Melbourne organisation that provides services for newly arrived refugees and well-established migrants from Arabic-speaking countries, wanted more support from local government for social activities, stating:

we need really more support from the council, because most of the people do not speak English. They speak Arabic. They do not speak English, and also they feel depressed because they are old. We are seniors. Our club is from 60 and above. So they have difficulty learning English. You know—memory and like this. They feel depressed and feel loneliness, so they need activities to be involved in society and to feel more relaxed.⁴⁸

Katibe Yesilyurt, a member of ACCA, also called for more support to engage older members of the Alevi community in social activities:

If we could get someone to do a seminar, a meeting or a group exercise or something just to, morale-wise, give the elderly a bit of a boost.

We talk to most of the elderly. We try to support them. We actually put them in different small groups and maybe take them to do sport or to do other things, maybe play music, but just try to support them in every way. We hire a bus and we actually take them on picnics ... They get very happy when we are going some places, because they are usually on their own and they are very frustrated. So they are very happy when we take them out.

Again, even just to get a bus or organise something we need somebody to actually organise this, somebody that can [speak] ... English and Turkish. Yes, so we need someone to actually do it—even when we give a dinner and things like that, someone to organise the tables and maybe the chairs and sort of pack it up, someone to just look after the whole organising and cleaning, because we are all elderly there.⁴⁹

⁴⁵ Name withheld, *Submission 7*, received 4 November 2021, p. 3.

⁴⁶ Sherley Hart, community member, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 2.

⁴⁷ Ibid.

⁴⁸ Ebtesam Chniker, community member, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 27.

⁴⁹ Katibe Yesilyurt, community member, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 36.

Sahar Ageed, who is the carer for her 72-year-old Chaldean Catholic mother, stated that ‘ongoing support for senior social activities and physical activities’ is needed and that older people who are not eligible for subsidised home care services often do not have access to those activities and programs.⁵⁰ The National Council of Women of Victoria’s Multicultural and Migration Adviser, Nurcihan Ozturk, agreed that social support programs should be built into aged care packages.⁵¹ (These packages are covered in more detail in Chapter 9.)

Nurcihan Ozturk, who is also President of TWRG, added that members of the group especially struggled with social isolation during the COVID-19 pandemic. The group created a Facebook page called Turkish Mums in Lockdown as:

a way of women connecting with one another and sharing ideas, giving tips and then sharing places of interest to visit once the pandemic was over, once we were out of lockdown. They were keen to find out in the morning who was going to post what recipe or idea or some handy tricks that they could apply in their homes.⁵²

Following the pandemic, the group encouraged:

older women to attend more of their ethno-specific groups where they can meet for a couple of hours a day, come out of isolation, talk about other things, talk about grandkids and talk about what is happening in the community.⁵³

Multicultural community organisations that provide opportunities for culturally diverse older people to interact with one another and to maintain their culture are important for social inclusion, but are not always available in regional and rural areas.⁵⁴ Community members of cohealth, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, suggested that community workers should be employed to identify socially isolated culturally diverse older people and link them with local social activities and supports. In addition, they suggested having programs ‘to enhance social interaction, such as sharing a meal, community gardens, cooking groups, libraries/book groups for mental activity.’⁵⁵

The Victorian Government recently started trialing social prescription to reduce isolation in response to recommendations from the Royal Commission into Victoria’s Mental Health System. From July 2022, social prescribing trials will commence in the Latrobe Valley, Benalla, Frankston, Geelong, Brimbank and Whittlesea.⁵⁶ Social prescription refers individuals experiencing isolation to non-medical supports and services by connecting them with local community groups to engage in activities such as exercise,

⁵⁰ Sahar Ageed, *Submission 9*, received 5 November 2021, p. 2.

⁵¹ Nurcihan Ozturk, Multicultural and Migration Adviser, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 10.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 4.

⁵⁵ cohealth, *Submission 29*, p. 17.

⁵⁶ Department of Health, *Recommendation 15: supporting good mental health and wellbeing in local communities*, 2022, <<https://www.health.vic.gov.au/mental-health-reform/recommendation-15>> accessed 27 May 2022.

book groups, and art classes. The Commissioner for Senior Victorians strongly endorsed these trials, stating they:

are very dear to my heart. One of the biggest challenges for older people is isolation and loneliness, and lots of older people do not just want medication for anxiety and depression, they want pathways to re-engage confidently in their community. And so I think there is a really great opportunity to look at how those trials can be targeted for people from diverse backgrounds.⁵⁷

The North and West Metro Elder Abuse Prevention Networks (North and West Metro EAPNs), which consist of community organisations that work to prevent elder abuse in northern and western Melbourne, also supported social prescription but noted there were few programs to assist older people to overcome barriers and find community activities to engage in. They suggested expanding social prescription to include multicultural and ethno-specific organisations to assist culturally diverse older people to develop social connections.⁵⁸

Several Inquiry participants endorsed the benefits of intergenerational connections to reduce social isolation and loneliness among culturally diverse older people.⁵⁹ Positive impacts of intergenerational activities include enhancing social cohesion, enabling different generations to learn from each other, and reducing experiences of ageism and elder abuse.⁶⁰ The potential for intergenerational programs to reduce ageism and prevent elder abuse is discussed in Chapter 8. Case study 5.2 gives an example of how informal opportunities for intergenerational social connection such as the Chatty Café Scheme can cultivate social inclusion and digital engagement while also supporting local businesses.

FINDING 33: Further opportunities for formal and informal social interaction will help culturally diverse older people remain socially connected.

RECOMMENDATION 39: That the Victorian Government expand social prescribing trials to meet the needs of culturally diverse older people and include multicultural and ethno-specific organisations as accredited providers.

RECOMMENDATION 40: That the Victorian Government support the expansion of the Chatty Café Scheme and similar programs across Victoria to create informal opportunities for culturally diverse older people to interact with their peers and with other generations.

⁵⁷ Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 4.

⁵⁸ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, pp. 13–14.

⁵⁹ cohealth, *Submission 29*, p. 17; United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 8; Commissioner for Senior Victorians, *Submission 46*, p. 14; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 13; Nikolaus Rittinghausen, Senior Advisor and Project Officer, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 32.

⁶⁰ Commissioner for Senior Victorians, *Submission 46*, p. 14; Dr Sundram Sivamalai, *Transcript of evidence*, p. 16.

CASE STUDY 5.2: Chatty Café Scheme

'The Inner South-east Metropolitan Partnership [a partnership of local businesses with state and local government] identified social connection as a key priority area for the region ...

During 2021, the Partnership endorsed project funding through the Metropolitan Partnership Development Fund to pilot the Chatty Café Australia Scheme across Bayside City Council in a bid to apply some of the key recommendations from the previous research reports. The Chatty Café Scheme aims to reduce social isolation and loneliness by creating opportunities for people to connect across up to 150 participating local hospitality and community centres in Bayside. For customers, a 'Have a Chat' table helps keep communities connected and brings people together. Volunteers play an important role in facilitating 'Have a Chat' tables and there are also partnership opportunities for local hospitality businesses to get involved in the project by 'hosting' a table at their venue. A key benefit of the program is its accessibility, with 'Have a Chat' tables currently being rolled out across local neighbourhood house networks, libraries, local shopping strips and community activity centres. As a result of the COVID-19 restrictions, weekly Virtual Chatty Café sessions have been introduced via Zoom. These Zoom sessions for anyone aged 18 and over last for 30–45 minutes with a maximum of around 10 people per Zoom and have facilitated an opportunity for people to connect virtually and hone their digital literacy skills. Additionally, guidelines to be developed from the program's evaluation, which will enable the Chatty Café scheme to be rolled out across Victoria. The Chatty Café program was initiated in response to Inner South East infrastructure report that identified social isolation and connection as a key priority to CALD [culturally and linguistically diverse] and older people. Incidental and digital engagement was an area of focus. Cafes were identified as an easy access point for older people in particular who preferred to engaged [sic] on a face to face basis. As the cafes are open to the public, the program welcomes people of all ages, including older CALD groups.'

Source: Victorian Government, *Submission 71*, received 3 February 2022, pp. 27–28.

5.2.1 Culturally diverse older people need access to safe and affordable spaces to interact

In addition to community groups designing programs and activities for culturally diverse older people to socially interact, spaces must be available and accessible for these activities to take place. Dr Sivamalai suggested making:

a venue available for the elderly people to come and join their friends, exercise and have a cup of tea rather than go elsewhere or be left at home to become isolated, or the government could explore providing vouchers for CALD seniors for currently existing venues in which to do their regular exercise to maintain their physical, mental and social health. For a small outlay the government would save the expenses of hospitalisation and medication and prevent them from loneliness and isolation.⁶¹

⁶¹ Dr Sundram Sivamalai, *Transcript of evidence*, p. 14.

Inquiry participants informed the Committee that these spaces need to be safe, affordable and culturally appropriate, and they called for greater support for councils to facilitate the availability of these venues to multicultural community groups.⁶² For example, the Commissioner for Senior Victorians stated:

Local governments and Neighbourhood Houses play an important role in supporting seniors' groups of all kinds to access affordable and appropriate spaces to hold activities, as well as providing funding and resources. Support of this kind is especially vital for groups serving newly arrived migrant and refugee communities, who may have fewer resources within their own communities.⁶³

The Eastern Community Legal Centre, which provides free legal assistance to community members in Melbourne's east, noted that councils should also work with community leaders of older, more established cultural groups to make safe spaces available to them on a regular and fair basis. It stated:

Whilst local councils make community spaces available to all constituents, older people from migrant and refugee backgrounds often have to share their spaces with local sporting groups and are required to navigate booking systems which can be confusing due to language and technology.⁶⁴

Both COTA Victoria and the Victorian Multicultural Commission (VMC), which connects multicultural communities with the Victorian Government, appealed for additional funding to enable councils to facilitate social activities for culturally diverse older residents.⁶⁵ Executive Senior Adviser to the VMC, Hakan Akyol, suggested:

looking at what councils do and looking at the consistency across the 79 LGAs [local government areas] in terms of access to facilities, meeting spaces and the supports that councils do provide considerably and incredibly well, whether it is recreation activities, health programs and a whole range of engagement programs, how that is done and how that is consistent across the board is an area that could be looked at and improved over time. That access to facilities and venues—in some cases there are venue hire fees et cetera, and councils provide some support to certain groups, but there might be other groups who are missing out.⁶⁶

Whitehorse City Council also saw the need for greater practical support from government to enable cultural groups to gather together, such as support for:

large Chinese seniors groups (with growing membership) to access low cost venues that can accommodate up to 100 people. Large social gatherings are culturally familiar for the Chinese-Australian community. These large groups do a great job of addressing the

⁶² For example, VicHealth, *Submission 66*, received 31 January 2022, p. 2.

⁶³ Commissioner for Senior Victorians, *Submission 46*, p. 16.

⁶⁴ Eastern Community Legal Centre, *Submission 39*, received 30 November 2021, p. 4.

⁶⁵ COTA Victoria, *Submission 70*, p. 6; Hakan Akyol, Executive Senior Adviser, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 8.

⁶⁶ Hakan Akyol, *Transcript of evidence*, p. 8.

health and wellbeing needs of our community; they need support from government to serve the community.⁶⁷

Once COVID-19 restrictions were lifted, ethno-specific seniors' groups reported difficulties resuming activities at venues operated by local government because some venues did not re-open and booking requests took longer to process.⁶⁸

In 2016, the Victorian Government signed an Age-Friendly Declaration with the Municipal Association of Victoria (MAV), the peak body representing Victoria's 79 councils, to plan for and establish age-friendly communities. Age-friendly communities ensure community spaces, places, programs and initiatives are inclusive and accessible to people of all ages. By 2019, 42 councils and 20 organisations had also signed the declaration. The Victorian Government also launched the Age-Friendly Victoria initiative in 2016 to encourage active ageing and promote opportunities for good health, social inclusion and community participation for older people. Since then, the Victorian Government has allocated \$1.6 million to 16 rural and regional councils in the form of \$100,000 grants to implement age-friendly community initiatives. A further 50 small grants have been provided annually to local community organisations to reduce social isolation and loneliness.⁶⁹

The 2022–23 State Budget allocated \$6.4 million to the Multicultural Community Infrastructure Fund, which builds and upgrades community facilities and places of worship to provide new kitchens and meeting spaces among other facilities for culturally diverse communities.⁷⁰ However, there is also scope for the Victorian Government to expand the Age-friendly Communities grants to support all Victorian councils to facilitate social activities and programs for culturally diverse older people at local venues.

FINDING 34: There is a shortage of affordable, accessible and appropriate venues for culturally diverse older people to interact and participate in social activities.

RECOMMENDATION 41: That the Victorian Government expand the Age-Friendly Victoria initiative to assist all councils to provide multicultural community groups with low-cost, accessible spaces to run social activities and programs.

As discussed in Chapter 4, age-friendly environments, which are accessible, inclusive, safe and secure places for older people to live, work and play, are important for good health and keeping individuals' independence and autonomy as they age. As North and West Metro EAPNs summarised:

⁶⁷ Whitehorse City Council, *Submission 47*, received 15 December 2021, p. 9.

⁶⁸ Ethnic Communities' Council of Victoria, *Submission 63*, p. 24.

⁶⁹ Department of Health and Human Services, *Ageing*, 2021, <<https://www.dhhs.vic.gov.au/ageing>> accessed 28 September 2021; Department of Health, *Age-Friendly Victoria*, 2021, <<https://www.health.vic.gov.au/wellbeing-and-participation/age-friendly-victoria>> accessed 3 May 2022.

⁷⁰ Department of Treasury and Finance, *Victorian Budget 2022–23 Paper No. 3: service delivery*, Melbourne, 2022, p. 39.

The quality of the social fabric and built environment of local neighbourhoods heavily influences opportunities for seniors to develop and retain social connections. A lack of infrastructure such as affordable and accessible transport, pedestrian accessibility, cafes and other shared spaces, lighting and public seating can pose considerable barriers to social and community participation, and particularly affect seniors in disadvantaged neighbourhoods, rural areas and new suburban growth corridors.⁷¹

From 2011 to 2014, the Victorian Government through MAV funded the Improving Liveability for Older People (ILOP) in small towns initiative, which engaged older people to develop and implement projects to create more age-friendly communities. Some of the outcomes included installing new seating to make it easier for older people to visit local streets and shops and attend events, providing town maps to enhance mobility and safety, and establishing a Men's Shed to create a venue for older men to socialise. MAV attributed the project's success to 'older people acting as the drivers. Without their involvement as the project architects, the results of the ILOP would not have been as positive.'⁷² The Committee believes initiatives such as ILOP should be encouraged. The co-design of policies and programs with older people is covered further in Chapter 6.

5.2.2 Addressing transport disadvantage will help reduce social isolation

Another barrier for culturally diverse older people to attend social activities is a lack of transport to venues. This issue was raised by many Inquiry participants. For example, Katibe Yesilyurt from ACCA stated:

Especially for the elderly, it is very hard for them to come, and even if they come there, sometimes they have problems with going back home because they cannot remember how to get back, and so they need transport. There is no need to lie, but some of them that live close by we actually transport over, but there are ones that live very far which we cannot.⁷³

Nurcihan Ozturk from TWRG added it can be difficult for older people to pay for transport to venues, stating:

Transportation is vital for elderly people to get about. When they are up to a certain age then their mobility becomes a huge issue, and if no-one picks them up to get to a community group, then they are stuck at home. They are in total isolation. They rely on people to get them about. There are organisations out there that do pick up from home and drop off at the venue of the community group, but some of the charges are quite exorbitant. For them to be on a pension and then pay My Aged Care, then pay a taxi to get to a social group, they have to weigh up, 'What's more important to me—to have money that I can do my shopping with or have the money to pay for a taxi?'. These are all things that occur, unfortunately, when you get to a certain age and you

⁷¹ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 13.

⁷² Municipal Association of Victoria, *Improving liveability for older people in small towns: good practice guide*, Victorian Government, Melbourne, 2015, p. 10.

⁷³ Katibe Yesilyurt, *Transcript of evidence*, p. 35.

make decisions based on funds that you have got, and they are not necessarily the correct decisions, because they lead to isolation and then mental health issues. We as an organisation are trying desperately hard to get people out of isolation so they can at least for 2 hours of one week know that they are going there. They dress up to go there, they make a little plate to share with everybody else; it makes them feel that they are wanted and that they are alive, really.⁷⁴

U3A Geelong, a community organisation that runs courses for older people who are retired or no longer work full time, raised the lack of public transport to its location limits attendance at its courses. As explained by U3A Geelong's President, Nanette Tunnickliffe, its location:

is down the end of a very long road, and no-one can walk it. That means that people who can no longer drive can no longer come, which rules out quite a few people. So we would love the council to certainly look at extending the bus down there. It does go down Grove Road to a certain extent but not right the way.⁷⁵

In a recent survey on positive ageing, the City of Greater Geelong also found transport to be the main challenge for culturally diverse older people.⁷⁶ This was a common issue for regional councils as mentioned by Matthew Wilson, Director of Community Wellbeing at the City of Ballarat:

Transport ... is a significant issue in Ballarat. Our topography requires the use of public transport, particularly as residents age, and the transport network, particularly the bus network, is in need of review—different routes, more frequency of travel and consideration of the movements that residents wish to undertake rather than necessarily considering that all parties want to move towards the train station as the point of destination.

These issues are exacerbated for older residents, particularly those from culturally and linguistically diverse backgrounds and, as I mentioned, particularly as a consequence of language and in some instances cultural barriers. Support to navigate those systems is much needed.⁷⁷

These sentiments were echoed by Teresa Azzopardi, Social Support Manager at the Ballarat Regional Multicultural Council, who said:

without adequate transport, multicultural seniors suffer increased isolation and have difficulty attending social outings and medical appointments, shopping and visiting deceased loved ones at cemeteries. Our region has limited public transport options, especially for people living outside the central areas. Digital payment systems are an additional barrier and a discouragement to multicultural seniors. Approximately 15% of our seniors we support live in rural and remote areas on the outskirts of Ballarat and

⁷⁴ Nurcihan Ozturk, *Transcript of evidence*, p. 11.

⁷⁵ Nanette Tunnickliffe, President, U3A Geelong, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 27.

⁷⁶ Rebecca Smith, General Manager, Community Aged and Disability, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 4.

⁷⁷ Matthew Wilson, Director Community Wellbeing, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 27.

face additional challenges as public transport is limited to non-existent. The costs of alternative transport, such as a taxi service, are grossly unaffordable. These practical barriers can amount to exclusion of access to the crucial physical and social support services that sustain mental and physical wellbeing, particularly in regional and rural areas. Without more accessible transport and multilingual services multicultural seniors will not be heard, understood and supported.⁷⁸

She added that Ballarat's weather conditions in winter, which carry the risk of ice on the road, also limit the independence of older people and that fewer transport options lead to 'further isolation, contributing to a decline in physical and mental health.'⁷⁹ The link between transport and physical and mental wellbeing is discussed in Chapter 4.

In 2020, COTA Victoria consulted with a group of older Victorians from migrant and refugee backgrounds who were concerned about a lack of transport options to attend social activities and medical appointments. They highlighted the following barriers to using public transport:

- inaccessibility for people with restricted mobility
- limited availability in regional and rural areas
- long waiting times when changing transport modes
- difficulty navigating multiple modes of transport to get to venues
- inability to walk long distances to access public transport
- fear of navigating between transport centres and venues
- loss of confidence to navigate public transport independently and high levels of anxiety using public transport during and following the COVID-19 pandemic.⁸⁰

COTA Victoria suggested the Victorian Government increase 'investment in culturally appropriate, door-to-door transport solutions to help people to safely reengage with their communities' and that it develop a community-based transport program to support older people experiencing transport disadvantage, especially those in regional areas and from culturally diverse backgrounds. It also endorsed for the Victorian Government's Multi Purpose Taxi Program, which subsidises taxi fares for people with severe and permanent disabilities, to be expanded to older concession card holders who no longer hold a driver license.⁸¹

The North and West Metro EAPNs also raised the lack of affordable and accessible transport to enable older people to participate in the community. While they welcomed increased funding for community transport through the Commonwealth Home Support

⁷⁸ Teresa Azzopardi, Social Support Manager, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, pp. 1-2.

⁷⁹ *Ibid.*, p. 4.

⁸⁰ COTA Victoria, *Submission 70*, p. 13.

⁸¹ *Ibid.*, p. 6.

Program (CHSP), they noted that further funding is needed to meet current and future demand.⁸²

Teresa Azzopardi suggested using volunteers on public transport on certain weekdays to assist older people to use buses, understand bus schedules and routes, and use the myki system. She also mentioned that Ballarat Regional Multicultural Council is:

exploring options of funding with Public Transport Victoria around getting two 12-seater buses and having the ability to use those as a flexible transport service to not only our cultural seniors but more broadly throughout the multicultural community.⁸³

Currently, the Victorian Government's Seniors Card program offers people aged 60 and over public transport concessions. Several Inquiry participants backed more support and funding to improve transport options for culturally diverse older people in both metropolitan and regional areas and more culturally appropriate information about transport options and existing transport subsidies.⁸⁴

FINDING 35: There is a lack of transport options to enable culturally diverse older people to attend social activities and interact with other people in informal settings.

RECOMMENDATION 42: That the Victorian Government expand the Age-Friendly Victoria initiative to assist all councils to improve community transport options for culturally diverse older people to attend social activities and programs.

5.3 Ethno-specific seniors' groups are vital to maintain social connectedness

There are about 1,000 ethno-specific seniors' groups in Victoria that support their members and communities, help preserve cultural heritage and traditions, and serve as points of contact for service providers and government. They play a key role in providing their members with opportunities for social connection as well as education, health programs and information sessions. Their work promotes mental wellbeing and positive ageing and creates social and health benefits for culturally diverse older people.⁸⁵

⁸² North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 13.

⁸³ Teresa Azzopardi, *Transcript of evidence*, p. 3.

⁸⁴ cohealth, *Submission 29*, p. 9; Farah Abdyashoa, Access and Support Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 23; Ethnic Communities' Council of Victoria, *Submission 63*, p. 25; COTA Victoria, *Submission 70*, p. 7.

⁸⁵ Victorian Government, *Submission 71*, received 4 February 2022, p. 4; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 23–24; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, received 30 November 2021, p. 3; Commissioner for Senior Victorians, *Submission 46*, p. 13; Moreland City Council, *Submission 36*, p. 2; Victorian Arabic Social Services, *Submission 24*, received 29 November 2021, p. 3.

Ethno-specific seniors' groups are centred around shared culture or language, and they provide a culturally safe space for older people to interact in their preferred language, eat traditional foods, practise their culture and remain active and engaged. Examples of activities they run include conversation groups, board games, cooking, crafts, music, dance, yoga, light exercise and tai chi. These activities and gatherings reduce the risk of social isolation and loneliness among culturally diverse older people.⁸⁶ AMES Australia gave the example of:

a Horn of Africa community group for older people [that] has reinvigorated engagement with traditional art, storytelling and culture. These important aspects of culture can then be passed on to youth, giving meaning to people's lives at all ages.⁸⁷

In addition, during the COVID-19 pandemic, ethno-specific seniors' groups translated and disseminated information from governments and service providers, conducted welfare checks, distributed resources and found ways to keep members connected and safe.⁸⁸

According to Dr Wang:

A recently published study has found that, compared to other ethnic groups such as Vietnamese, German and Dutch, older Chinese Australians have a stronger reliance on ethnic communities. Their sense of social integration to Australia is defined by connections, and/or ability to connect with, their local Chinese communities in Australia (instead of needing to become part of the 'mainstream' society). In other words, the presence of a 'Chinese community' is ... vital for older Chinese to integrate into Australian society, because they 'saw their ethnic community as a source of social and emotional support'.⁸⁹

Whitehorse City Council stated that many of its culturally diverse older residents describe their seniors' group as their 'lifeline' due to the practical and emotional support they receive there.⁹⁰ Similar sentiments were echoed by the United Spanish Latin American Welfare Centre (United), which reported that one of its social support group participants described the group as a 'sacred place' of support and connection and added 'this group is my life'.⁹¹ United, an organisation that supports Victorians of Spanish-speaking backgrounds, stated that its social support groups give participants a sense of connection, a place to explore their interests separate from their families, and regular support and emotional 'sustenance'.⁹²

While the Centre for Cultural Diversity in Ageing noted ethno-specific seniors' groups are an important source of social connection, not all culturally diverse older people

⁸⁶ AMES Australia, *Submission 31*, p. 3; Ethnic Communities' Council of Victoria, *Submission 63*, p. 24; Whitehorse City Council, *Submission 47*, p. 3; Nikolaus Rittinghausen, *Transcript of evidence*, p. 32.

⁸⁷ AMES Australia, *Submission 31*, p. 3.

⁸⁸ Ethnic Communities' Council of Victoria, *Submission 63*, p. 24.

⁸⁹ Dr Wilfred Wang, *Submission 14*, p. 3.

⁹⁰ Whitehorse City Council, *Submission 47*, pp. 2–3.

⁹¹ United Spanish Latin American Welfare Centre, *Submission 32*, p. 6.

⁹² *Ibid.*, p. 5.

are part of such groups.⁹³ The Commissioner for Senior Victorians also raised the importance of being open to other forms of engagement and interaction because ‘not everybody does want to be involved in an ethno-specific group.’⁹⁴ However, both noted that ethno-specific seniors’ groups are highly valued particularly among more established multicultural groups and that they should continue to be funded and supported.⁹⁵

5.3.1 Ethno-specific seniors’ groups need continued resourcing and support

There was strong support among Inquiry participants for the Victorian Government to expand funding, resourcing and support for ethno-specific seniors’ groups so they can continue to hold events and run activities that promote social connection and reduce social isolation.⁹⁶ In October 2021, the Victorian Government committed \$7.4 million over four years to the Multicultural Seniors Support program. The program provides ethno-specific seniors’ groups up to \$2,000 per year (up to a maximum of \$8,000 over the program’s four-year duration) to deliver social and cultural activities and build stronger community connections. The program also covers public liability and group personal accident insurance for the seniors’ groups on top of the grants.⁹⁷

Despite this funding, the Committee heard ethno-specific seniors’ groups are struggling to remain viable and need ongoing and sustainable funding to continue to meet demand for their support among both established and new and emerging communities.⁹⁸ Some ethno-specific seniors’ groups gave examples of how they are finding it difficult to provide social support to their members. For example, Serap Yildiz, Vice President of ACCA, stated:

As ACCA we do everything voluntarily. We do not earn money from somewhere else; it is only the members’ donations. So with those donations we try to look after our communities—for almost 20 years now—but it is getting harder each time now because we have very big communities and we have lots of different things to spend on. We try to look after our elderly. For example, we like to have a person in there and help them with that, but we need very big financial support. That is our biggest issue now. If we get enough financial support from the government, we can give lots of different services to our elderly people. We can make plans for how we can help them with the English barrier. But the younger generation already have work where they have to go, and they are working like five days, six days. They have to earn money and they have to look after their families. So we have very, very few of the young generation voluntarily working.

⁹³ Centre for Cultural Diversity in Ageing, *Submission 43*, received 3 December 2021, p. 7; Nikolaus Rittinghausen, *Transcript of evidence*, p. 32.

⁹⁴ Gerard Mansour, *Transcript of evidence*, p. 5.

⁹⁵ Ibid.; Nikolaus Rittinghausen, *Transcript of evidence*, p. 32.

⁹⁶ For example, Municipal Association of Victoria, *Submission 33*, received 30 November 2021, p. 11; Centre for Cultural Diversity in Ageing, *Submission 43*, p. 11; Ethnic Communities’ Council of Victoria, *Submission 63*, p. 22; COTA Victoria, *Submission 70*, p. 6.

⁹⁷ Victorian Government, *Multicultural Seniors Support Program, 2022*, <<https://www.vic.gov.au/multicultural-seniors-support-program>> accessed 4 May 2022.

⁹⁸ COTA Victoria, *Submission 70*, p. 12; Emiliano Zucchi, Chief Executive Officer, Ethnic Communities’ Council of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 34.

For example, I have been working almost three years voluntarily, but even I have full-time work. So it is hard for the young generation too. But if we get enough financial help from the government, we can just get the people who can work—those professional people. It would be very helpful for our elderly people.⁹⁹

Similarly, Demetrio Ortega, a United community member, said:

I have belonged for many years to a Spanish-speaking community group of Hume, which is an incorporated group, and in the past we would receive \$2,000 a year and now we receive only \$1,000, when costs have gone up so much. It is money that comes through the intermediaries of the local council, and we use that money to support people in the community group, but that money is not enough. It is not enough to cater for them ... the Victorian Government needs to give more money to all the ethnic groups that are incorporated and run memberships.¹⁰⁰

Victorian Arabic Social Services (VASS), a not-for-profit association supporting people of Arabic-speaking backgrounds, stated:

Ethno-specific services are in a unique position of trust and expertise in working with our respective communities, but do much unfunded work. Further, at VASS there are many activities our older clients are asking us to facilitate (such as excursions to different social and cultural activities), which they are currently missing out on as they cannot afford it themselves and VASS does not have the funds (excursions being beyond our funds given through CHSP for Social Groups). These, and other like activities would alleviate social isolation and improve mental wellbeing.¹⁰¹

Other ethno-specific organisations supporting older Victorians are facing challenges to their operation as costs increase and membership declines. Increases to outing costs, venue hire and insurance premiums make some social activities prohibitive to run.¹⁰² ECCV added that funding through the Multicultural Seniors Support program is not available to smaller seniors' groups (those with fewer than 20 members in metropolitan areas and fewer than 15 in regional Victoria and for new and emerging communities). Also, there is no specific seed funding for the establishment of new groups.¹⁰³ Changes in demographics and growth among new and emerging communities will require funding and support for new ethno-specific or faith-specific seniors' groups going forward.¹⁰⁴

Another financial challenge for ethno-specific seniors' groups is the shift to consumer-directed care for Home Care Packages from 2017. Home Care Packages are now allocated to the consumer rather than the home care provider, so where the cost

⁹⁹ Serap Yildiz, Vice President, Alevi Community Council of Australia, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 36.

¹⁰⁰ Demetrio Ortega, community member, United Spanish Latin American Welfare Centre, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 11.

¹⁰¹ Victorian Arabic Social Services, *Submission 24*, p. 3.

¹⁰² Ethnic Communities' Council of Victoria, *Submission 63*, p. 25; COTA Victoria, *Submission 70*, p. 12.

¹⁰³ Ethnic Communities' Council of Victoria, *Submission 63*, p. 26.

¹⁰⁴ Hakan Akyol, *Transcript of evidence*, p. 8.

of participation and transport to social activities used to be subsidised for the provider, these costs now need to be recovered from an individual's aged care package. The loss of this funding stream means some providers, including local government, have been unable to continue offering social activities and social inclusion programs.¹⁰⁵

In addition to lack of funds, Inquiry participants raised the issue of complex application processes and reporting requirements for funding that might pose a barrier for ethno-specific seniors' groups and organisations, especially if the applications are online and assume English literacy.¹⁰⁶ Also, leaders of some ethno-specific groups may not be aware of the funding streams available to apply for.¹⁰⁷

There was support for funding opportunities for ethno-specific organisations with:

- straightforward application forms in plain English and community languages that can be lodged by digital and non-digital means
- support to assist applicants throughout the funding process
- ongoing access to public liability insurance
- co-designed application processes
- long-term support for group establishment and ongoing operation.¹⁰⁸

Succession planning is another challenge for ethno-specific organisations that provide social support to older Victorians, especially 'as group members age and no longer have the energy or motivation to keep such groups operating.'¹⁰⁹ Often these organisations rely on the availability and goodwill of volunteers, which for some organisations could be one person or a small governing group.¹¹⁰

Relying on a small group of volunteers can also threaten appropriate and sustainable governance of ethno-specific organisations, particularly if the volunteers have poor English and/or digital literacy and are not across the legal requirements of how to operate an incorporated association.¹¹¹ In its 2018 discussion paper on ethnic seniors' clubs and groups, ECCV suggested VMC and Consumer Affairs Victoria 'provide governance training sessions to ethnic seniors' clubs committee members on succession planning and legal compliance.'¹¹²

¹⁰⁵ cohealth, *Submission 29*, p. 14; Municipal Association of Victoria, *Submission 33*, p. 8; COTA Victoria, *Submission 70*, p. 12.

¹⁰⁶ Whitehorse City Council, *Submission 47*, p. 5; Ethnic Communities' Council of Victoria, *Submission 63*, p. 25.

¹⁰⁷ United Spanish Latin American Welfare Centre, *Submission 32*, p. 8; Ethnic Communities' Council of Victoria, *Submission 63*, p. 26.

¹⁰⁸ cohealth, *Submission 29*, p. 17; Municipal Association of Victoria, *Submission 33*, p. 8; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 25–26; Jan Bruce, Positive Ageing Policy Adviser, Municipal Association of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 11.

¹⁰⁹ United Spanish Latin American Welfare Centre, *Submission 32*, p. 8.

¹¹⁰ Ethnic Communities' Council of Victoria, *Submission 63*, p. 24; Municipal Association of Victoria, *Submission 33*, p. 8; Commissioner for Senior Victorians, *Submission 46*, p. 16.

¹¹¹ Commissioner for Senior Victorians, *Submission 46*, p. 16; Whitehorse City Council, *Submission 47*, p. 5.

¹¹² Ethnic Communities' Council of Victoria, *Ethnic seniors' clubs and groups: planning for the future of seniors' groups in Victoria*, discussion paper, Ethnic Communities' Council of Victoria, Melbourne, February 2018, p. 4.

The same year, DPC funded the development of the *Senior committee members and volunteers resource kit*, a culturally appropriate resource to assist older volunteers with the governance requirements of volunteer groups. According to the Commissioner for Senior Victorians, there is scope for alternative governance models and for smaller and newer ethno-specific organisations to be auspiced by established local community organisations, which could provide governance support and build the capacity of group leaders.¹¹³

ECCV suggested collaboration across ethno-specific organisations and cross-cultural activities to share resources and enable ‘experienced leaders from established communities to share their knowledge with new and emerging communities.’¹¹⁴ COTA Victoria instead proposed the Department of Jobs, Precincts and Regions establish a dedicated function to support the administration and sustainability of volunteer-led community groups, including ethno-specific organisations.¹¹⁵

Local government can also assist in this area. The Commissioner for Senior Victorians backed an expansion of the role of positive ageing officers in local government to assist ethno-specific organisations with governance training so they can continue to support the social participation of culturally diverse older people.¹¹⁶ Local government is well-placed to provide this support because councils often have connections with local ethno-specific organisations and already provide them with other types of financial and practical support.

FINDING 36: Some ethno-specific seniors’ groups lack funding, resources and capacity to operate sustainably and run programs and activities to address social isolation among their members.

RECOMMENDATION 43: That the Department of Families, Fairness and Housing simplify grant applications and reporting requirements for ethno-specific seniors’ groups and ensure funding processes are accessible regardless of English language and/or digital literacy levels.

RECOMMENDATION 44: That the Victorian Government expand the role of positive ageing officers in local government to provide governance support and build the leadership capacity of ethno-specific seniors’ groups.

¹¹³ Commissioner for Senior Victorians, *Submission 46*, p. 16.

¹¹⁴ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 25.

¹¹⁵ COTA Victoria, *Submission 70*, p. 6.

¹¹⁶ Gerard Mansour, *Transcript of evidence*, p. 5.

6 Enabling greater participation

Participation in society, work and civic life is important for individuals' wellbeing. It helps them feel connected and valued and creates opportunities to lead a better life. It also creates an equitable and cohesive society and improves the economy by reducing health and welfare costs. However, culturally diverse older Victorians face barriers to full participation in society. Maria Tsopanis, Senior Manager of Community Development and Social Participation at AMES Australia, a settlement agency which supports newly arrived refugees and migrants, explained that:

one of the major issues for migrants and refugees generally but also exacerbated for older Victorians of migrant and refugee backgrounds is around language, literacy and increasingly digital skills as a gateway to their participation in terms of a lot of the vulnerabilities, inequalities and disadvantage that older people face. These are certainly amplified when language and literacy are very low, and this is particularly evident when you are trying to navigate services and engage with the broader community. When your social capital is limited—lack of networks—then it really fosters social isolation in many ways and lack of engagement, and therefore for older Victorians this can become, as I said, amplified.

...

Participation in employment—there are biases that already exist for older jobseekers, and of course this is certainly again amplified when older migrants and refugees arrive in Australia with [limited] language and literacy and digital skills and perhaps a lack of work experience.

...

There is also the intersectionality of issues for older Victorians of migrant and refugee background, particularly around disability and health. Issues around disability are often not clearly identified within a lot of our migrant communities. Often, unless it is a fully diagnosed condition that is visible, disability can be something that further precludes those individuals from participating.¹

This chapter considers the barriers culturally diverse older Victorians face to participating fully in society, especially civic and economic life, and discusses how to address these barriers.

¹ Maria Tsopanis, Senior Manager Community Development and Social Participation, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 23–24.

6.1 Participation barriers can result in the social exclusion of older people

Social exclusion is the inability to fully participate in society and can result in poor access to resources and poor representation in decision making. The following circumstances can affect the participation of older people in society:

- accessibility and safety of built environments and transport
- access to services and amenities
- connections to social networks and social support
- socioeconomic status, housing security and access to resources
- access to information and digital inclusion
- beliefs and attitudes towards older people
- representation in decision-making and democratic processes.²

Table 6.1 summarises the barriers and enablers to participation found in the 2012 Victorian parliamentary Inquiry into opportunities for participation of Victorian seniors. These barriers and enablers echo themes covered throughout this report and highlight the importance of a holistic approach to improving the lives of culturally diverse older people. See Chapter 4 for further discussion of using a holistic approach to enhance older people's mental and physical health and wellbeing.

Table 6.1 Barriers to and enablers of participation among older Victorians

Barriers	Enablers
Discrimination	Respect and social inclusion
Media and community (including self) perceptions	Consultation with older people
Lack of accessibility	Accessible transport and physical environments
Poor health and wellbeing	Good health and wellbeing
Living arrangements	Secure and affordable housing
Financial insecurity	Financial security
Caring responsibilities	Safety
Digital exclusion	Digital inclusion
Elder abuse	Intergenerational interaction
	Age-friendly services and planning

Source: Adapted from Parliament of Victoria, Family and Community Development Committee, *Inquiry into opportunities for participation of Victorian seniors*, August 2012, p. 58.

Additional barriers to participation for culturally diverse older Victorians include language and literacy issues and discrimination against people of different cultural backgrounds.³ This discrimination can take the form of racial and religious

² Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. 3.

³ AMES Australia, *Submission 31*, received 30 November 2021, p. 1; Ethnic Communities' Council of Victoria, *Submission 63*, p. 4.

discrimination, xenophobia, stereotyping, stigma and negative community attitudes towards migrants and refugees. When compounded with ageism, culturally diverse older people face greater risk of social exclusion.⁴

As mentioned in Chapter 4, ageism refers to the negative way individuals are treated as they age because of stereotypes and prejudice against older people.⁵ cohealth, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, added that ageist attitudes can result in society believing that ‘older people can’t or don’t want to speak for themselves’, reducing the agency of older people. In some instances, because of these beliefs, adult children may feel they need to act on behalf of their parents, and older people may feel ‘they can’t, or perhaps shouldn’t, act for themselves.’⁶

According to cohealth’s Deputy Chief Executive, Christopher Turner:

Ageist beliefs have a significant impact on the health and well-being of older people and can lead to disempowerment, loss of confidence, isolation and cognitive decline.

...

Older people need purpose and direction just like everyone. We need to create communities that support ageing and promote the involvement of older people, where they can share their wisdom and experience.⁷

The following sections concentrate on how to increase the civic and economic participation of culturally diverse older people by addressing ageism and other barriers.

6.2 Culturally diverse older people want to be involved in decision making

Civic participation is the way individuals participate in democracy and engage with the government and public sector organisations about decisions that affect their lives. It can involve voting, attending council meetings, contributing to community consultations and joining campaigns or public interest groups. According to the *United Nations Principles for Older Persons* (UN Principles), which were adopted in 1991:

Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

4 Ethnic Communities’ Council of Victoria, *Submission 63*, p. 4.

5 World Health Organization, *Ageing: ageism*, 2022, <<https://www.who.int/news-room/questions-and-answers/item/ageing-ageism>> accessed 6 May 2022.

6 Christopher Turner, Deputy Chief Executive, cohealth, *cohealth supplementary comment*, supplementary evidence received 17 February 2022, p. 1.

7 Ibid., pp. 1–2.

Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

Older persons should be able to form movements or associations of older persons.⁸

The 2012 Victorian parliamentary Inquiry into opportunities for participation of Victorian seniors found that older Victorians' experiences and aspirations differed from the UN Principles, with older people stating they felt invisible and irrelevant and had experiences of being patronised, ignored, disrespected and considered 'quaint'.⁹ Similar sentiments were voiced in the current Inquiry. For example, a 66-year-old Greek woman stated:

You need advice from and the involvement of a diverse range of older people towards constructing age and culturally appropriate systems. The so-called baby boomers have a lot to offer that needs to be tapped rather than ridiculed. I've tried and I have been disappointed with the responses.¹⁰

Recent data from the Australian Bureau of Statistics suggests civic participation among older Australians remains low. In 2020, 9.4% of older Australians aged 55–69 and 7.2% of those aged 70 and over reported being involved in civic and political groups in the last 12 months. About three in 10 Australians (31%) aged 55 and over felt they were able to have a say within the community on important issues all or most of the time. A greater proportion (43%) stated they felt they could have a say a little or none of the time.¹¹

According to the Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria:

Participation in the democratic process is an essential part of social inclusion and participation. However, many people from migrant and refugee backgrounds continue to face barriers to participating in elections as both electors and as candidates.¹²

These barriers include low English language proficiency, poor awareness of electoral processes and the Westminster system of government, and discrepancies in the electoral roll.¹³ In addition, lack of social networks, lack of representation, discrimination and a need to focus on settlement for newly arrived migrants can prevent culturally diverse older people from participating in civic life.¹⁴ United Spanish Latin American Welfare Centre, an organisation that supports Victorians of Spanish-speaking

8 United Nations, *United Nations Principles for Older Persons*, 1991, <<https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons>> accessed 6 May 2022.

9 Parliament of Victoria, Family and Community Development Committee, *Inquiry into opportunities for participation of Victorian seniors*, August 2012, p. 123.

10 Name withheld, *Submission 7*, received 4 November 2021, p. 3.

11 Australian Bureau of Statistics, Table 2.3, *General Social Survey: summary results, Australia, 2020, 2021*, <<https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release#data-download>> accessed 6 May 2022.

12 Ethnic Communities' Council of Victoria, *Submission 63*, pp. 26–27.

13 *Ibid.*, p. 27.

14 Victorian Multicultural Commission, *VMC civic participation kit*, Victorian Government, Melbourne, 2018, p. 19.

backgrounds, noted the complex ‘settlement experience of Spanish speaking migrants and refugees’ meant ‘people didn’t fully participate in civic life and ... this pattern continues now as they age.’¹⁵

ECCV gave the example of larger numbers of informal votes in electorates with high proportions of voters who speak languages other than English and called for more education on electoral participation for culturally diverse groups. It added:

In particular, new and emerging communities are still not adequately informed about participating in elections or how to vote. For example, many culturally diverse community members who became Australian citizens more recently do not know how to enrol for the first time or register to vote. Many people from migrant and refugee backgrounds have often only been exposed to the voting systems in their countries of origin, which can be very different to Australian elections. However, many people from migrant and refugee backgrounds look forward to participating in elections, particularly if they have been in refugee camps or displaced for longer periods and unable to participate in elections.¹⁶

ECCV has collaborated with the Victorian Electoral Commission (VEC) to design the Democracy Ambassador program and Active Citizenship workshops. Community groups can book Democracy Ambassadors for information sessions in their language that teach community members about the three levels of government, how to enrol to vote and how to vote correctly. The Active Citizenship workshops are for community leaders to build their political literacy and capacity to increase the participation of their community in elections.¹⁷ The VEC’s Democracy Ambassador program could be expanded to target more culturally diverse older Victorians.¹⁸

FINDING 37: Some culturally diverse older Victorians may not fully participate in elections due to language barriers or poor awareness of the electoral process.

RECOMMENDATION 45: That the Victorian Government support the Victorian Electoral Commission to expand its Democracy Ambassador program to educate more culturally diverse older people about elections and how to vote correctly.

In consultations for his 2020 report on what it means to ‘age well’, the Commissioner for Senior Victorians found ‘[o]lder people want to have greater input into factors that impact on their wellbeing and ability to age well.’¹⁹ He added that governments and communities would benefit from older people having a say in decision making and that

¹⁵ United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 7.

¹⁶ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 27.

¹⁷ Victorian Electoral Commission, *Multicultural communities*, <<https://www.vec.vic.gov.au/about-us/what-we-stand-for/multicultural-communities>> accessed 6 May 2022.

¹⁸ Ethnic Communities’ Council of Victoria, *Submission 63*, p. v.

¹⁹ Commissioner for Senior Victorians, *Ageing well in a changing world: a report by the Commissioner for Senior Victorians*, Victorian Government, Melbourne, 2020, p. 5.

the Victorian Government should appoint an advisory group of older people. This is discussed in more detail in Chapter 2.

The 2012 parliamentary inquiry also found that older Victorians want to be involved in decision making on issues that affect their lives. This goes beyond surveys and consultations to being actively involved in the planning, delivery and review of programs and policies.²⁰ In its consultations with members and stakeholders, ECCV also found strong support for culturally diverse older people to be involved in decision making and designing programs, policies and services to make them ‘more inclusive, responsive and culturally safe.’²¹

Nikolaus Rittinghausen, Senior Advisor and Project Officer at the Centre for Cultural Diversity in Ageing, an organisation that provides expertise in culturally inclusive policy and practices for the aged services sector, supported the co-design of policies and programs with culturally diverse older people. He told the Committee:

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.²²

The National Council of Women of Victoria’s Multicultural and Migration Adviser, Nurcihan Ozturk, noted that people who migrated to Australia have contributed to civic life and have pushed for change that generated benefits for broader society:

It is something that I have a lot of passion in because I believe that we have made it good for Australia by being here. We have not taken anything away; we have contributed. And we have paid our dues. We have paid all those things: now we have got a human rights bill, now we have got this Act and we have got that Act. It is because of us—we pushed, we pushed and we have got those things now that today society can use altogether and share altogether.²³

As discussed in Chapter 2, the co-design of services with culturally diverse older people is beneficial because through their lived experience they can identify areas for improvement and ensure service delivery meets their needs and those of their peers.

The Victorian Government could ensure its programs and policies for older Victorians are more inclusive and responsive by actively recruiting older people from migrant and refugee backgrounds to relevant advisory and decision-making bodies. This could involve setting a target for representation and working with community organisations

²⁰ Parliament of Victoria, Family and Community Development Committee, *Inquiry into opportunities for participation of Victorian seniors*, pp. 125–126.

²¹ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 27.

²² Nikolaus Rittinghausen, Senior Advisor and Project Officer, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 31.

²³ Nurcihan Ozturk, Multicultural and Migration Adviser, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 15.

to recruit culturally diverse older people. Successful co-design relies on culturally diverse older people having the ‘relevant information, education and resources so they can be fully engaged in the decision-making process’, which may require their upskilling in areas such as governance and legal or technical skills so they can participate effectively.²⁴

FINDING 38: Co-design with culturally diverse older people will ensure government policies and programs for older Victorians are inclusive, culturally responsive and able to successfully meet the needs of culturally diverse older people.

RECOMMENDATION 46: That the Victorian Government set a target for representation of culturally diverse older people on advisory and decision-making bodies responsible for designing policies and programs relating to older Victorians.

6.3 Volunteering empowers participation and social connectedness

Many older people volunteer for cultural, faith-based, recreation and interest groups, and almost four in five Victorian volunteer-involving organisations (79%) have volunteers aged over 65.²⁵ According to the 2016 Census, 15% of overseas-born older Australians took part in voluntary work compared with 24% of Australian-born older people.²⁶ However, these figures may underestimate the proportion of culturally diverse older people who volunteer because their roles in ethno-specific seniors’ groups may not be seen as formal volunteering coordinated by an organisation or they may not label the support they provide as ‘volunteering’.²⁷ They are more likely to see it as ‘community work, or part of their responsibilities as a senior member of the community or family.’²⁸

Benefits of volunteering for older people include reduced social isolation, development and maintenance of skills and knowledge, improved sense of self-worth, improved mental health and wellbeing, a reduction in ageism and discrimination through the cultivation of intergenerational relationships, and promotion of active and healthy living.²⁹

²⁴ Parliament of Victoria, Family and Community Development Committee, *Inquiry into opportunities for participation of Victorian seniors*, p. 125; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 27–28.

²⁵ Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 13.

²⁶ Australian Institute of Health and Welfare, *Older Australians: culturally and linguistically diverse older people*, 2021, <<https://www.aihw.gov.au/reports/older-people/older-australians/contents/feature-articles/culturally-and-linguistically-diverse-older-people>> accessed 6 May 2022.

²⁷ Commissioner for Senior Victorians, *Submission 46*, p. 13; Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 22–23.

²⁸ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 23.

²⁹ Parliament of Victoria, Family and Community Development Committee, *Inquiry into opportunities for participation of Victorian seniors*, p. 113; John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, p. 4.

However, some culturally diverse older people may be reluctant to volunteer. Research by the John Richards Centre for Rural Ageing Research, a research institute specialising in rural experiences of ageing, found culturally diverse older people may be hesitant to volunteer due to prevailing cultural and social norms.³⁰ For example, they may feel uncomfortable going against traditional roles they have held in their families and ethnic communities. Discrimination can also play a role as described in one submission:

We need decision-makers who don't see us as a nuisance but instead a resource. One such decision-maker recently described volunteers my age as 'just another old person with too much time on their hands'.³¹

As mentioned in Chapter 5, volunteers in ethno-specific organisations are getting older and may find it harder to devote the same time and energy as they did when they were younger. Support is needed for older volunteers as well as for succession planning and skills transfer to younger volunteers in ethno-specific organisations.³² The Victorian Government is currently developing a Victorian Volunteer Strategy, which was in the final stages of approval at the time of writing. Older people and people from culturally diverse backgrounds were represented on the Strategy Taskforce, and the Committee hopes this will result in a strategy that addresses succession planning and skills transfer within ethno-specific organisations.³³

6.4 Culturally diverse older people face barriers to workforce participation

Economic participation, through employment or running a small business, is another way culturally diverse older people can contribute to society and improve their wellbeing, finances and social connectedness. In 2020, more than one in six (18%) overseas-born Australians aged 65–74 were working.³⁴ An increasing number of older Victorians continue to work either to maintain financial independence, keep active and feel useful, give back to their community, or stay connected with others.³⁵

The desire to work is also seen among older Victorians from migrant and refugee backgrounds. For example, when asked what more could be done to make her life happier, Giuseppa Dunne, a 64-year-old with an Italian background, said, 'a part time job.'³⁶ In addition, culturally diverse older Victorians who are not eligible or old enough to qualify for the Age Pension, and whose visa status precludes them from accessing

³⁰ John Richards Centre for Rural Ageing Research, *Submission 67*, p. 5.

³¹ Name withheld, *Submission 7*, p. 2.

³² Ethnic Communities' Council of Victoria, *Submission 63*, p. 25.

³³ Victorian Government, *Victorian Volunteer Strategy, 2022*, <<https://www.volunteer.vic.gov.au/victorian-volunteer-strategy>> accessed 6 May 2022.

³⁴ Australian Institute of Health and Welfare, *Older Australians*.

³⁵ Parliament of Victoria, Family and Community Development Committee, *Inquiry into opportunities for participation of Victorian seniors*, p. 56.

³⁶ Giuseppa Dunne, *Submission 55*, received 10 January 2022, p. 3.

other types of income support, might have to work to support themselves and their families.³⁷

However, older Victorians often face barriers when seeking employment and often spend longer looking for work than younger people due to ageism, discrimination and workplace culture. Age discrimination is a significant issue in the workplace. According to the Australian Human Rights Commission, 71% of the complaints it received about age discrimination in 2014–15 were related to employment.³⁸ Employers' bias towards older workers can stem from beliefs that older people are slow, unwilling to learn and are more likely to be sick. They may also believe it is more expensive to hire and train older workers and there is less return on investment because older workers are closer to retirement.³⁹

For culturally diverse older Victorians, further discrimination may occur because of race or cultural background. Poor English language proficiency, poor digital literacy, lack of recognition of overseas qualifications, and lack of Australian work experience can also be impediments.⁴⁰ For example, Ebtasam Chniker, who arrived as a refugee from Syria, told the Committee:

from 60 and above it is very difficult to find a job. For me, I applied for several jobs, and I could not find one really. I had a certificate as a teacher aide and I applied to many schools, but they told me, 'If you want to volunteer, come here'. I volunteered for about eight months or more in Brisbane—for one year, because I was in Brisbane two years. So I could not find a job. For old people it is too hard ...⁴¹

Dr Michael Akindeju, President of the Ballarat African Association, an organisation that supports African people in the region, gave an example of an older migrant whose qualifications were not recognised when he arrived in Australia:

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.⁴²

³⁷ Social Security Rights Victoria, *Submission 45*, received 3 December 2021, pp. 2–3; Ethnic Communities' Council of Victoria, *Submission 63*, p. 5; Farah Abdashoa, Access and Support Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 21.

³⁸ Parliament of Victoria, Legislative Assembly Economy and Infrastructure Committee, *Inquiry into sustainable employment for disadvantaged jobseekers*, August 2020, p. 117; COTA Victoria, *Submission 70*, received 3 February 2022, p. 16.

³⁹ Parliament of Victoria, Legislative Assembly Economy and Infrastructure Committee, *Inquiry into sustainable employment for disadvantaged jobseekers*, p. 117.

⁴⁰ AMES Australia, *Submission 31*, p. 2; Ethnic Communities' Council of Victoria, *Submission 63*, p. 5.

⁴¹ Ebtasam Chniker, community member, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 28.

⁴² Dr Michael Akindeju, President, Ballarat African Association Inc., public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 9.

Language can also be a significant barrier as illustrated by a 65-year-old migrant from Asia, who stated:

I need to work, and I am so happy can make my [tiny] healing business in Melbourne city. My problems are about my business:

1. language problems; Insufficient legal information for business; 2. not having a working assistant; 3. fear of making a mistake in law; 4. Despite participating in the Victorian government's very good support programs, not being able to benefit well, because I can't understand well ...⁴³

Culturally diverse older jobseekers can also find it difficult to re-enter the workforce after losing their job or after having caring roles, especially if they are reluctant, or find it difficult, to upskill or retrain in another field. Workers in physically demanding roles might also have to retrain in alternative fields if their physical health deteriorates as they get older.⁴⁴

In addition, the job market is changing and there are fewer opportunities for entry-level jobs in Victoria, as explained by Maria Tsopanis:

entry-level jobs per se have really been reduced over the years with the decline in manufacturing and the move towards a digital economy—there is a lack of security. Often previous waves of migrants and refugees would utilise their employment in entry-level jobs as a way of increasing their economic and social participation, but for many of the newer arrivals this is becoming more and more limited.⁴⁵

Without employment or access to income support, older Victorians from migrant and refugee backgrounds are more vulnerable to financial hardship, social isolation, domestic abuse, family violence, poor access to healthcare and unsafe or exploitative employment.⁴⁶

6.4.1 More can be done to improve employment outcomes for culturally diverse older people

According to the Council on the Ageing (COTA) Victoria, the peak body representing the interests of Victorians aged over 50, improving employment outcomes for older people enhances their mental health, wellbeing and quality of life, reduces their reliance on government services, and improves their standard of living in retirement.⁴⁷ Ali Sakkour, Industry and Client Manager at AMES Australia, added that employment helps older people from refugee backgrounds become part of Australian society:

I am from an employment background, and I have found that to allow the opportunity for the refugee's background to settle or to immerse themselves in society it is very

⁴³ Name withheld, *Submission 44*, received 3 December 2021, p. 2.

⁴⁴ Ethnic Communities' Council of Victoria, *Submission 63*, p. 5; COTA Victoria, *Submission 70*, p. 16.

⁴⁵ Maria Tsopanis, *Transcript of evidence*, p. 23.

⁴⁶ Social Security Rights Victoria, *Submission 45*, p. 4.

⁴⁷ COTA Victoria, *Submission 70*, p. 16.

important to start earning. Starting to earn gives them independence and releases other connections tying them to family members and gives them peace of mind to just immerse themselves in society and be more productive.⁴⁸

Several Inquiry participants called for the Victorian Government to address employer bias and support culturally diverse older people to enter the workforce through reskilling or employer engagement strategies at the local level.⁴⁹

The Department of Jobs, Precincts and Regions runs Jobs Victoria, a Victorian Government employment service that provides targeted support services for jobseekers and employers. It has a specific focus on intensive support for jobseekers facing disadvantage, such as culturally diverse and older jobseekers among other groups. For example, Jobs Victoria provides mentors and careers counsellors for people facing barriers to employment, including older and multicultural Victorians, as well as wage subsidies of up to \$20,000 to employers who hire eligible jobseekers, such as people aged over 45.⁵⁰

Jobs Victoria's main program, the Jobs Victoria Employment Network, works with jobseekers and employers to help Victorians facing barriers to employment into work. Ali Sakkour stressed the importance of collaborating with employers to assist newly arrived migrants to gain work:

Looking to employment, their [jobseekers'] impression is if you are over 50 you are lost. That is it. No more employment for you. Nobody will hire you. So we did work on all of these aspects, assisting other RTOs [registered training organisations] and AMES as well to qualify the staff, using bilingual trainers speaking the same language. Most of the time when I have a great challenge in collaborating with some employers I do intend to target employers of the same background. In the northern suburbs we have an area called Campbellfield, which is dominated by same-background employers who speak the same language. I will give you an example: some of them do not speak the same language but they have so many employees from the same background. Mentioning one of the employers, Concept Caravans, they bring somebody from the same background to conduct the interview just to offer the opportunity of employment to those with a refugee background. So there is initiative from us and initiative from the employers working with jobseekers to meet one target, which is to get them into employment.⁵¹

The Department of Education and Training also runs the Reconnect 2021 program, which helps Victorians facing barriers into training and employment. The program funds selected TAFEs, Learn Locals (organisations which deliver pre-accredited training) and community service organisations to help address participants' barriers to enrolling and completing a training program or gaining employment, while also linking them with specialist support services. Of the current Reconnect participants who identify as

48 Ali Sakkour, Industry and Client Manager, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 24.

49 Ballarat African Association Inc., *Submission 1*, received 19 October 2021, p. 1; AMES Australia, *Submission 31*, p. 2; Ethnic Communities' Council of Victoria, *Submission 63*, p. iii; COTA Victoria, *Submission 70*, p. 7.

50 Victorian Government, *Submission 71*, received 4 February 2022, p. 26.

51 Ali Sakkour, *Transcript of evidence*, p. 27.

culturally diverse, 52% are aged over 60. The program began in 2017 and in 2021, the Victorian Government invested a further \$47 million into the program over the next four years.⁵²

COTA Victoria acknowledged the work of Jobs Victoria and its capacity to enhance employment outcomes for culturally diverse older jobseekers, but added that anecdotally, ‘we know that these services are not very well marketed to older people as a broader cohort—let alone older people from migrant and refugee backgrounds.’⁵³ Jobs Victoria could develop employment programs that specifically target this cohort.

FINDING 39: Jobs Victoria’s employment programs could be better tailored and marketed to improve employment outcomes for older jobseekers from migrant and refugee backgrounds.

RECOMMENDATION 47: That the Department of Jobs, Precincts and Regions develop a Jobs Victoria employment program specifically for culturally diverse older people and collaborate with ethno-specific organisations to link older jobseekers to the program.

Dr Akindeju added that the government could assist skilled migrants to have their overseas qualifications recognised more easily, stating:

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.⁵⁴

A 2020 Victorian parliamentary Inquiry into sustainable employment for disadvantaged jobseekers found the process of getting overseas professional or trade qualifications recognised by the relevant registering authority in Australia to be complex, expensive and time-consuming. One of the recommendations was that the Victorian Government advocate to the Australian Government for a streamlined process to recognise overseas qualifications.⁵⁵

⁵² Victorian Government, *Submission 71*, pp. 25–26.

⁵³ COTA Victoria, *Submission 70*, p. 16.

⁵⁴ Dr Michael Akindeju, *Transcript of evidence*, p. 9.

⁵⁵ Parliament of Victoria, Legislative Assembly Economy and Infrastructure Committee, *Inquiry into sustainable employment for disadvantaged jobseekers*, pp. 147–148.

The importance of work experience and culturally appropriate training was also raised. For example, Lisa Dinning, the Workforce Development Adviser at Ballarat Neighbourhood Centre, who specifically works with people from migrant and refugee backgrounds, mentioned the benefits her clients get from working at the Centre's Our Kitchen Social Enterprise:

The social enterprise provides a valuable pathway for migrants and refugees. It provides kitchen experience, which they can put on a résumé. It allows them to learn employability skills. It allows them to learn what it is like to work in Australia, which is very valuable. A lot of my clients when they come to me often do not have any experience working in Australia. They might not even have anything that we can put on a résumé, so the first place that I send them is to our social enterprise. Even if they are not interested in working in a kitchen, it still provides those employability skills, so it has been extremely valuable.⁵⁶

Lisa Dinning added that English literacy and digital literacy can be significant barriers, as can a lack of awareness of the training programs available at the Centre. She said people from migrant and refugee backgrounds:

can feel very isolated, and finding a way to reach out to them is quite difficult. That is why I think an important part of my job is to network with other organisations, because I often refer people or am referred to by other organisations and network partners. That is a really big part of what I do, so one of the challenges would be making people aware of our programs. Once people join our programs they tend to love it. They become volunteers, they do more and more courses and they may go on to accredited training. It is a massive pathway, but it is getting those people—making them aware of what we do is the big challenge.⁵⁷

FINDING 40: Culturally diverse older jobseekers may not be aware of the training opportunities and employment readiness programs available at neighbourhood houses and Learn Locals.

RECOMMENDATION 48: That the Victorian Government collaborate with settlement agencies and ethno-specific organisations to raise awareness among culturally diverse older people of the training and employment readiness programs available at neighbourhood houses and Learn Locals.

Culturally diverse older people may also want to undertake training in their own language or with ethno-specific organisations. Deputy Secretary of the Ballarat African Association, Lateef Adeleye, explained that his association:

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

⁵⁶ Lisa Dinning, Workforce Development Adviser, Ballarat Neighbourhood Centre, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 38.

⁵⁷ Ibid.

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.⁵⁸

Dr Akindeju agreed that training in culturally appropriate formats and languages would assist older migrants to gain employment, stating:

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.⁵⁹

Dr Sundram Sivamalai, an Intercultural Advisory Committee Member with the City of Ballarat, added that training also needs to be tailored for older people from migrant and refugee backgrounds:

Although there are English classes well catered for migrants, often they are not specifically for the elderly. Elderly residents have to be supported further to attend these classes. Many migrants of refugee background may need support ... such as transport to attend the classes. And the families should be supported so the elders can attend the classes; sometimes they may have a compelling demand at home, so they find it very hard to come over ... The families of elders also should understand that coming to the classes may be a stressful commitment in the beginning but has a lot of benefits in the long term, such as: it will improve their social skills and opportunities to link in with other ethno-specific groups, and subsequently it can prevent boredom or loneliness ...⁶⁰

He stated culturally sensitive teachers who understand the needs of older people should deliver English language classes, and that additional tailored support should be offered to migrants who have experienced torture and trauma.⁶¹

6.5 Improving financial and legal literacy enables full participation in society

Financial literacy improves culturally diverse older people's quality of life by giving them financial security and independence. The Commissioner for Senior Victorians reported that some culturally diverse older people have poor financial literacy and/or lack the skills to comfortably make card payments and use online banking. This can erode their

⁵⁸ Lateef Adeleye, Deputy Secretary, Ballarat African Association Inc., public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 10.

⁵⁹ Dr Michael Akindeju, *Transcript of evidence*, p. 9.

⁶⁰ Dr Sundram Sivamalai, Intercultural Advisory Committee Member, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 28.

⁶¹ *Ibid.*, p. 29.

independence and place them at risk of elder abuse.⁶² See Chapters 4 and 8 for further discussion on financial literacy and elder abuse.

Similarly, culturally diverse older people may have poor awareness of legal issues and processes. Justice Connect, which provides free legal services to people and community groups across Victoria and New South Wales, reasoned in its submission that ‘unresolved legal problems’ can negatively affect wellbeing, but ‘a fair and just world where people and communities are supported to engage with and fully participate in our legal and social system’ can be facilitated by improving access to justice.⁶³

Peninsula Community Legal Centre (PCLC), a not-for-profit organisation that provides free legal services to Melbourne’s south-eastern communities, wrote, ‘There is currently a crisis in access to justice in Australia’, and older people ‘suffer a distinct disadvantage’:

The evidence shows that older people face particularly strong barriers to gaining legal assistance and achieving satisfactory resolution of their legal problems compared to other Australians. This is an even greater problem for older people from CALD backgrounds.⁶⁴

PCLC explained the legal needs of older people are diverse and often age-related. Common legal issues relate to substitute decision making, end of life arrangements, elder abuse, health issues, housing and accommodation, grandparenting and traffic infringements. PCLC identified, ‘As the aging population grows, the legal needs of older persons are expected to rise.’⁶⁵ Many culturally diverse people have minimal understanding of legal issues relevant to them and of mechanisms, like enduring powers of attorney, that could assist them as they age.⁶⁶ Kathy Barbakos, Client and Community Services Coordinator at Pronia Australian Greek Welfare Society, an organisation that supports the Australian Greek community, identified:

a lack of legal education ... 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.⁶⁷

Seniors Rights Victoria, a specialist elder abuse prevention and response legal centre, stated that in its experience, older people who do not speak English may be reluctant to call a helpline for support and may doubt their ability to interpret legal advice.⁶⁸

⁶² Commissioner for Senior Victorians, *Submission 46*, p. 10.

⁶³ Justice Connect, *Submission 48*, received 15 December 2021, p. 1.

⁶⁴ Peninsula Community Legal Centre, *Submission 18*, received 26 November 2021, pp. 2–3.

⁶⁵ *Ibid.*, pp. 3–4.

⁶⁶ Kirsten Young, Community Engagement, Education and Legal Policy Officer, Peninsula Community Legal Centre, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 17.

⁶⁷ Kathy Barbakos, Client and Community Services Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 30.

⁶⁸ Seniors Rights Victoria, *Submission 23*, received 29 November 2021, p. 12. See also Rebecca Edwards, Manager and Principal Lawyer, Seniors Rights Victoria, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 39.

Alexandria Jones, the Community Development Manager at Barwon Community Legal Service, which provides legal support to communities in south-western Victoria, noted its recent research which revealed it was ‘only reaching 10% of older people with potential legal need in the Barwon region.’⁶⁹ This is a particularly pertinent issue for culturally diverse people given the barriers they face around reporting legal concerns and their low knowledge of services and legal issues.⁷⁰ These barriers include language and communication problems that make it difficult for culturally diverse older people to navigate legal services and poor understanding of their legal rights in Australia. The research also found culturally diverse older people may fear community backlash if they seek assistance from a legal service.⁷¹ At a public hearing, Alexandria Jones spoke about a project to increase community workers’ knowledge of the Australian justice system by developing an online training course.⁷²

PCLC made several recommendations to improve access to legal services in Victoria. These included:

- more translated information on legal issues
- more funding for culturally appropriate community legal education programs
- more funding for both state-wide legal services and ‘place-based specialist elder law services’
- additional funding for interpreters that are appropriately qualified to interpret legal advice.⁷³

Similarly, Social Security Rights Victoria, a community legal centre that provides legal services in relation to social security, recommended funding be increased for social security legal services and advocacy.⁷⁴

The Unified Filipino Elderly Association, an association that supports older Filipino Victorians, also drew attention to a shortage of legal services for older people experiencing bullying and financial hardship and recommended councils provide legal assistance for older Victorians to fill this gap.⁷⁵ At a public hearing, Sonia Di Mezza, Chief Executive Officer of Loddon Campaspe Multicultural Services, an organisation that supports people from multicultural backgrounds in the region, provided an elder abuse case study and explained that ‘access to advocacy, interpreters, legal assistance and education’ is needed as preventative measures against elder abuse.⁷⁶ Similarly,

⁶⁹ Alexandria Jones, Community Development Manager, Barwon Community Legal Service, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 18.

⁷⁰ Ibid.

⁷¹ Alexandria Jones and Dr Ian Warren, *Understanding civil law needs of older people and building research capacity in community legal centres*, Barwon Community Legal Service and Deakin University, Geelong, 2022, p. 28.

⁷² Alexandria Jones, *Transcript of evidence*, p. 19. See also Kathy Barbakos, *Transcript of evidence*, p. 30.

⁷³ Jackie Galloway, Chief Executive Officer, Peninsula Community Legal Centre, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 17; Kirsten Young, *Transcript of evidence*, p. 18.

⁷⁴ Social Security Rights Victoria, *Submission 45*, p. 11.

⁷⁵ United Filipino Elderly Association Inc., *Submission 65*, received 28 January 2022, p. 1.

⁷⁶ Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 34.

Dr Sivamalai identified a need to increase culturally diverse older people's knowledge of basic laws and recommended education sessions are delivered by ethno-specific groups. This should include information on individual rights, for example, on bullying and vilification.⁷⁷

The 2022–23 State Budget allocated \$7 million to community legal centres so they can continue to provide legal services and improve access to justice for vulnerable Victorians.⁷⁸ There is scope to increase opportunities for community legal education and support for community legal centres to provide more culturally appropriate services for older people.

FINDING 41: Culturally diverse older people face barriers to accessing the legal system and receiving appropriate legal advice in Victoria. They may not be aware of available services or understand different legal issues that affect them and potential solutions.

RECOMMENDATION 49: That the Victorian Government facilitate better access to legal services for culturally diverse older people by funding culturally appropriate community legal education programs and community legal centres.

⁷⁷ Dr Sundram Sivamalai, *Transcript of evidence*, p. 30.

⁷⁸ Department of Treasury and Finance, *Victorian Budget 2022–23 Paper No. 3: service delivery*, Melbourne, 2022, p. 90.

7

Fostering digital inclusion

A common theme in the evidence presented to the Committee was the lack of digital inclusion among culturally diverse older Victorians and how this affects their participation in society. Digital inclusion is about ensuring people can use the internet to improve their daily life. It comprises three factors: access, affordability and ability. That is, access to, being able to afford, and having the skills and knowledge to use the internet and digital devices.

The factors of access, affordability and ability interact to determine the level of digital inclusion. For example, the inability to afford or connect to reliable internet reduces people's access to information, services and means of communication with family, community and government. It can also result in fewer opportunities for people to develop and improve their digital skills, or digital literacy.¹

The Good Things Foundation Australia (Good Things Foundation), a social change charity that helps people improve their lives through digital connection, summarised the dilemma of digital exclusion among culturally diverse older people:

Digital technology is a vital connector—of communities, of businesses, of families and of friends. With older migrants and refugees more likely to be digitally excluded, there is the risk of a growing digital divide between these communities and the rest of Victoria. This can negatively impact their settlement experience, opportunity to find and maintain voluntary or paid work, and their ability to find reliable information, build social connections and participate fully in their new communities.²

This chapter discusses the extent of digital exclusion among culturally diverse older Victorians and then considers strategies for fostering their digital inclusion by improving digital literacy, affordability, and access to devices and a reliable internet connection.

7.1 Being older and culturally diverse increases the risk of digital exclusion

According to the Commissioner for Senior Victorians the digital divide, or the gap between people who can and cannot use the internet, 'is one of the biggest issues that now faces older people'.³ He noted statistics showing:

1 Good Things Foundation Australia, *Submission 30*, received 30 November 2021, pp. 4–5.

2 *Ibid.*, p. 8.

3 Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 3.

older people generally are the ones that are most impacted by the digital divide, and of course within that people from culturally diverse communities are some of the most affected.⁴

The Australian Digital Inclusion Index measures rates of digital inclusion across Australia and between social groups and helps identify barriers to digital inclusion. In 2021, it showed almost three in four people aged 75 and over (73%) were digitally excluded compared with 28% of the whole population.⁵ Those at greater risk of digital exclusion were found to be people who have:

- low incomes
- lower levels of education
- low English language proficiency
- a disability
- a mobile-only connection
- a First Nations background
- a regional or rural Australian residence.⁶

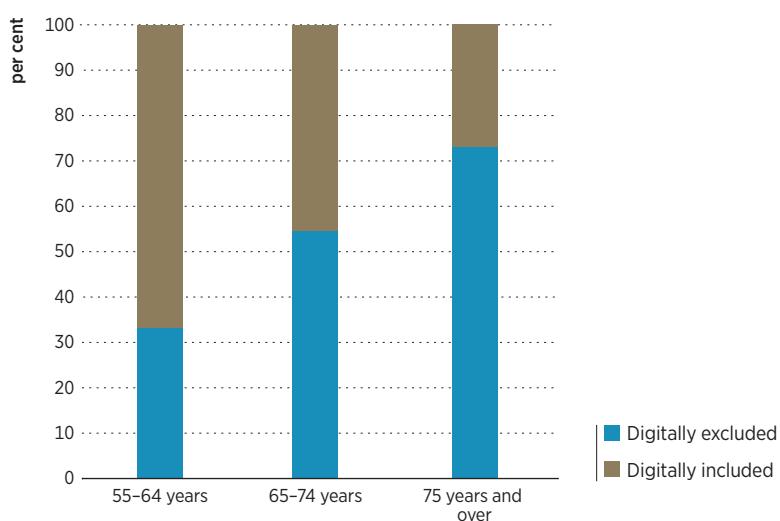
As shown in Figure 7.1, the likelihood of digital exclusion increases with age. In 2021, 33% of Australians aged 55–64 were digitally excluded, rising to 73% among Australians aged 75 and over. Older people are more likely to lack access and digital ability than younger people. Of those who are connected and can use the internet on an appropriate device, many feel unconfident or unsafe online or feel they cannot keep up with technological changes.⁷

4 Ibid.

5 J Thomas et al., *Australian Digital Inclusion Index: 2021*, Dashboard dataset release 1, 2021, <<https://www.digitalinclusionindex.org.au/dashboard/Exclusion.aspx>> accessed 11 May 2022.

6 Good Things Foundation Australia, *Submission 30*, pp. 3–4; John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, p. 7.

7 Good Things Foundation Australia, *Submission 30*, pp. 4–5; Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 9.

Figure 7.1 Level of digital exclusion among older Australians by age, 2021

Source: J Thomas et al., *Australian Digital Inclusion Index: 2021*, Dashboard dataset release 1, 2021, <<https://www.digitalinclusionindex.org.au/dashboard/Exclusion.aspx>> accessed 11 May 2022.

The Good Things Foundation cited research showing 80% of older Australians find it difficult to keep up with the pace of technological change, 67% are worried about their privacy online and only 28% would go out of their way to learn about technology.⁸ Affordability of devices and internet connection can also be a challenge for some older people, especially if they cannot access free internet at libraries or neighbourhood houses.⁹

The digital divide became more evident during the COVID-19 pandemic when lockdowns and restrictions made digital means the main way people communicated and accessed goods and services. In addition, checking in to venues using QR codes and showing proof of vaccination required digital access and literacy.¹⁰

Before the COVID-19 pandemic, about one-third of Australians aged over 50 used the internet once a month or less and another third used it less than once a week. In 2018, 45% of Australians aged over 65 did not use the internet at all.¹¹ Since the pandemic restrictions, internet usage has grown among older people, but their usage is still much lower than that of younger people. Older people are more likely to use traditional media such as print, radio and television. As explained by Sonia Di Mezza, Chief Executive Officer of Loddon Campaspe Multicultural Services, an organisation that supports people from multicultural backgrounds in the region:

People think, 'Easy solution, efficient, cost effective: put it on social media', but you are not touching older people. I know before my father passed away three years ago—he

⁸ Good Things Foundation Australia, *Submission 30*, p. 6.

⁹ Commissioner for Senior Victorians, *Submission 46*, pp. 8, 9; Cassandra Strakosch, Head of Communications and Engagement, Good Things Foundation Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 17.

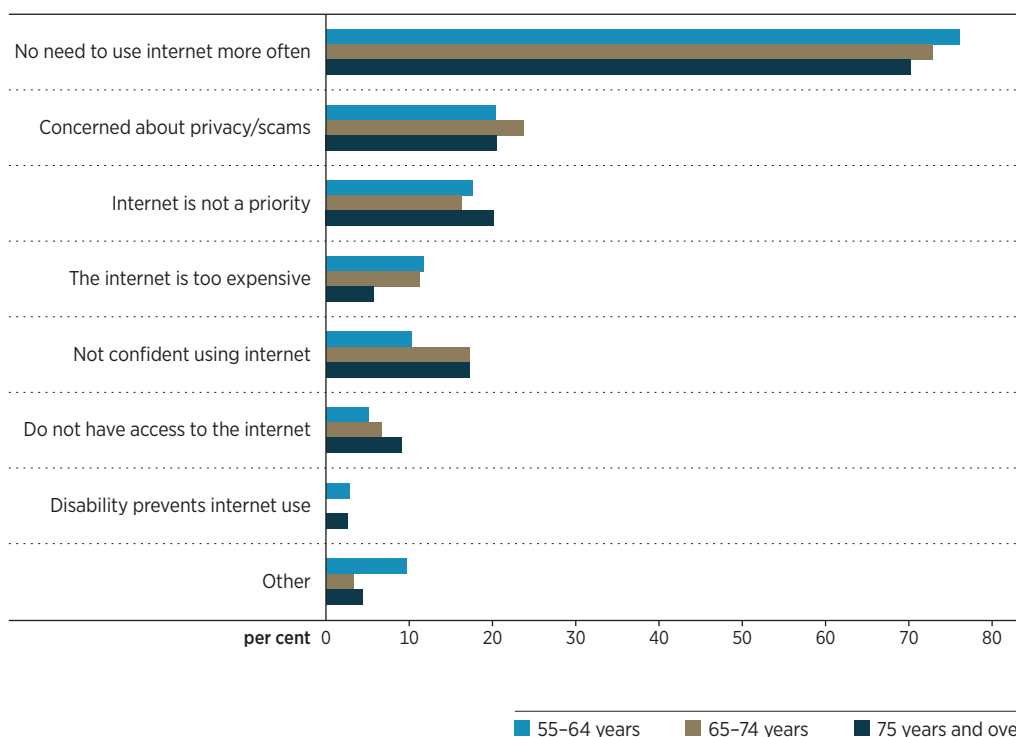
¹⁰ Moreland City Council, *Submission 36*, received 30 November 2021, p. 5; Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. 17; Lisa Tribuzio, Manager, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 32.

¹¹ Good Things Foundation Australia, *Submission 30*, p. 5.

was 87—he had never touched a computer in his life. That is not how older people get their information. It is always the really traditional things that the young people are moving away from—newspapers, radios, SBS in their language.¹²

Figure 7.2 shows the most common reasons digitally excluded older Australians gave for not using the internet more often. The most common reason was no need, followed by concerns about privacy or scams.

Figure 7.2 Reasons digitally excluded older Australians do not connect to the internet more often by age, 2021



Source: J Thomas et al., *Australian Digital Inclusion Index: 2021*, Dashboard dataset release 1, 2021, <<https://www.digitalinclusionindex.org.au/dashboard/Exclusion.aspx>> accessed 11 May 2022.

While some culturally diverse older people are early adopters of digital technology to keep in touch with family and friends overseas and to access news, information and entertainment from their country of origin, others—particularly post-World War II European migrants—have low rates of internet usage and connection.¹³

Poor English language proficiency poses an additional barrier for culturally diverse older people and increases their likelihood of being digitally excluded.¹⁴ Navigating the

¹² Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 36.

¹³ Ethnic Communities' Council of Victoria, *Submission 63*, p. 17.

¹⁴ Turkish Women's Recreational Group, *Submission 12*, received 12 November 2021, p. 3; Victorian Arabic Social Services, *Submission 24*, received 29 November 2021, p. 2; United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 9; Commissioner for Senior Victorians, *Submission 46*, p. 9; COTA Victoria, *Submission 70*, received 3 February 2022, p. 8; Cassandra Strakosch, *Transcript of evidence*, p. 17; Professor Irene Blackberry, Chair and Director, John Richards Centre for Rural Ageing Research, La Trobe University, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 23.

internet when English is not a first language can be difficult and stressful for culturally diverse older people and may result in them missing out on information and support services. According to South East Community Links, a social and economic support provider working across south-east Melbourne:

Our evidence shows that older CALD [culturally and linguistically diverse] community members will not be able to participate in a program or 'opt out' if it requires them to register online and they lack confidence in doing so.¹⁵

In some instances, culturally diverse older people who are digitally excluded may miss out on support payments they are eligible for. Alternatively, they may claim and receive benefits they are not eligible for requiring them to make repayments later.¹⁶ Those who are uncomfortable making card payments and using online banking also risk losing their financial independence.¹⁷

Information and resources that are only available online and in English, or require application through an online portal predominantly in English, create a significant barrier for older people who are not literate in English.¹⁸ Even when online resources and material are translated or available in other languages, they:

can be difficult to access due to what has been described as an 'English language firewall' by settlement agencies, where several clicks into the website are required to find the translated information or relevant material.¹⁹

Opportunities to gain digital skills in community languages are hard to come by, and even when available, they need to be at a level where older people who may have had minimal education or who have poor literacy in their first language can understand.²⁰

Due to limited English language literacy and/or digital literacy, many culturally diverse older people rely on family or friends to use the internet and navigate services and information that are only available online.²¹ For example, when asked if they have access to a computer or the internet at home, culturally diverse older people who made submissions to the Inquiry stated:

Yes, my daughter helps me use the tablet for Telehealth appointments. No laptop or computer.²²

¹⁵ South East Community Links, *Submission 34*, received 30 November 2021, p. 1.

¹⁶ Social Security Rights Victoria, *Submission 45*, received 3 December 2021, p. 10.

¹⁷ Commissioner for Senior Victorians, *Submission 46*, p. 10.

¹⁸ cohealth, *Submission 29*, received 30 November 2021, p. 14.

¹⁹ Good Things Foundation Australia, *Submission 30*, p. 9.

²⁰ Ibid.; Victorian Arabic Social Services, *Submission 24*, p. 2; Peter Andrinopoulos, Community Support Program Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 31.

²¹ Commissioner for Senior Victorians, *Submission 46*, p. 8; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 7; Kathy Barbakos, Client and Community Services Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 30.

²² Sahar Ageed, *Submission 9*, received 5 November 2021, p. 3.

No, but I hope to ask a friend or go to the library. It is best to have a computer technology support service nearby.²³

Habitually we rely on our children/young family members, friends, libraries and kind hearted community people.²⁴

However, this creates dependency on others and can be a problem for older people who live alone or are socially isolated. This was especially the case during COVID-19 restrictions.²⁵ This dependency also creates a gendered and generational caregiving burden as it is often younger women who assist culturally diverse older people to access the internet.²⁶ In addition, the reliance on others to access services online could lead to privacy and confidentiality breaches as well as risks through conflicts of interest.²⁷ See Chapter 8 for further discussion on financial elder abuse and the risks associated with increasing older people's dependency on others to access services.

The 2022–23 State Budget allocated funding to the Department of Families, Fairness and Housing to conduct a review into digital connectedness for senior Victorians.²⁸ In order to get a more comprehensive understanding of digital exclusion among culturally diverse older Victorians, this review should specifically examine the barriers to digital inclusion for culturally diverse communities and how these barriers can be addressed.

FINDING 42: Older people are more likely to experience digital exclusion, and this is exacerbated for culturally diverse older people whose first language is not English, resulting in them missing out on information and support services. It can also result in a loss of financial independence if they are unable to use banking technology.

RECOMMENDATION 50: That the Department of Families, Fairness and Housing examine the barriers to digital inclusion for culturally diverse older people and how to address them in its upcoming review into digital connectedness for senior Victorians.

7.1.1 Access to services is increasingly moving to digital platforms

Many Inquiry participants were concerned that culturally diverse older people are being left behind as services increasingly transition to digital-first access. Governments, businesses, banks, utility companies, healthcare providers and organisations are

²³ Shunhua Lin, *Submission 15*, received 18 November 2021, p. 2.

²⁴ Edith Chen, *Submission 58*, received 20 January 2022, p. 1.

²⁵ Commissioner for Senior Victorians, *Submission 46*, p. 9; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 7.

²⁶ Associate Professor Raelene Wilding, Dr Shane Worrell, Dr Shashini Gamage and Samiro Mohamud, *Submission 26*, received 30 November 2021, p. 2.

²⁷ Ethnic Communities' Council of Victoria, *Submission 63*, p. 18.

²⁸ Department of Treasury and Finance, *Victorian Budget 2022–23 Paper No. 3: service delivery*, Melbourne, 2022, p. 50.

progressively relying on digital platforms to sell products and deliver information and services, and this move was accelerated by the COVID-19 pandemic.²⁹

Culturally diverse older people may feel the move towards digital-first access is discriminatory.³⁰ As explained by the Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria:

With many government services, utilities and private businesses using the Internet as their main, and sometimes only point of contact, seniors regularly spoke of the expectation that everyone has access to information technology as a form of discrimination. In addition to Government information and services, daily transactions with banks, utility bills, rental payments, and local council interactions are also predominantly carried out online. Those with lower levels of digital literacy risk missing out not only on vital information, but also on essential services and supports. Reduction in face-to-face service and information delivery has seen an increase in the complexity of accessing information over the telephone, with extensive selection menus and long waiting times creating particular barriers for people who do not speak English as a first language.³¹

Dalal Sleiman, Community Capacity Building and Engagement Leader at Arabic Welfare, a Melbourne organisation that provides services for newly arrived refugees and well-established migrants from Arabic-speaking countries, agreed, stating:

Especially right now most of the government organisations are moving into online services, and that is extremely difficult when it comes to completing what is required from them online. Whether that is with Centrelink, the Australian Taxation Office, government, migration and so on, all these are impacting on people, including banking, so internet banking, and many banks are closing branches. So for elderly people to be able to do all these things online, that is extremely difficult. For us as an organisation, during COVID-19 we tried our best to deliver services to people via Zoom or Microsoft Teams ... we were having face to face 40 people, but when we were delivering online, we would have 15, 12, 10, because people were not able.³²

Case study 7.1 gives an example of how the reliance on digital platforms to access services can create stress and anxiety for culturally diverse older people.

Inquiry participants expressed concern that many government services assume everyone is digitally included. They gave the example of the need to use the Australian Government's myGov platform to access Centrelink, Medicare and the Australian

²⁹ Housing for the Aged Action Group, *Submission 21*, received 29 November 2021, p. 6; Multicultural Centre for Women's Health, *Submission 22*, received 29 November 2021, p. 3; Good Things Foundation Australia, *Submission 30*, pp. 5, 8; AMES Australia, *Submission 31*, received 30 November 2021, p. 2; United Spanish Latin American Welfare Centre, *Submission 32*, p. 7; South East Community Links, *Submission 34*, p. 1; Commissioner for Senior Victorians, *Submission 46*, p. 8; Ethnic Communities' Council of Victoria, *Submission 63*, p. 17; COTA Victoria, *Submission 70*, p. 8; Emiliano Zucchi, Chief Executive Officer, Ethnic Communities' Council of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 35.

³⁰ Tammie Alysandratos, *Submission 64*, received 27 January 2022, p. 1.

³¹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 18.

³² Dalal Sleiman, Community Capacity Building and Engagement Leader, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 28.

Taxation Office, as well as to download COVID-19 vaccination certificates.³³ Lucy Salinas, an older community member of United Spanish Latin American Welfare Centre (United), an organisation that supports Victorians of Spanish-speaking backgrounds, mentioned how difficult it can be for older people to access Centrelink:

We called the Centrelink multilingual service. We were waiting for half an hour, and at the end there was none—no way. Not just that, if you go to Centrelink they send you to their website. How will you go to a website if you have never touched a computer? And now more sorts of things are going into the mobile—myGov and a lot of applications. They do not know. They cannot do that. And if they go to their children, they cannot do it because they have not got time.³⁴

The Eastern Community Legal Centre, which provides free legal assistance to community members in Melbourne's east, observed that community members can see staff at Knox City Council who can assist them to navigate the myGov and Medicare apps to download their COVID-19 vaccination certificates. It suggested this service could be provided by other government services such as Centrelink.³⁵

CASE STUDY 7.1: '[T]he words "simply fill out our online form" or "simply download our app" send his anxiety through the roof'

'At the time of writing, my father is a proud, active and independent 82-year-old migrant, with decent language skills and enviable physical health. He considers himself Australian, with strong cultural ties to his birth country. The story of how he left his home and family quite suddenly at age 16, to arrive as a refugee in Australia, is astonishing to me.

His independence and control over his own life is everything to him ...

However, everyday life is becoming more difficult for him to manage on his own, in large part due to how we now make contact with everyday services, businesses and utilities – via email and online forms. While he has basic computer and smartphone skills, he feels extremely insecure using technology. Despite my constant and ongoing reassurance and explanations, he does not trust computers and is in constant fear his computer will be 'hacked' and he'll lose all his savings/superannuation. He refuses to pay bills online via credit card because he believes his credit card number will be overcharged, and he refuses to set up direct debit because he believes his bank account will be drained.

As a result, he is regularly forced to pay a surcharge either to receive a paper bill, or pay a bill at the post office. What would help him, is the ability to receive a paper bill for every service he requires without surcharge, without payment surcharge, and without both him and I having to jump through hoops to have a paper bill sent.

(Continued)

³³ cohealth, *Submission 29*, p. 14; Eastern Community Legal Centre, *Submission 39*, received 30 November 2021, p. 5; National Council of Women of Victoria Inc., *Submission 40*, received 1 December 2021, p. 2; Social Security Rights Victoria, *Submission 45*, p. 10; Commissioner for Senior Victorians, *Submission 46*, p. 9.

³⁴ Lucy Salinas, community member, United Spanish Latin American Welfare Centre, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 12.

³⁵ Eastern Community Legal Centre, *Submission 39*, p. 6.

CASE STUDY 7.1: Continued

Making contact with organisations is a similar proposition; the words “simply fill out our online form” or “simply download our app” send his anxiety through the roof. For him these things are the opposite of simple. While his English is great, he’s often too anxious to understand what the forms are asking, he simply wants to pick up the phone and talk to someone directly to properly explain his questions and gain a full understanding of the answers. He won’t fill in an online form because these always require personal details (refer aforementioned fear of being hacked and losing everything), and he doesn’t understand the concept of chatting with a bot, nor would he trust it.

He also struggles with having to log in to his account – any account – be it utilities, superannuation, banking, telecommunications/NBN [National Broadband Network], DFAT (Home Affairs), or at times his own email. He is 82, he cannot remember his password. The precursor for him to be able to log in to any account is to go through a lengthy and stressful process of establishing how to update his password.

...

We cannot and should not expect our older citizens, migrants or otherwise, to be able to adapt to the online way of life.

Lack of trust in technology and the inability to avoid using computers and often smartphones has contributed significantly to his reduced enjoyment of life.

...

Like many older people, he does not want to be a burden on society, he simply wants to maintain his independence and control over his own life, and help others where he can; and he wants to do this in person, not online.’

Source: Name withheld, *Submission 69*, received 31 January 2022, pp. 1–2.

Even though more local governments, neighbourhood houses and community organisations have provided digital literacy training programs to older people in recent years, according to the Commissioner for Senior Victorians:

There are going to continue to be older people that are locked out of the online world. They are not going to be able to access online shopping, service provision, information in a timely manner.³⁶

Alexandria Jones, the Community Development Manager at Barwon Community Legal Service, which provides legal support to communities in south-western Victoria, told the Committee of the importance of having alternative means of communication for older people who are digitally excluded:

Particularly from the legal service perspective we get lots of older people who do not have an email address, or who do not have a mobile phone. We had one instance in our research report that we found of an older person in an aged care setting being

³⁶ Gerard Mansour, *Transcript of evidence*, pp. 3–4.

refused access to a lawyer, based on capacity. They did not have a mobile phone, so the only way they could contact us was through the health worker, who had an issue with them seeing a lawyer. I think it can be quite difficult—really difficult—and we are really conscious of that. We saw a bit of a dip in our client numbers [during the COVID-19 pandemic], particularly from Colac Otway, when we had to offer phone services. So we know that in certain communities you have to be there in person, otherwise you get this postcode injustice, where some people have access to services and some do not.³⁷

To address digital exclusion, governments need to continue to offer alternatives to online platforms so everyone has equal access to information, services and support.³⁸ Council on the Ageing (COTA) Victoria, the peak body representing the interests of Victorians aged over 50, suggested the Victorian Government develop a communications strategy to ensure its information and services are accessible to people who are digitally excluded as well as people from culturally and linguistically diverse backgrounds.³⁹

FINDING 43: Access to government services and information is increasingly through digital platforms, which may result in culturally diverse older people who are digitally excluded missing out on timely and appropriate information and services.

RECOMMENDATION 51: That each Victorian Government department develop a communications strategy that outlines how it will provide equitable access to services and information for people who are digitally excluded, including older people and people for whom English is not their preferred language.

7.2 Improving ability, access and affordability will boost digital inclusion

By improving their digital inclusion, culturally diverse older people will be able to use the internet and online platforms to access information and services, manage their health and wellbeing, organise their finances and communicate with friends and family both in Australia and overseas. It would also help them attend telehealth appointments, connect with cultural programs and events in their country of origin, and help reduce their sense of social isolation.⁴⁰

³⁷ Alexandria Jones, Community Development Manager, Barwon Community Legal Service, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 20.

³⁸ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, received 30 November 2021, p. 4; Commissioner for Senior Victorians, *Submission 46*, p. 10; Ethnic Communities' Council of Victoria, *Submission 63*, p. iv; COTA Victoria, *Submission 70*, p. 8.

³⁹ COTA Victoria, *Submission 70*, p. 5.

⁴⁰ Associate Professor Raelene Wilding, Dr Shane Worrell, Dr Shashini Gamage and Samiro Mohamad, *Submission 26*, pp. 2, 3; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4; Good Things Foundation Australia, *Submission 30*, p. 10; John Richards Centre for Rural Ageing Research, *Submission 67*, p. 7; COTA Victoria, *Submission 70*, p. 8; Professor Bianca Brijnath, Director Social Gerontology, National Ageing Research Institute, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 35.

This section discusses the three factors essential to digital inclusion—ability, affordability and access—and proposes strategies to improve them for culturally diverse older people.

7.2.1 Digital literacy training for culturally diverse older people needs more investment

According to the Good Things Foundation, 75% of people aged over 75 are considered to have ‘low media ability’ based on personal assessments of how confident they feel undertaking 12 online tasks. In contrast, 12% of people aged 18–23 fell in the same category.⁴¹ A 2018 national survey on the digital participation and literacy of Australians aged 50 and over found:

- 36% made online transactions at least once a week and had higher levels of digital literacy than their peers
- 31% made online transactions less than once a week and had moderate levels of digital literacy
- 26% engaged in online activities once a month at the most and had low levels of digital literacy
- almost 8% never used the internet.⁴²

Poor digital literacy is a key barrier to digital inclusion among migrants and refugees. Coupled with concerns about security and privacy, and a lack of trust in government agencies and information, this can result in some migrants and refugees being reluctant to enter personal information into online portals.⁴³

Case study 7.2 shows the types of digital skills people need to use the internet to access information and connect with services.

⁴¹ Good Things Foundation Australia, *Submission 30*, p. 6.

⁴² eSafety Commissioner, *Submission 41*, received 1 December 2021, pp. 1–2.

⁴³ Good Things Foundation Australia, *Submission 30*, p. 6.

CASE STUDY 7.2: '[I]t is so essential for everybody to have ... digital skills to do everything that we do in our world today'

'We want people to be digitally capable and confident and safe so that they can be happier and healthier and better off, because it is so essential for everybody to have those essential digital skills to do everything that we do in our world today.

...

We have had hundreds of calls to our help line, people wanting to know how to be able to do this [get their digital COVID-19 vaccination certificate] ... So you need to be able to know how to browse the web. You need to be able to fill in an online form, to have basic internet safety knowledge, to understand what a password is. You need to have an email address. All of those are essential skills you need to have just to be able to get that digital certificate, and that is before ... all the information you need to know to be able to access government services.

Now, as we know, many governments, including the Victorian Government, are really pushing to be able to have a digital-first focus, but it is also essential to make sure that people are able to access those digital services. So the awareness of myGov, the ability to use that system, which we know is quite complex—all of those pieces together you need to be able to do, to be able to get one thing that is going to help you participate in the community. And that is before you even link it to the Service Victoria app ... So this is kind of showing you exactly why it is essential for everyone to be able to have those digital skills they need.'

Jess Wilson

Source: Jess Wilson, Chief Executive Officer, Good Things Foundation, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 16–17.

According to Australia's eSafety Commissioner, the independent national regulator of online safety:

there is [a] significant level of interest among older Australians to acquire new digital skills, in the context of building trust and confidence in the internet and addressing real online safety and security concerns.⁴⁴

United stated that once they have taken the first step, culturally diverse older people can see the benefits of digital literacy training:

Many seniors are apprehensive or hesitant about up taking [sic] technology, but once they do, they experience firsthand the benefits it can bring them.⁴⁵

⁴⁴ eSafety Commissioner, *Submission 41*, p. 2.

⁴⁵ United Spanish Latin American Welfare Centre, *Submission 32*, p. 9.

However, as mentioned earlier, there are not enough training programs and supports available in community languages and contexts to improve the digital literacy of culturally diverse older people.⁴⁶

Several Inquiry participants recommended the Victorian Government invest in digital literacy training to create more opportunities for culturally diverse older people to gain skills and confidence to use the internet. Training programs should be bilingual, culturally appropriate, and delivered through councils, libraries, neighbourhood houses, settlement agencies and community groups.⁴⁷

Some ethno-specific organisations are already providing digital literacy training to their older community members. For example, Peter Andrinopoulos, Community Support Program Coordinator at Pronia Australian Greek Welfare Society, an organisation that supports the Australian Greek community, stated that digital literacy training programs are:

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.⁴⁸

Welcome to Eltham, an organisation that supports local refugees and people seeking asylum, also ran digital literacy training in Arabic for older Syrian and Iraqi people with funding from the Victorian Government's Coronavirus Support for Multicultural Seniors program. This enabled Welcome to Eltham to resume its English tutoring program and conversation groups online during COVID-19 restrictions and to share COVID-19 information and advice.⁴⁹

Digital literacy training in the preferred language of culturally diverse older people is essential, as explained by the Eastern Community Legal Centre:

Computer classes for older community members are well attended and utilised when they are run by language appropriate trainers. Community members have reported that

⁴⁶ Associate Professor Raelene Wilding, Dr Shane Worrell, Dr Shashini Gamage and Samiro Mohamud, *Submission 26*, p. 2.

⁴⁷ Public Health Association of Australia, *Submission 25*, received 29 November 2021, p. 2; Good Things Foundation Australia, *Submission 30*, p. 7; United Spanish Latin American Welfare Centre, *Submission 32*, p. 9; Municipal Association of Victoria, *Submission 33*, received 30 November 2021, p. 11; Commissioner for Senior Victorians, *Submission 46*, p. 9; Ethnic Communities' Council of Victoria, *Submission 63*, p. iv; Elly Gardner, Living and Ageing Well Officer, Moreland City Council, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 2.

⁴⁸ Peter Andrinopoulos, *Transcript of evidence*, p. 31.

⁴⁹ Victorian Government, *Submission 71*, received 4 February 2022, p. 9.

when inappropriate interpreters (or no interpreters) are used, then computer classes are completely ineffective.⁵⁰

Lisa Dinning, the Workforce Development Adviser at Ballarat Neighbourhood Centre, added:

when you approach it with people who have English as another language, it is different. You need to have someone really who has that sort of skill in teaching English but teaching them those [digital] skills as well, because often I have sat in on classes where people are trying to teach something to people who may have English as another language, and they speak too quickly, they use colloquial language, they use slang. They do not check understanding, because they may have been in a situation where they have only been teaching native speakers. It just does not get through. So I think some digital literacy programs [are needed] that are especially for [culturally diverse] people and with a teacher who is qualified in teaching English.⁵¹

AMES Australia, a settlement agency which supports newly arrived refugees and migrants, incorporates digital literacy in its English language classes for older people, as explained by its Senior Manager of Community Development and Social Participation, Maria Tsopanis:

we offer ... a lot of bilingual classes, and generally at the weekends, because particularly the older Chinese and the older Vietnamese have grandparenting responsibilities. So we find that the only time they are available is actually at the weekend. They tend to like it as part of a social interaction as well as learning English. What we try to do is also include some basic digital literacy in there as well, exposing them and helping them to set up myGov accounts so that they get a picture of the way the Australian social system works and the service system works. It is quite fundamental.⁵²

There is scope to expand digital literacy training to reach more culturally diverse older people. Alexandria Jones from Barwon Community Legal Service supported greater resourcing for neighbourhood houses to train culturally diverse older people in digital literacy.⁵³ In response to the COVID-19 pandemic, the Victorian Government, through the Metropolitan Partnership Development Fund, funded five neighbourhood houses to develop local short courses for improving the digital inclusion of culturally diverse older people by focusing on mentoring and cultivating peer leaders.⁵⁴

Intergenerational programs where culturally diverse younger people work with older people in their community to build digital literacy were also supported.⁵⁵ Peer-to-peer

50 Eastern Community Legal Centre, *Submission 39*, p. 5.

51 Lisa Dinning, Workforce Development Adviser, Ballarat Neighbourhood Centre, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 39.

52 Maria Tsopanis, Senior Manager Community Development and Social Participation, AMES Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 27–28.

53 Alexandria Jones, *Transcript of evidence*, pp. 20–21.

54 Victorian Government, *Submission 71*, p. 28.

55 National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 4; Rebecca Smith, General Manager, Community Aged and Disability, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 3.

mentors also help culturally diverse people gain digital skills and confidence online. The Good Things Foundation uses this approach through its Be Connected program, an Australian Government initiative to increase digital inclusion among older Australians. The Be Connected program has engaged 3,500 community organisations, reached one million older Australians and trained 15,000 digital mentors. In Victoria, over 1,000 organisations are involved including community centres, libraries, councils, Men's Sheds, aged care and retirement villages, and ethno-specific seniors' groups.⁵⁶

Cassandra Strakosch, Head of Communications and Engagement at the Good Things Foundation, explained Be Connected as a:

network of funded community organisations embedded in community—people they trust, people the community know, who are there to lend a helping hand. It skills digital mentors for the people in the organisation—by digital mentor, that could be a tutor, a teacher, a coach, a mentor; it does not have to be a tech expert, it has to be someone who is happy to be a helping hand to support someone to learn—and provides quality online content so that we know what we are teaching people is reliable. A recent social impact evaluation on that program showed that it increased digital skills, confidence using the internet and online safety. But it also saw people being more socially connected and less isolated as a result of participating in the program. It actually created a \$4 social return on investment for every \$1 that was invested in it.⁵⁷

In 2018, the Good Things Foundation worked with ECCV to recruit ethno-specific organisations and service providers that support culturally diverse older people to use the Be Connected program to improve digital literacy among their communities. The success of the project resulted in ECCV working with the University of the Third Age (U3A) Network, the peak body representing U3As, which run courses for older people who are retired or no longer working full time, and several councils to improve digital literacy among culturally diverse older people in south-east Melbourne.⁵⁸

In addition to addressing digital literacy, the eSafety Commissioner noted that older people and culturally diverse people have a greater risk of experiencing online harm such as online threats, intimidation, harassment and scams.⁵⁹ The Office of the eSafety Commissioner has online safety resources in 22 languages on its website.⁶⁰ It also works with the Good Things Foundation to promote online safety, a topic which is included in each of the Be Connected programs. As the Chief Executive Officer of the Good Things Foundation, Jess Wilson, explained:

there is that balance between talking about scams and supporting people to know what to look for, but at the same time not scaring people, because a lot of the reason why people are not online is that they are scared. They hear all about the scams. They do not want to lose their money. And so it is that balance really between saying there

⁵⁶ Good Things Foundation Australia, *Submission 30*, p. 11.

⁵⁷ Cassandra Strakosch, *Transcript of evidence*, p. 17.

⁵⁸ Good Things Foundation Australia, *Submission 30*, p. 11; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 17–18.

⁵⁹ eSafety Commissioner, *Submission 41*, p. 1.

⁶⁰ *Ibid.*, p. 4.

are a whole lot of benefits and a whole lot of reasons why it is a great idea to be online, but just like if you are learning to drive a car, you need to learn how to drive a car safely and so there are things that you need to be able to learn so that you can actively be safe online.⁶¹

While the Be Connected program is designed for all Australians aged over 50, there is no state or national program that specifically focuses on digital literacy for people from migrant and refugee backgrounds.⁶² Further resourcing is needed to tailor the Be Connected program for culturally diverse older people.⁶³ As explained by Jess Wilson:

I suppose that what we have seen through our community partners is that need to have bilingual mentors. It is really important to have people from the community that speak the same language and understand the cultural needs being able to deliver the programs in the way that they see fit ... The internet is quite strange. It is a completely new language as well if you have not connected with it before, and so I think it is about how you interpret that. I do think, though, there is a need to have the knowledge, the opportunities and the resources in more languages ...

Our funding is quite small—it is between \$2,500 and \$50,000 across the grants program—and so I think adding a little bit of capacity to those community partners who are working in a bilingual way and have to have that added complexity of working with people who need to learn English along the way as well as learning the digital skills is really very essential. So I think that additional funding, or an additional program focused on those communities, is really important.⁶⁴

The community infrastructure of the Be Connected program and its network could be used to tailor a service that provides bilingual resources and digital mentors for culturally diverse older people to improve their digital literacy. Also, there should be more support for neighbourhood houses, which are local, supportive and accessible learning environments, to provide culturally appropriate digital literacy training for older people.

FINDING 44: Digital literacy training provided by bilingual mentors in community settings is the most effective way to reach culturally diverse older people and improve their digital skills and confidence.

RECOMMENDATION 52: That the Victorian Government advocate to the Australian Government to fund the Be Connected network to create tailored digital mentoring programs and digital literacy resources for culturally diverse older people.

61 Jess Wilson, Chief Executive Officer, Good Things Foundation Australia, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 22.

62 *Ibid.*, p. 18.

63 *Ibid.*, p. 19.

64 *Ibid.*, p. 21.

RECOMMENDATION 53: That the Victorian Government further support neighbourhood houses to offer digital literacy training specifically for culturally diverse older people.

7.2.2 Access to affordable and reliable data and devices is essential for digital inclusion

While digital literacy and skills are important, having a digital device and data to connect to the internet are essential for digital inclusion. The Good Things Foundation noted that affordable access is a significant barrier for older people, especially those who are new migrants or refugees and those on low incomes.⁶⁵ This was particularly evident during the COVID-19 pandemic when people who did not have access to digital devices or data were isolated from the community.⁶⁶ The Be Connected program offered grants to enable participating community organisations to loan devices to older people during the pandemic, but a recent survey found 74% of these organisations reported a continued lack of devices and data among their community members.⁶⁷

The President of U3A Geelong, Nanette Tunncliffe, added that a shortage of devices limits U3A's ability to offer digital literacy classes, stating:

I had a phone call from a lady yesterday who wants to come and learn how to use Facebook: 'I don't want my granddaughters to do it for me anymore. I want to do it'. I said, 'Right, okay'. But in order to do that, classes have to be small and we really do need to provide the hardware for them so that they are all on the same starting point. At the moment we do not have enough laptops, so that is something that we have to address before we can actually kick the classes off.⁶⁸

Even if surveys show most Australians have a device to access the internet, this device might be one mobile phone shared among the household with limited data. According to Jess Wilson:

if you have one family member with one mobile phone and you have six or seven people living in the house, then that is not enough to make sure that people are digitally included. I would say that a lot of people have a device, but whether they can actually afford to pay the bill for it or afford to use the data to do the things that they need to—using a Zoom call uses a lot of data, so for us to be able to participate today or to be able to do a digital telehealth appointment costs a lot for people in data. Actually it is not just the device, it absolutely has to be about the data as well and so it is that combination that is really essential.⁶⁹

This was echoed by culturally diverse older people. For example, when asked what more could be done to make life happier, Chang Lee Hu, a 70-year-old who migrated

⁶⁵ Good Things Foundation Australia, *Submission 30*, p. 7.

⁶⁶ Jess Wilson, *Transcript of evidence*, p. 18.

⁶⁷ Ibid.; Good Things Foundation Australia, *Submission 30*, p. 7.

⁶⁸ Nanette Tunncliffe, President, U3A Geelong, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 29.

⁶⁹ Jess Wilson, *Transcript of evidence*, p. 20.

from Hong Kong, stated ‘computer upgrade by local library, free NBN, free computer class, free I phone class.’⁷⁰ Several Inquiry participants suggested the Victorian Government partner with libraries, local government, neighbourhood houses and settlement agencies to provide affordable access to digital devices and reliable internet connections.⁷¹ This could be through device donation programs or subsidised internet connections for culturally diverse older people on low incomes.⁷²

Moreland City Council gave the example of its library service collaborating with its aged and community care service to run a 12-week pilot program to improve digital literacy among older community members in their homes. The program loaned participants a tablet and provided them with two gigabytes of data per month. Support workers visited participants in their homes to help them gain digital literacy skills.⁷³

As mentioned earlier, the Good Things Foundation runs grant programs that give \$5,000 to community organisations so they can purchase digital devices and loan them to older people. In 2020, this program was run for community organisations in Victoria to address isolation caused by COVID-19 restrictions. In 2022, the Good Things Foundation will provide \$300,000 worth of grants to community organisations to provide loan devices to older people in flood-affected areas of New South Wales and Queensland.⁷⁴

The Foundation raised the Victorian Government’s efforts to loan laptops and dongles to at-risk school children to participate in remote learning during the COVID-19 pandemic as an example of what could be done for culturally diverse older Victorians.⁷⁵ As Jess Wilson said:

The first key thing for us is about making sure that there is access to affordable technology. We know that state governments put out a significant amount of funding over the COVID pandemic to allow students and other people to access technology during that time. So I think it is about building on the knowledge and experience that we had during COVID and making sure that those opportunities continue to exist for people beyond the emergency responses that we had to do because of COVID ...⁷⁶

She added that governments and technology companies should be involved with donating devices and data to people in need, stating:

⁷⁰ Chang Lee Hu, *Submission 51*, received 6 January 2022, p. 3.

⁷¹ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 4; Municipal Association of Victoria, *Submission 33*, p. 11; Moreland City Council, *Submission 36*, p. 7; Commissioner for Senior Victorians, *Submission 46*, p. 9; COTA Victoria, *Submission 70*, p. 5.

⁷² Moreland City Council, *Submission 36*, p. 7; Ethnic Communities’ Council of Victoria, *Submission 63*, p. iv.

⁷³ Moreland City Council, *Submission 36*, p. 7.

⁷⁴ Good Things Foundation Australia, *Combatting isolation with tech*, 2020, <<https://www.goodthingsfoundation.org.au/news/combating-isolation-with-tech>> accessed 16 May 2022; Good Things Foundation Australia, *Loan digital devices for flood-affected communities*, 2022, <<https://www.goodthingsfoundation.org.au/news/loan-digital-devices-for-flood-affected-communities>> accessed 16 May 2022.

⁷⁵ Good Things Foundation Australia, *Submission 30*, p. 12.

⁷⁶ Jess Wilson, *Transcript of evidence*, p. 19.

Actually in the UK [United Kingdom] we have been developing a program called the data poverty bank, which is a bit like a food bank but for data. So it is where we have got a number of different technology companies donating data that we can then distribute through the community partners.⁷⁷

The UK National Databank is a partnership between the Good Things Foundation and telecommunications companies Virgin Media O2, Vodafone and Three, which donate data to the Databank. The Databank provides free sim cards and mobile data to community organisations that distribute them to community members in need.⁷⁸ In Australia, Optus works with charities and organisations such as The Smith Family and Mission Australia to enable people in need to access the internet via data donations from Optus customers.⁷⁹

Connectivity is essential for culturally diverse older people to build their digital skills, and free wi-fi or cheaper data options would enable more older people to access the internet. Jess Wilson suggested internet service providers offer cheaper NBN plans and that older people are made aware of these plans. She also noted that some libraries provide free wi-fi 24 hours a day and that people can connect to a hotspot outside the library building after hours.⁸⁰ However, not all culturally diverse older people would be able or willing to connect a device to a hotspot outside a library building when the library is closed.

For culturally diverse older people living in regional areas, access to a reliable and stable internet connection is an additional concern. Professor Irene Blackberry, Chair and Director of the John Richards Centre for Rural Ageing Research (JRC), a research institute specialising in rural experiences of ageing, stated:

it is good that we have the NBN, if it is working, but as you may be aware we do have black spots. We do not have access to everything.⁸¹

JRC noted that poor internet connection in rural areas exacerbates digital exclusion for culturally diverse older people.⁸² According to Infrastructure Victoria, an independent advisory body to government on Victorian infrastructure matters, people in regional Victoria have slower internet speeds and worse mobile coverage than people living in Melbourne and there is inadequate broadband and mobile connectivity in some regional areas. For example, more than 94% of Victoria's 2,609 mobile black spots are in regional Victoria.⁸³

77 Ibid.

78 Good Things Foundation, *National databank*, 2022, <<https://www.goodthingsfoundation.org/databank>> accessed 16 May 2022.

79 Optus, *Optus' Donate Your Data program expanded to support more Australians in need*, 2021, <<https://www.optus.com.au/about/media-centre/media-releases/2021/10/optus-donate-your-data-program-expanded-to-support-more-australians-in-need>> accessed 16 May 2022.

80 Jess Wilson, *Transcript of evidence*, pp. 20–21.

81 Professor Irene Blackberry, *Transcript of evidence*, p. 24.

82 John Richards Centre for Rural Ageing Research, *Submission 67*, p. 7.

83 Infrastructure Victoria, *Victoria's infrastructure strategy 2021–2051*, Infrastructure Victoria, Melbourne, 2021, p. 226.

While the Australian Government is primarily responsible for telecommunication services across Australia, the Victorian Government has also invested \$626 million in its Digital Future Now initiative to improve regional broadband connectivity and eradicate mobile black spots.⁸⁴ In its recent submission to the 2021 Regional Telecommunications Review, the Victorian Government called for greater Australian Government investment in digital connectivity.⁸⁵ The Victorian Government should continue to advocate for better internet connectivity in regional Victoria.

FINDING 45: Culturally diverse older people who do not have access to affordable and reliable internet connections and digital devices are unable to use the internet and build their digital skills and confidence. Reliable internet connectivity is a particular issue in regional communities.

RECOMMENDATION 54: That the Victorian Government work with libraries, neighbourhood houses, local government and community organisations to loan digital devices and dongles to culturally diverse older Victorians in need.

RECOMMENDATION 55: That the Victorian Government further advocate to the Australian Government for greater investment in improving internet connectivity in regional and rural Victoria.

⁸⁴ Ibid.

⁸⁵ Department of Jobs, Precincts and Regions, *Victorian Government submission*, submission to Department of Infrastructure, Transport, Regional Development and Communications, 2021 Regional Telecommunications Independent Review Committee, 2021 Regional telecommunications review, 2021, p. 3.

8 Enhancing responses to elder abuse

Released in December 2021, the Australian Institute of Family Studies' *National elder abuse prevalence study* (Elder Abuse Study) identified, 'Elder abuse has gained significant attention in Australia in recent years as a serious problem requiring increased policy focus.'¹ Evidence presented to the Committee reflected this, with the Commissioner for Senior Victorians stating, 'I think continuing to invest in the expansion of services and support in the elder abuse area is one of the key issues for us moving forward.'² cohealth, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, described it as a 'serious problem across the community ... compounded for older people who are reliant on family members due to language and cultural expectations.'³

This chapter discusses the prevalence and drivers of elder abuse, recent reforms based on past reviews of the system, and current Victorian elder abuse responses and services. It concludes by considering how Victoria's elder abuse response could be improved.

8.1 Elder abuse is a single or repeated act by a trusted person that results in harm to an older person

The Elder Abuse Study defined elder abuse as:

a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.⁴

There are five recognised subtypes of abuse: psychological (also referred to as emotional), financial, physical, sexual and neglect.⁵ The Elder Abuse Study identified an additional subtype of abuse relating to language and culture, classified under psychological abuse.⁶ Elder abuse can constitute family violence under the *Family Violence Protection Act 2008* (Vic). It can occur in residential care facilities or domestic settings and is often intergenerational, perpetrated by an adult child against their parent.⁷ Table 8.1 outlines the types of elder abuse and examples.

1 Lixia Qu, et al., *National elder abuse prevalence study*, Australian Institute of Family Studies, Melbourne, 2021, p. 1.

2 Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, p. 4.

3 cohealth, *Submission 29*, received 30 November 2021, p. 13.

4 Lixia Qu, et al., *National elder abuse prevalence study*, p. 17.

5 Ibid., p. 1.

6 Ibid., p. 50.

7 Seniors Rights Victoria, *Elder abuse as family violence*, Seniors Rights Victoria, Melbourne 2018, p. 3.

The Elder Abuse Study found that most people who experience elder abuse do not seek help or advice from a third party, but try to manage it themselves. Eight in 10 people took some action to end the abuse, most commonly speaking directly with or avoiding the perpetrator. When older people sought help, it was mostly from family and friends.⁸ Most people who took action to stop the abuse felt it effectively prevented its reoccurrence (55–66%).⁹ Dr Rae Kaspiew, the Elder Abuse Study lead researcher, expressed at the 2022 National Elder Abuse Conference (NEAC) that these patterns are problematic, particularly when elder abuse is not reported, because they maintain secrecy and intensify the social isolation of older people.¹⁰

Table 8.1 Types of elder abuse and examples

Type of elder abuse	Example
Psychological	Harassing or using humiliation to cause anguish and feelings of powerlessness or shame, insulting someone, repeatedly ignoring or undermining someone, threatening to harm others that a person cares about, and isolating a person and preventing contact with relatives, friends or service providers. Abuse related to language or culture includes disrespecting someone during a conversation because of their culture, race or ethnicity; deliberately mistranslating financial and legal documents; denying access to important information in preferred languages; restricting contact with friends and acquaintances of the same cultural background; making someone feel as though they are just free labour; and restricting access to culturally familiar activities.
Financial	Using someone else's money or assets illegally or improperly, preventing access to money and assets, making financial decisions without someone's permission and pressuring someone to loan or give money or their assets.
Physical	Inflicting injury or pain on another person, including rough handling and hitting, the use of restraints or over-medication, unwanted physical touching of a non-sexual nature, and threats of harm.
Sexual	Any sexual activity or the witnessing of sexual activity that is not consented to.
Neglect	Failing to provide basic necessities, either unintentionally or intentionally, over- and under-medication and abandonment.

Sources: Melanie Joosten, et al., *Seven years of elder abuse data in Victoria*, National Ageing Research Institute in partnership with Seniors Rights Victoria, Melbourne, 2020, pp. 3, 11; Lixia Qu, et al., *National elder abuse prevalence study*, Australian Institute of Family Studies, Melbourne, 2021, pp. 37, 35, 39, 41, 50.

8.1.1 Nearly one in six culturally and linguistically diverse Australians experience elder abuse

The Elder Abuse Study estimated the prevalence of elder abuse in Australia for individuals aged over 65 to be 14.8%. This is likely underestimated given the study was confined to older people who live in the community and who had the capacity to respond to the survey (that is, people living in residential care and people with cognitive decline were excluded). The most common form of abuse was psychological (11.7%), followed by neglect (2.9%), financial (2.1%), physical (1.8%) and sexual (1%). The study

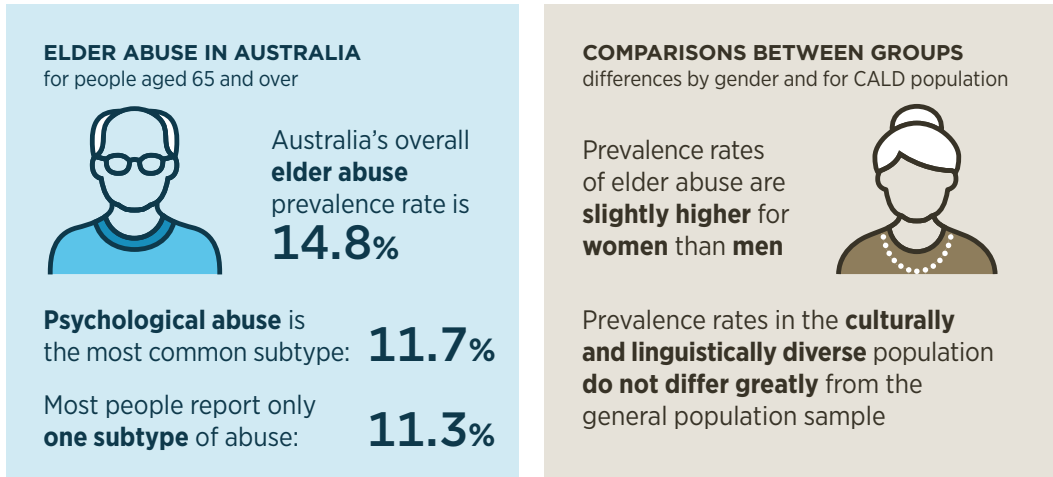
⁸ Lixia Qu, et al., *National elder abuse prevalence study*, p. 82.

⁹ Ibid., p. 86.

¹⁰ Dr Rae Kaspiew, Deputy Director, Research at Australian Institute of Family Studies, 'Future proofing Australia's longer-term strategy', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

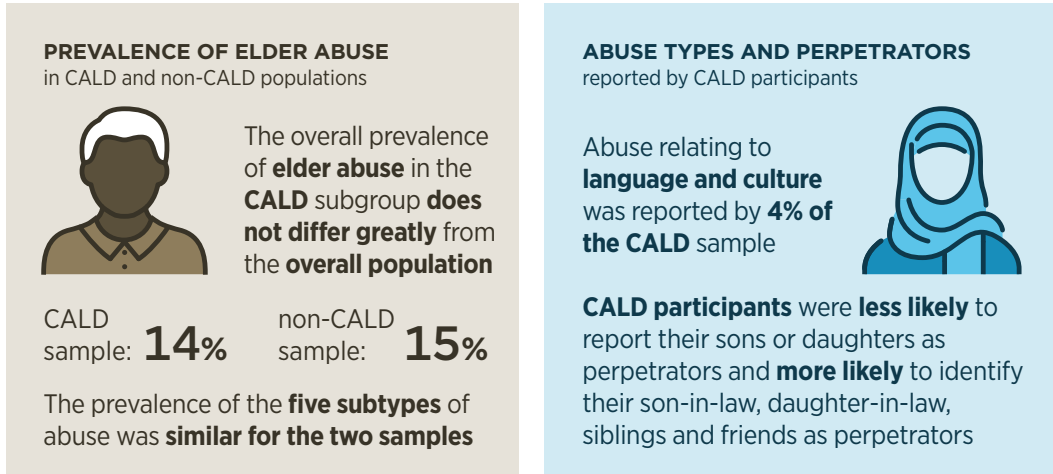
included a ‘substudy’ on elder abuse in culturally and linguistically diverse (CALD) communities, which found a similar elder abuse prevalence rate of 15.3%. The reported prevalence of abuse related to language and culture was 4%.¹¹ Figure 8.1 shows the study’s key findings for the Australian population, and Figure 8.2 for CALD communities.

Figure 8.1 Key findings from the National elder abuse prevalence study



Source: Adapted from Lixia Qu, et al., *National elder abuse prevalence study*, Australian Institute of Family Studies, Melbourne, 2021, p. 30.

Figure 8.2 Key findings from the National elder abuse prevalence study for CALD communities



Source: Adapted from Lixia Qu, et al., *National elder abuse prevalence study*, Australian Institute of Family Studies, Melbourne, 2021, p. 149.

Elder abuse and neglect were also core issues raised in the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission). It estimated that elder abuse and neglect was experienced by 39.2% of people living in Australian aged care facilities. Neglect was the most prevalent type of abuse, followed by emotional and physical.¹²

11 Lixia Qu, et al., *National elder abuse prevalence study*, p. 2.

12 Royal Commission into Aged Care Quality and Safety, *Elder abuse in Australian aged care facilities*, media release, 21 December 2020.

The Victorian Royal Commission into Family Violence (Family Violence Royal Commission) reported that there is no data in Victoria on the prevalence of elder abuse. Victoria Police incident reporting and data from Seniors Rights Victoria (SRV), a specialist elder abuse prevention and response legal centre, are commonly used to gauge the extent and characteristics of elder abuse.¹³ At NEAC, Senior Sergeant Alasdair Gall identified that Victoria Police's data indicates rates of intimate family violence (perpetrated by a current or former partner) for older people have increased slightly from 2016 to 2021. The rate of percentage increase in family violence reports for those aged over 65 is greater than the rate of increase for other types of family violence, demonstrating that elder abuse is a growing issue.¹⁴ SRV and the National Ageing Research Institute (NARI), an independent research institute specialising in ageing, published data in August 2021 on the number of calls to SRV's elder abuse advice phone service from 2012 to 2019. This revealed that of the 2,385 calls from eligible older people:

- calls increased from 242 in 2013 to 373 in 2019, particularly following the Family Violence Royal Commission
- most callers were women (72%)
- most callers lived in Greater Metropolitan Melbourne (78%) and were aged 70 or over (72%)
- almost two-thirds of callers had experienced psychological abuse (63%) or financial abuse (62%), followed by physical abuse (16%), social abuse (11%), neglect (1.2%) and sexual abuse (0.8%), with many experiencing more than one type of abuse
- almost all abuse (91%) was perpetrated by a family member, most frequently sons (39%) or daughters (28%)
- most perpetrators were men (54%), however, the proportion of female perpetrators varied by 10% (41–51%), reaching 51% in one 12-month period.¹⁵

SRV noted an overrepresentation of overseas-born clients accessing its service relative to the overall population, but cautioned the data could indicate that either overseas-born clients experience higher rates of abuse, are more aware of services because of targeted education, or that Australian-born clients are more likely to access private support than a government-funded service.¹⁶ SRV also emphasised that the calls made to its service only represent a small proportion of people experiencing elder abuse and do not necessarily show whether community need is being met.¹⁷

¹³ Royal Commission into Family Violence, *Volume V: report and recommendations*, State of Victoria, Melbourne, March 2016, p. 69.

¹⁴ Senior Sergeant Alasdair Gall, Senior Sergeant, Family Violence Command—Policy Projects and Regional Engagement, 'Victoria Police's financial elder abuse trial: a partnership approach', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

¹⁵ Melanie Joosten, et al., *Seven years of elder abuse data in Victoria*, National Ageing Research Institute in partnership with Seniors Rights Victoria, Melbourne, 2020, p. 3; Seniors Rights Victoria, *Elder abuse as family violence*, p. 10.

¹⁶ Melanie Joosten, et al., *Seven years of elder abuse data in Victoria*, p. 15; Seniors Rights Victoria, *Submission 23*, received 29 November 2021, p. 9.

¹⁷ Seniors Rights Victoria, *Submission 23*, pp. 10, 12.

Some of the most common countries of birth of SRV's clients from non-English speaking countries were Greece (5.2%), Italy (4.7%), Germany (2.1%), Macedonia (2.1%), Malta (2.0%), China (1.8%) and Croatia (1.8%). SRV explained the data reflects changing migration patterns, with most overseas-born clients aged over 75 being from countries with established communities in Australia such as Italy, England, Greece, Germany and the Netherlands, and those aged 60–64 predominately from England, China, Italy, Vietnam and New Zealand. Most clients could speak English and the need for an interpreter remained consistent over time (13–14%).¹⁸

The COVID-19 pandemic affected rates of elder abuse. An independent not-for-profit organisation providing legal services in Melbourne's south-east suburbs, the Peninsula Community Legal Centre (PCLC), outlined that local hospitals in the Frankston and Mornington Peninsula area saw a 59% increase in presentations for elder abuse in 2020–21 compared to pre-pandemic levels.¹⁹ SRV data also indicated that clients born in non-English speaking countries were disproportionately affected by the pandemic and were less likely to seek help.²⁰ The pandemic exacerbated elder abuse risk factors, which created 'greater dependency, isolation, and opportunities for perpetrators to control victims', and restricted opportunities to report abuse.²¹

Melanie Joosten, a former policy officer at SRV, highlighted at NEAC that during the pandemic, SRV received the same number of calls overall but there was a 40% increase in people reporting physical abuse, a 30% increase in psychological abuse and a 30% decrease in financial abuse. This may indicate people were more concerned with their immediate safety than long-term security. Further, during lockdowns they received fewer calls, but calls increased when restrictions eased. SRV also received more calls from older people in regional areas. This may have reflected elder abuse prevalence in regional Victoria, but could have been because such individuals felt more comfortable using digital devices, and access became easier as digital service delivery improved during the pandemic. In addition, more adult children moved home due to financial pressures during the COVID-19 pandemic, a potential catalyst for abuse. Perpetrators could also use pandemic restrictions as a coercive control mechanism to further isolate older people and restrict their access to support. Conversely, for some older people who did not live with the perpetrators, lockdowns were a respite.²²

¹⁸ Melanie Joosten, et al., *Seven years of elder abuse data in Victoria*, p. 16.

¹⁹ Peninsula Community Legal Centre, *Submission 18*, received 26 November 2021, p. 4. See also Kathy Barbakos, Client and Community Services Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 30; Carla Wilkie, Elder Abuse Prevention and Response Liaison Officer (Western Health), North and West Metro Elder Abuse Prevention Networks, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 14.

²⁰ Seniors Rights Victoria, *Submission 23*, p. 12.

²¹ Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, pp. 30–31; Moreland City Council, *Submission 36*, received 30 November 2021, p. 5.

²² Melanie Joosten, former policy officer, Seniors Rights Victoria, 'COVID-19 and elder abuse', paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022.

8.1.2 Perpetrators of elder abuse are often family members

The Elder Abuse Study revealed ‘a complex picture of perpetrator dynamics’.²³ The study found the main perpetrators of abuse were children (18%), partners of children (7%) and grandchildren (4%). Elder abuse can occur outside the family context and be perpetrated by others in a position of trust, for example, friends and non-family members, staff or other aged care residents. Friends (12%), acquaintances (9%) and neighbours (7%) were only a slightly smaller proportion of perpetrators compared to the intergenerational familial group, particularly for financial, physical and sexual abuse.²⁴ The Elder Abuse Study found similar patterns in CALD communities, with family accounting for the majority of perpetrators—sons and daughters at 13% and sons- and daughters-in-law at 11%. Of note, friends were the biggest single group of perpetrators for CALD communities at nearly 18% and were the main contributors to abuse relating to language and culture.²⁵

Certain risk factors increase the likelihood that someone perpetrates elder abuse. These include a lack of social support, poor mental and physical health, substance abuse, financial troubles, or financial and emotional dependency on the older person. It can also include older people who are themselves experiencing cognitive decline and display abusive behaviour towards an older carer or partner.²⁶ Insufficient housing is a key risk factor for abuse, as adult children may move into the family home due to financial pressures or may be impatient for ‘their’ inheritance, leaving older people feeling pressured to help their children access the housing market.²⁷ Housing insecurity is discussed further in Chapter 4. Victoria Police also identified that increased financial pressure on young people ‘has contributed to the growth of financial abuse over the past decade, in part due to inheritance impatience, entitlement and problems such as substance abuse or gambling.’²⁸

‘Caregiver stress’—carers who feel unsupported or stressed—is sometimes reported as a risk factor. However, the Family Violence Royal Commission outlined that research has shown it is not a predictor or causative factor resulting in elder abuse, and to consider it one can be problematic:

For as long as older people are viewed as less capable and dependent, and are not valued for their contribution to our community, this form of abuse will continue. Sometimes it will be disguised as ‘caregiver stress’ or justified as actions taken in the ‘best interest’ of the older person.²⁹

²³ Lixia Qu, et al., *National elder abuse prevalence study*, p. 75.

²⁴ *Ibid.*, p. 70.

²⁵ *Ibid.*, pp. 78, 81.

²⁶ Seniors Rights Victoria, *Elder abuse as family violence*, p. 7; Lixia Qu, et al., *National elder abuse prevalence study*, p. 74.

²⁷ Liz Farquhar, ‘Legal service links rising house prices to high rates of elder abuse’, *ABC News*, 5 November 2021, <<https://www.abc.net.au/news/2021-11-05/high-house-prices-linked-to-elder-abuse/100593796>> accessed 17 November 2021.

²⁸ Victoria Police, correspondence, 16 March 2022, p. 3.

²⁹ Royal Commission into Family Violence, *Volume V: report and recommendations*, pp. 72, 90.

Other research has found caregiver stress is likely to be a risk factor in combination with other factors such as the quality of relationships.³⁰

8.1.3 Ageism is a key driver of elder abuse

The key driver of elder abuse is ageism, as described by SRV:

Ageism, and the way people are treated differently as they age, is a driver of elder abuse. Negative attitudes associated with ageing mean that it can be seen as a time of decline, loss and vulnerability. Ageism results in older people being marginalised and afforded less power and social status. Adult children can feel a sense of entitlement to their parents' finances. When older people are regarded as less valuable, unable to make decisions for themselves, and a burden on resources it can result in social and cultural norms where elder abuse is tolerated.³¹

Gender inequality is also a driver as women are more likely to experience elder abuse, although older men experience it at a higher rate than they experience other forms of family violence.³² Women from migrant and refugee backgrounds are particularly vulnerable because of the intersection of ageism and gender inequality, as well as financial disadvantage, housing insecurity, and increased dependency on others for language, transport and financial help.³³ Older women can also experience elder abuse perpetrated by their intimate partners.³⁴

Older people should not be seen as inherently vulnerable to elder abuse, but certain risk factors increase the likelihood that someone experiences abuse. This includes factors commonly associated with age, such as disability or cognitive impairment, as well as factors such as ethnicity and cultural identity, language, socioeconomic status, sexual orientation, religion and age.³⁵ In addition, the likelihood of experiencing elder abuse and its severity or frequency can increase when the following reinforcing factors are present:

- social isolation
- limited support networks
- poor mental and physical health

³⁰ Adam Dean, *Elder abuse: key issues and emerging evidence*, Australian Institute of Family Studies, Melbourne, 2019, p. 14.

³¹ Seniors Rights Victoria, *Elder abuse as family violence*, p. 4. See also Alexandria Jones, Community Development Manager, Barwon Community Legal Service, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 18.

³² Seniors Rights Victoria, *Elder abuse as family violence*, p. 4; Melanie Joosten, et al., *Seven years of elder abuse data in Victoria*, p. 5.

³³ Eastern Community Legal Centre, *Preventing abuse of older people in Melbourne's east: a primary prevention framework and guide*, Melbourne, 2021, p. 4; Multicultural Centre for Women's Health, *Submission 22*, received 29 November 2021, p. 3 with sources; Ethnic Communities' Council of Victoria, *Submission 63*, p. 30. See also Royal Commission into Family Violence, *Volume V: report and recommendations*, p. 111.

³⁴ Seniors Rights Victoria, *Elder abuse as family violence*, p. 3; inTouch Multicultural Centre Against Family Violence, *Submission 42*, received 1 December 2021, p. 3.

³⁵ Australian Law Reform Commission, *Elder abuse—a national legal response: final report*, Commonwealth of Australia, Sydney, 2017, pp. 44–47; Australian Law Reform Commission, *Elder abuse—a national legal response: summary report*, Commonwealth of Australia, Sydney, 2017, p. 6.

- cognitive impairment and dementia
- reliance on others for support with daily living
- disability
- family conflict
- past experiences of trauma and abuse
- low levels of financial literacy or independence.³⁶

Both risk and reinforcing factors compound the drivers of elder abuse (social and structural factors like ageism and community attitudes), increasing the likelihood of experiencing abuse and its severity.³⁷

The Elder Abuse Study also indicated experiences of elder abuse are influenced by age, socioeconomic status and family arrangements. Key findings included:

- Study participants aged 65–69 were more likely to experience abuse compared with those in older age ranges (this is likely due to older people who live in residential care or who have cognitive decline being excluded from the study).
- Lower socioeconomic status, housing debt and renting (including in public housing) were associated with a greater risk of abuse.
- Relationship status had an influence, with separated or divorced people more vulnerable and people in relationships less likely to experience abuse.
- Elder abuse was associated with social isolation, psychological distress and poor physical and mental health.
- Older people living with long-term medical conditions or a disability were twice as likely to report experiencing abuse than people without these health problems.
- Infrequent contact with friends and family and feeling less supported socially was linked with an increased likelihood of experiencing abuse.³⁸

8.1.4 Culture, language and family dynamics affect experiences of elder abuse

Older people may be reluctant to report abuse because they feel obliged to protect or care for the perpetrator, want to maintain the relationship or do not want adverse consequences for the perpetrator.³⁹ In addition, they may not report abuse due to

³⁶ Seniors Rights Victoria, *Elder abuse as family violence*, p. 7; Commissioner for Senior Victorians, *Submission 46*, pp. 10, 21.

³⁷ Australian Law Reform Commission, *Elder abuse—a national legal response: summary report*, p. 6; Ethnic Communities' Council of Victoria, *Submission 63*, p. 29.

³⁸ Lixia Qu, et al., *National elder abuse prevalence study*, pp. 67–69.

³⁹ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, received 30 November 2021, p. 6; Peninsula Community Legal Centre, *Submission 18*, p. 9; Victoria Police, correspondence, p. 1.

shame, stigma or guilt.⁴⁰ This can further isolate older people and intersects with other factors such as regional location and socioeconomic status to hinder access to services.⁴¹ Culturally diverse people may not report elder abuse because they are unaware of available services, or mistrust services and lawyers.⁴²

Lower levels of financial, legal, health and language literacy, and increased reliance on family for support, information and translation, can also make culturally diverse older people more vulnerable to abuse.⁴³ Further, older people may not report abuse because they rely on the perpetrator or may not understand what elder abuse is.⁴⁴ Similarly, as SRV emphasised:

there is no clear evidence to say any particular culture or community experiences elder abuse at higher or lower rates than any other. However, older migrants and refugees, particularly those from non-English speaking backgrounds; those who have recently arrived in Australia or live within newly established communities; and those who have experienced trauma, may experience particular challenges when recognising abuse; accessing information, services and support; and seeking redress and recovery.⁴⁵

It is important to recognise that cultures are diverse and evolve over time. For example, respect for elders in some cultures can be a protective factor against elder abuse.⁴⁶ The Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, expanded on the relationship between culture and abuse in its submission, outlining that ageist beliefs and cultural norms can 'intensify the effects of abuse':

Elder abuse may at times be sanctioned by cultural norms and beliefs about the provision of care and support to older people. International evidence has linked [the] risk of elder abuse to cultural perceptions of what constitutes abuse, tolerance of certain types of abuse, including the perceived severity of mistreatment, and reluctance to report abuse. Australian research suggests that older people may be reluctant to speak out about family problems due to cultural expectations around privacy.⁴⁷

⁴⁰ inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 3; Seniors Rights Victoria, *Submission 23*, p. 11; Peninsula Community Legal Centre, *Submission 18*, p. 8; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 6; Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 33; Carla Wilkie, *Transcript of evidence*, p. 14; Ethnic Communities' Council of Victoria, *Submission 63*, pp. 30–31; inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 2.

⁴¹ Seniors Rights Victoria, *Submission 23*, p. 8.

⁴² Megan King, Principal Solicitor, Seniors Law, Justice Connect, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 9–10; Peninsula Community Legal Centre, *Submission 18*, p. 4; Kate Diamond-Keith, Gambling Harm and Elder Abuse Prevention Project Consultant, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 21; Carla Wilkie, *Transcript of evidence*, p. 14.

⁴³ Peninsula Community Legal Centre, *Submission 18*, p. 9; Seniors Rights Victoria, *Submission 23*, p. 8; cohealth, *Submission 29*, p. 13; South East Community Links, *Submission 34*, received 30 November 2021, p. 1; Kate Diamond-Keith, *Transcript of evidence*, p. 21.

⁴⁴ Seniors Rights Victoria, *Submission 23*, p. 12; Carla Wilkie, *Transcript of evidence*, p. 14.

⁴⁵ Seniors Rights Victoria, *Submission 23*, p. 3.

⁴⁶ Royal Commission into Family Violence, *Volume V*, pp. 106–107.

⁴⁷ Ethnic Communities' Council of Victoria, *Submission 63*, p. 30 with sources.

Dependency and cognitive impairment are risk factors with specific implications for culturally diverse communities. Australian research suggests family relationships are particularly important for older people who do not speak English or have a limited capacity to engage in mainstream society, increasing their dependency on others. Further, family members in culturally diverse communities are more likely to provide unpaid care to older people with cognitive impairment, creating stress and complex family dynamics and leading to negative outcomes for both carers and older people.⁴⁸

The quality of language services in Victoria is discussed in Chapter 2, but is particularly problematic in the context of elder abuse. The Eastern Community Legal Centre (ECLC), a multidisciplinary legal service operating in Melbourne's east, outlined:

The lack of appropriate [i]nterpreters to support newly arrived and migrant communities is also a significant issue for victims of elder abuse. Whilst it is common, and often acceptable for younger family members to interpret for their elderly family member, this can be extremely unsafe in circumstances where elder abuse exists. Despite the fact that it is considered best practice to utilise accredited interpreters in service provision, too often family members are used as interpreters for elderly parents in legal, health or community services as a matter of convenience. This becomes dire when the adult child is being abusive to their elderly parent.

The lack of interpreters also contributes to the shame and stigma associated with experiences of elder abuse, as the few interpreters that exist are often well known to smaller and newly arrived community groups. Hence, the likelihood of a disclosure being made to a suitable professional is unlikely when interpreters are scarce for particular language groups.⁴⁹

cohealth further explained that family members do not always interpret things accurately: 'When family members convey their views and preferences this can lead to the needs and preferences of the older person being overlooked or contradicted, a form of elder abuse.'⁵⁰

This highlights the importance of high-quality language services, discussed in Chapter 2. Chapters 2 and 4 also considered other barriers to accessing services that similarly apply to elder abuse, including literacy, awareness of services, lack of translated information, inaccessible websites, past trauma, financial insecurity and transport shortages.⁵¹

⁴⁸ Ibid., pp. 30–31.

⁴⁹ Eastern Community Legal Centre, *Submission 39*, received 30 November 2021, p. 4. See also Jackie Galloway, Chief Executive Officer, Peninsula Community Legal Centre, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 17.

⁵⁰ cohealth, *Submission 29*, p. 13.

⁵¹ Peninsula Community Legal Centre, *Submission 18*, pp. 4, 7, 9; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health, *Submission 27*, p. 6; Financial Counselling Victoria, *Submission 73*, received 2 March 2022, p. 6; Rebecca Edwards, Manager and Principal Lawyer, Seniors Rights Victoria, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 39; Jackie Galloway, *Transcript of evidence*, p. 17; Alexandria Jones, *Transcript of evidence*, p. 18; Sonia Di Mezza, *Transcript of evidence*, p. 34; Kate Diamond-Keith, *Transcript of evidence*, p. 21.

8.2 The Victorian Government launched an elder abuse prevention and response initiative in 2006

The Victorian Government's *Elder abuse prevention and response initiative* (Elder Abuse Initiative) was established in 2006 and comprises a range of services. It involved a trial of an integrated model of care (IMOC) for responding to suspected elder abuse at five health services across Victoria. IMOC aimed to strengthen elder abuse responses in health services by creating several entry points for older people and their carers to access specialist support. IMOC consisted of four key components:

- better training for staff to respond to suspected elder abuse
- full-time liaison officers at the Aged Care Assessment Services to provide specialist clinical advice on 'complex discharge decisions for older people at risk of or experiencing elder abuse'
- a counselling and mediation service to prevent cases from escalating to the legal system
- establishing Elder Abuse Prevention Networks (EAPNs) in different areas, comprised of community organisations that collaborate on key objectives and apply a primary-prevention approach.⁵²

The Victorian Government invested \$6 million to extend the IMOC trial.⁵³ The Committee understands it will operate until late 2022 and is currently being evaluated.⁵⁴

The Elder Abuse Initiative also funds elder abuse prevention projects, including the eight to 10⁵⁵ local EAPNs, a state-wide elder abuse prevention awareness-raising campaign, and prevention strategies targeting carers.⁵⁶ It also created an Ambassador for Elder Abuse Prevention. Gerard Mansour, the Commissioner for Senior Victorians, was appointed to the role and is responsible for increasing awareness about elder abuse, its prevention and available support services among older Victorians.⁵⁷

The Elder Abuse Initiative delivers elder abuse professional development through an online training course for individuals working with older people. Further, workers in the health services sector who support older Victorians, as well as community agencies, not-for-profit organisations, local government, Victoria Police and private organisations, can access the Victorian Government's *With respect to age—2009* practice guidelines

52 Department of Health, *Integrated model of care for responding to suspected elder abuse*, 2018, <<https://www.health.vic.gov.au/wellbeing-and-participation/integrated-model-of-care-for-responding-to-suspected-elder-abuse>> accessed 18 May 2022.

53 Department of Health and Human Services, *Ageing*, 2021, <<https://www.dhhs.vic.gov.au/ageing>> accessed 28 September 2021.

54 Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 6.

55 The Department of Health's website outlines there are ten EAPNs but the Victorian Government's submission states there are eight. See Department of Health, *Funded projects to prevent elder abuse*, 2018, <<https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/preventing-elder-abuse/funded-projects-to-prevent-elder-abuse>> accessed 15 November 2021; Victorian Government, *Submission 71*, received 4 February 2022, p. 14.

56 Department of Health, *Funded projects to prevent elder abuse*.

57 Department of Health, *Ambassador for Elder Abuse Prevention*, 2018, <<https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/preventing-elder-abuse/ambassador-for-elder-abuse-prevention>> accessed 15 November 2021.

on preventing elder abuse. The guidelines take a broad multi-discipline and multi-sector approach and provide information on policies and procedures, inter-agency protocols and strengthening service response capacity in relation to elder abuse.⁵⁸

The final element of the Elder Abuse Initiative is SRV, established in 2008 to provide support, information, education and advice to safeguard the dignity, rights and independence of older people and prevent elder abuse. SRV provides an elder abuse helpline, specialist legal services, individual advocacy, education, policy and law reform leadership and undertakes awareness-raising activities. It is a program of the Council on the Ageing Victoria (COTA) Victoria, the peak body representing the interests of Victorians aged over 50, and is funded by the Victorian Government, Victoria Legal Aid and the Commonwealth Attorney-General's Department. It works closely with other elder abuse services at Justice Connect, a social justice and legal service, and ECLC.⁵⁹

8.3 The Victorian Government has implemented changes based on national reviews

One key recommendation from the Aged Care Royal Commission to address elder abuse was to establish a rights-based aged care framework. This involves introducing a new aged care Act that explicitly lists the rights of people receiving care, including 'the right to freedom from degrading or inhumane treatment, or any form of abuse'.⁶⁰ The Australian Government is introducing a new aged care Act, commencing from 1 July 2023.⁶¹

The Australian Law Reform Commission's (ALRC) 2017 report, *Elder Abuse—a national legal response*, focused on legal responses to elder abuse and sought 'to balance two framing principles: dignity and autonomy, on the one hand; and protection and safeguarding, on the other':

Where possible, the ALRC has sought to recommend changes to the law that both uphold autonomy and provide protection from harm, but where this is not possible, greater weight is often given to the principle of autonomy. Older people, like most adults, prize their freedom and independence, and do not wish to be treated like children or sheltered from all risk. The autonomy of older people should not be afforded less respect than the autonomy of others. However, in limited cases, where there is particularly serious abuse of vulnerable people, protection should be given additional weight.⁶²

58 Department of Health, *Elder abuse professional development*, 2018, <<https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/preventing-elder-abuse/elder-abuse-professional-development>> accessed 15 November 2021.

59 Seniors Rights Victoria, *About us*, 2021, <<https://seniorsrights.org.au/about-us>> accessed 28 September 2021.

60 Royal Commission into Aged Care Quality and Safety, *Final report: care, dignity and respect, Volume 1 summary and recommendations*, Commonwealth of Australia, Canberra, 2021, p. 206.

61 Department of Health, *Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety*, Commonwealth of Australia, Canberra, 2021, p. 1.

62 Australian Law Reform Commission, *Elder abuse—a national legal response: summary report*, p. 8.

In response to both the ALRC report and Aged Care Royal Commission, the Australian Government launched the *National plan to respond to the abuse of older Australians (elder abuse) 2019–23*. The plan was developed in consultation with state and territory governments and concludes that attention should be given to the needs of culturally diverse communities.⁶³ It is accompanied by an implementation plan with key initiatives to be undertaken by each state. For Victoria, and in addition to the Elder Abuse Initiative, key outcomes will be to:

- share learnings with other states from Victorian elder abuse programs
- bolster frontline responses by developing specialist elder abuse identification and response training to build the capacity of staff in relevant sectors
- strengthen Victoria Police’s frontline response to elder abuse by:
 - improving awareness of the issue and appropriate actions
 - creating specialist family violence investigation roles
 - facilitating better partnerships with the health and support sectors
 - encouraging reporting
 - contributing to community awareness about elder abuse
- review laws on adult safeguarding and contribute to standardising power of attorney laws across Australia
- contribute to a national approach to raise awareness of elder abuse and the value of older people.⁶⁴

8.4 Elder abuse prevention and education initiatives should be targeted to culturally diverse communities

The Victorian Government funds ECCV and SRV to coordinate and deliver community education and awareness-raising initiatives regarding elder abuse and its prevention. Since 2012, they have delivered community education and awareness-raising activities and developed community education kits and prevention brochures in 16 different languages. Through the Raising Awareness of Elder Abuse in CALD Communities project, bicultural community educators are taught about elder abuse and supported to deliver culturally appropriate information sessions to older Victorians that increase awareness of the issue and available support.⁶⁵

In 2014, ECCV and SRV released ‘Within my Walls’, an educational video series in 14 different languages, which provides a ‘glimpse into the lives of older people in

⁶³ Council of Attorneys-General, *National plan to respond to the abuse of older Australians (elder abuse) 2019–2023*, Australian Government Attorney-General’s Department, Canberra, 2019.

⁶⁴ Council of Attorneys-General, *Implementation plan to support the national plan to respond to the abuse of older Australians 2019–23*, Australian Government Attorney-General’s Department, Canberra, 2019, pp. 6, 19, 20, 23, 24, 27.

⁶⁵ Ethnic Communities’ Council of Victoria, *Elder abuse prevention*, 2021, <<https://eccv.org.au/elder-abuse-prevention>> accessed 28 September 2021.

suburban Melbourne, who have been affected by mistreatment at the hands of their family.⁶⁶ The videos are ‘designed to generate discussion’ about elder abuse and ‘address stigma about accepting help outside the family, not knowing where to go for help and increased dependency on adult children due to migration.’⁶⁷ As part of a broader family violence prevention strategy, ECCV, SRV and Respect Victoria, a statutory authority dedicated to preventing family violence, launched ‘Call it out’ in 2019. A campaign on respecting older people and calling out elder abuse and ageism, it was accompanied by multilingual fact sheets and brochures, social media toolkits and videos.⁶⁸

8.4.1 The community services and legal sectors provide tailored elder abuse responses

Several elder abuse Health Justice Partnerships (HJPs) operate in Victoria. HJPs bring together the legal and health sectors by embedding a lawyer ‘in a healthcare setting to reach out to people who may need legal help and may not know it.’⁶⁹ HJPs recognise that ‘[b]y training healthcare professionals to identify potential legal risks or issues, we [HJPs] can empower them to refer clients to free legal help’, leading to better community outcomes and client health and wellbeing.⁷⁰ Justice Connect’s Seniors Law team has HJPs with cohealth, Caulfield Hospital and St Vincent’s Hospital, allowing it to deliver a ‘coordinated and sensitive multi-disciplinary response.’⁷¹ From 2020–21, 60% of the Justice Connect/cohealth HJP clients were born in non-English speaking countries and 43% required an interpreter.⁷² HJPs are important as the Elder Abuse Study revealed that people experiencing elder abuse were more likely to seek help from a general practitioner or nurse (29%) than police (17%) or a lawyer (15%).⁷³

Justice Connect described several elements that make HJPs a successful tool to combat elder abuse in culturally diverse communities. First, culturally diverse older people may be more likely to discuss elder abuse with a trusted health worker than a legal service. The health worker can then refer the person to a legal service that takes a holistic, supportive and culturally sensitive approach to address the abuse. Second, staff are experienced in working with interpreters to provide culturally appropriate services, develop a trusted relationship with the client and ensure the client’s voice is heard. Third, HJPs allow older people to meet a lawyer confidentially in a health setting, preventing the perpetrator from becoming aware that the person is seeking help. Last, HJPs help build strong relationships between legal and health services, allowing

66 Seniors Rights Victoria, *Within my walls series*, n.d., <<https://seniorsrights.org.au/resources-education/videos/within-my-walls-series-2/>> accessed 15 November 2021.

67 Ibid.

68 Respect Victoria, *Respect older people: ‘Call It Out’*, 2019, <<https://www.respectvictoria.vic.gov.au/campaigns/respect-older-people-call-it-out>> accessed 15 November 2021.

69 Justice Connect, *Ending elder abuse through Health Justice Partnerships*, n.d., <<https://justiceconnect.org.au/our-services/seniors-law/about-hjps>> accessed 15 November 2021.

70 Ibid.

71 Ibid.; Justice Connect, *Submission 48*, received 15 December 2021, p. 1.

72 Megan King, *Transcript of evidence*, p. 9.

73 Lixia Qu, et al., *National elder abuse prevalence study*, p. 84.

older people who may not have otherwise reported abuse to access assistance. Justice Connect’s legal service conducts regular training to upskill health professionals and is ‘fully integrated’ into the healthcare setting with lawyers seen as a part of the team.⁷⁴

PCLC introduced a specialist elder law service in early 2021, operating in person once a month. PCLC explained that demand for the service surpasses the number of appointments they can provide.⁷⁵ Similarly, ECLC delivers two elder abuse response programs: Rights of Seniors in the East (ROSE) and Engaging Living Safely & Autonomously (ELSA). ROSE is a multidisciplinary and integrated elder abuse response service comprised of a community lawyer, financial counsellor, advocate and administration officer. ELSA is a HJP with Eastern Health ‘designed to break down barriers’ to accessing legal services and ‘bring about health benefits due to effective legal advocacy on behalf of patients.’⁷⁶

There are a range of Australian and Victorian government and non-government services supporting older people and people from culturally diverse backgrounds experiencing family violence.⁷⁷ Seniors Online, a Victorian Government website for older Victorians, also provides elder abuse information.⁷⁸ InTouch Multicultural Centre Against Family Violence (InTouch), a family violence service for migrant and refugee communities, provides culturally sensitive and multilingual legal and migration services to women from culturally diverse backgrounds experiencing family violence.⁷⁹

8.4.2 Several initiatives focus on financial elder abuse in Victoria

Consumer Affairs Victoria (part of the Department of Justice and Community Safety) funds a Financial Counselling Program, delivering telephone and in-person financial counselling for Victorians experiencing family violence or financial disadvantage through service providers.⁸⁰ Additionally, over 300 financial counsellors work across nearly 100 Victorian locations. Financial Counselling Victoria (FCVic), the peak Victorian body for financial counsellors in Victoria, explained that financial counsellors—including elder abuse specialists—are often co-located at not-for-profit organisations delivering essential services for older people, including community health, housing and aged care.⁸¹ The Victorian Government funds FcVic to deliver professional development for financial counsellors, build service capacity, raise awareness of elder abuse and provide

⁷⁴ Justice Connect, *Submission 48*, pp. 2–3.

⁷⁵ Peninsula Community Legal Centre, *Submission 18*, p. 12.

⁷⁶ Eastern Community Legal Centre, *Submission 39*, p. 3.

⁷⁷ For example, the Older Persons Advocacy Network, Elder Rights Advocacy Victoria, National Elder Abuse Hotline, Better Place Australia, Compass, Safe Steps, Housing for the Aged Action Group, Victoria Legal Aid and the Office of the Public Advocate. See Seniors Rights Victoria, *Other organisations*, n.d., <<https://seniorsrights.org.au/get-help/other-organisations>> accessed 15 November 2021.

⁷⁸ Victorian Government, *Submission 71*, p. 15.

⁷⁹ InTouch Multicultural Centre Against Family Violence, *What we do*, n.d., <<https://intouch.org.au>> accessed 15 November 2021.

⁸⁰ Department of Families, Fairness and Housing, *Victorian Government report on multicultural affairs 2019–20*, Victorian Government, Melbourne, 2021, p. 11; Consumer Affairs Victoria, *Financial Counselling Program*, 2021, <<https://www.consumer.vic.gov.au/clubs-and-fundraising/funded-services-and-grants/financial-counselling-program-2021-24/financial-counselling-program>> accessed 4 April 2022.

⁸¹ Financial Counselling Victoria, *Submission 73*, p. 3.

community outreach. In relation to culturally diverse communities, FCVic delivers co-designed, tailored and community-led education resources. It also delivers programs to build financial capacity, resilience and knowledge in culturally diverse communities.⁸²

Victoria Police's financial elder abuse trial facilitates partnerships between health, banking, legal, local government, community and older people-specific organisations to improve outcomes for older people experiencing abuse. It commenced in April 2020 in five police divisions and aims to:

- improve responses to elder abuse
- strengthen reporting channels
- enhance collaboration between stakeholders
- increase understanding of the options to protect victim-survivors
- improve knowledge of the impact of elder abuse
- better identify and address barriers to reporting.⁸³

Victoria Police and SRV representatives presented on the trial at the 2022 NEAC. Rebecca Edwards, Manager at SRV, described that SRV had some negative experiences with Victoria Police in relation to elder abuse clients before the trial. This included that police officers might identify the perpetrator incorrectly, not take cases seriously, or would consider financial elder abuse beyond their remit. For SRV, the trial objectives were to increase reporting and investigations, client satisfaction, awareness, police capability, collaboration, prosecutions and legal interventions.⁸⁴

The trial led to:

- new reporting pathways and holistic, trauma-informed case management
- better awareness of financial elder abuse and available support
- stronger government, private and community relationships
- enhanced multidisciplinary approaches and communication between agencies, meaning collaborative and different resolution options could be provided
- better interagency training on identifying abuse, particularly for banks
- a more accessible legal and banking system for victim-survivors and organisations
- people experiencing elder abuse feeling more comfortable reporting abuse, accepting police responses and improving their perceptions of police.⁸⁵

⁸² Ibid., pp. 3–4; Seniors Rights Victoria, *Submission 23*, p. 14.

⁸³ Victoria Police, correspondence, p. 1; Senior Sergeant Alasdair Gall, 'Victoria Police's financial elder abuse trial'.

⁸⁴ Rebecca Edwards, Manager and Principal Lawyer, Seniors Rights Victoria, 'Victoria Police's financial elder abuse trial: a partnership approach', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

⁸⁵ Senior Sergeant Alasdair Gall, 'Victoria Police's financial elder abuse trial'; Rebecca Edwards, 'Victoria Police's financial elder abuse trial'; Victoria Police, correspondence, p. 2.

Some limitations of the trial included:

- small reach across Victoria, and state-wide or national agencies found it difficult to identify eligible people due to geographical boundaries
- occasionally information did not flow freely to staff working at a grassroots level
- poor data collection on the number of referrals, particularly in CALD communities.⁸⁶

Senior Sergeant Gall explained that since the trial commenced and after the Family Violence Royal Commission, elder abuse has been included in family violence training for Victoria Police members. Other types of elder abuse identified in individual cases are referred to the appropriate team within Victoria Police.⁸⁷

Rebecca Edwards reflected on SRV's experience of the trial, explaining that while it is not perfect, it has improved. As a result of the trial, SRV has a better understanding of financial abuse investigation processes, stronger relationships with Victoria Police, the ability to escalate issues if Victoria Police's 'front desk' response is inadequate, and better access to experienced police investigators to discuss cases. This increases the likelihood that clients will report elder abuse and, in many cases, leads to more satisfied clients.⁸⁸ The trial was initially extended until 2022 and will likely be extended again to 2023. Senior Sergeant Gall stated this would include northern and western suburbs in late 2022, better addressing the needs of culturally diverse communities in these locations.⁸⁹

8.5 Elder abuse prevention and response can be improved to achieve best practice

Family violence is addressed by primary prevention, early intervention and response strategies. Primary prevention strategies concentrate on the underlying conditions that enable abuse to occur, such as gender inequality or ageism. Early intervention, also known as secondary prevention, targets at-risk individuals who may perpetrate or experience family violence. Responding to family violence, also referred to as tertiary prevention, involves addressing the behaviour once it occurs to reduce its effects and prevent its reoccurrence.⁹⁰

The Family Violence Royal Commission was completed in 2015 and addressed family violence in CALD communities and elder abuse. It identified:

- Mainstream and specialist family violence services struggle to provide culturally appropriate services, both to victim-survivors and perpetrators.
- Access to interpreters and translating services is inadequate and should be improved, particularly in Victoria Police.

⁸⁶ Senior Sergeant Alasdair Gall, 'Victoria Police's financial elder abuse trial'; Rebecca Edwards, 'Victoria Police's financial elder abuse trial'.

⁸⁷ Senior Sergeant Alasdair Gall, 'Victoria Police's financial elder abuse trial'.

⁸⁸ Rebecca Edwards, 'Victoria Police's financial elder abuse trial'.

⁸⁹ Senior Sergeant Alasdair Gall, 'Victoria Police's financial elder abuse trial'.

⁹⁰ Royal Commission into Family Violence, *Volume VI: report and recommendations*, State of Victoria, Melbourne, March 2016, p. 1.

- People from culturally diverse backgrounds need better assistance recovering from family violence through culturally appropriate counselling and therapy.
- Prevention and early intervention strategies should empower victim-survivors and employ a rights-based and targeted approach, specific to different communities.
- Community awareness and information provision services should be developed in collaboration with culturally diverse communities and include greater use of audio material, translated in multiple languages.⁹¹

Some key recommendations of the Family Violence Royal Commission included:

- recommendation 139, which called for more funding for SRV and inTouch to provide training and advice to universal and specialist service providers on the needs of older people and culturally diverse communities
- recommendation 153, which advocated for distributing family violence information through services for older Victorians, such as Seniors Online or with the Victorian Seniors Card
- recommendations 157–160, which addressed the inadequate use of interpreters when responding to family violence in culturally diverse communities
- recommendation 155, which suggested Victoria Police trial a dedicated elder abuse response team (implemented by Victoria Police in 2020 and discussed in Section 8.4).⁹²

To monitor the implementation of the Family Violence Royal Commission's recommendations, a report was tabled each year until 2020. The 2020 report identified awareness of elder abuse had improved and a 'considerable effort' was made 'to reorient the system to more diverse responses'.⁹³ However, suitable and safe housing, support for victim-survivors with a disability, people who choose to stay in a relationship, male victim-survivors and people located in rural and regional areas require more attention.⁹⁴ This is a significant gap given the characteristics of elder abuse, where male victim-survivors are common, older people are more likely to live with a disability, older people may choose not to take action to maintain family relationships and victim-survivors can face housing insecurity.

The Family Violence Royal Commission outlined responses must be guided by:

- increasing public awareness of elder abuse so family and friends can identify it and offer support
- encouraging older people to find help

⁹¹ Royal Commission into Family Violence, *Volume V*, pp. 121–125.

⁹² Royal Commission into Family Violence, *Summary and recommendations*, State of Victoria, Melbourne, March 2016, pp. 83–88.

⁹³ Family Violence Reform Implementation Monitor, *Report of the Family Violence Reform Implementation Monitor—as at 7 November 2020*, Victorian Government Printer, Melbourne, 2021, p. 136.

⁹⁴ *Ibid.*, pp. 137–138.

- increasing the capacity of service providers who interact with older people experiencing abuse to identify it and respond
- supporting older people experiencing abuse to remain at home if they wish or find appropriate accommodation should they choose to leave
- providing services for older people of diverse communities, including from culturally diverse backgrounds, that are responsive to individual needs and experiences
- delivering responses that respect older people's choices about family relationships
- effectively collaborating and coordinating responses between different sectors, particularly aged care, health and family violence.⁹⁵

The Family Violence Royal Commission identified key priority areas, including:

- providing education to increase awareness and prevention
- building service responses through better training, policies and practices at key agencies
- building the capacity of specialist family violence services by increasing SRV's funding in recognition of the ageing population, developing a restorative justice program, providing better support for male victim-survivors and improving behavioural change programs for perpetrators
- providing tailored crisis and long-term accommodation for older people affected by family violence, and for perpetrators who may live with an older person.⁹⁶

Evidence from Inquiry participants suggests many priority areas still require improvement. Given the Family Violence Royal Commission occurred in 2015, the Committee believes elder abuse prevention and response can be developed further. This section considers how this can be achieved through three main themes: strategy, prevention and response.

8.5.1 A Victorian Government elder abuse strategy is needed to combat elder abuse

In 2018, SRV commissioned NARI to develop the *Elder abuse community action plan for Victoria* (NARI Victorian Elder Abuse Action Plan). It identified that elder abuse had received increased attention after the Family Violence Royal Commission, but services and responses were not well coordinated due to the issue's complexity. The key gaps identified included:

- limited community understanding of elder abuse and recognition of older people's voices
- uncertainty about the relationship between elder abuse and family violence, as well as elder abuse in care relationships

⁹⁵ Royal Commission into Family Violence, *Volume V*, p. 89.

⁹⁶ *Ibid.*, pp. 90–93.

- a shortage of strategies to address the drivers of elder abuse, particularly ageism
- inadequate advice, support and housing options for older people and perpetrators
- limited access to mediation services in rural and culturally diverse communities
- inadequate data collection, monitoring and analysis, and limited dissemination of findings
- no centralised repository of elder abuse information, policies, education and research.⁹⁷

The NARI Victorian Elder Abuse Action Plan identified 10 priority areas, including raising community awareness of elder abuse and reducing ageism; developing a common framework to respond to elder abuse; increasing family mediation services, particularly for rural and CALD communities; increasing elder abuse training for staff in the health and aged care sectors; improving data collection and evaluation; improving responses to elder abuse in culturally diverse communities; and addressing housing issues.⁹⁸

ECCV's submission recommended the Victorian Government develop an elder abuse strategy that includes partnerships and collaboration with multicultural and ethno-specific organisations, community leaders and groups; co-design of initiatives with people with lived experience; a research agenda; and trials of innovative justice approaches.⁹⁹

In 2017, the Victorian Government released a 10-year plan to address family violence, *Ending family violence: Victoria's 10-year plan for change* (Ending Family Violence Plan), in response to the Family Violence Royal Commission.¹⁰⁰ It is accompanied by rolling action plans, the most recent being *Family violence reform rolling action plan 2020–2023* (2020–23 Rolling Action Plan), and *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women—Second action plan 2022–2025* (2022–25 Family Violence Action Plan). A key objective of the 2020–23 Rolling Action Plan is to develop a 'Victoria Elder Abuse Statement'.¹⁰¹ A key action of the 2022–25 Family Violence Action Plan is to increase 'intersectional primary prevention activity, particularly with multicultural and faith-based communities ... and older Victorians'. A key deliverable is to release an 'Elder Abuse Primary Prevention framework to better coordinate primary prevention programs that foster positive attitudes to ageing and challenge systemic forms of discrimination and marginalisation of older Victorians'.¹⁰² To the Committee's knowledge, these are yet to be released.

⁹⁷ National Ageing Research Institute, *Elder abuse community action plan for Victoria*, report prepared by Briony Dow, Ellen Gaffy, Kerry Hwang, National Ageing Research Institute, Melbourne, 2018, p. 2.

⁹⁸ *Ibid.*, p. 3.

⁹⁹ Ethnic Communities' Council of Victoria, *Submission 63*, p. vi.

¹⁰⁰ Victorian Government, *Ending family violence: Victoria's 10-year plan for change*, Victorian Government, Melbourne, 2017.

¹⁰¹ Victorian Government, *Family violence reform rolling action plan 2020–2023 activity summary*, Victorian Government, Melbourne, 2020, p. 9.

¹⁰² Victorian Government, *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women—Second action plan 2022–2025*, Victorian Government, Melbourne, 2020, p. 33.

The Elder Abuse Study recognised elder abuse as a significant problem that will grow as the population of people aged over 65 increases.¹⁰³ Due to the significant impact of elder abuse, barriers culturally diverse older people face when accessing services, effects of the COVID-19 pandemic and likely underreporting of prevalence rates, the Committee believes a specific Victorian Government elder abuse strategy that is integrated into its family violence plans and responses is needed to address the issue. The Committee considers it an opportune time for the Victorian Government to develop a state-based strategy to respond to elder abuse given the IMOC trial ends this year (2022) with an evaluation imminent, as well as the Victoria Police financial elder abuse trial, NARI Victorian Elder Abuse Action Plan, and the release of the Elder Abuse Study.

Several NEAC presenters discussed the need for a new national elder abuse policy, given the current one ends in 2023. Dr Kaspiew indicated awareness of financial elder abuse is high but awareness of other types of abuse is low, particularly psychological abuse. Given the discrepancy with the most commonly reported types of abuse in the Elder Abuse Study, future elder abuse policies and strategies should respond to this.¹⁰⁴ Jenny Blakey, Director of Elder Abuse Action Australia, a national body raising awareness on elder abuse, emphasised the need to act now given Australia's ageing population, and the number of people who do not seek help, to develop responses that encourage people to report abuse.¹⁰⁵ Cybele Koning, Chief Executive Officer (CEO) of Caxton Legal Service, a community legal centre representing disadvantaged individuals, reflected that elder abuse receives insufficient attention. She advocated for a strengths- and rights-based approach across a range of systems and services that maximises the autonomous decision-making of older people and provides them with a sufficient level of support.¹⁰⁶ These principles should also apply to a state-based elder abuse strategy.

The strategy should build on the Victorian Government's 2006 Elder Abuse Initiative. The Commissioner for Senior Victorians identified:

an opportunity to expand trials of the integrated approach to elder abuse response and prevention [IMOC] so that all older people can have increased access to elder abuse services and support irrespective of where they live within Victoria.¹⁰⁷

In addition to the best practice principles discussed in Chapter 2, the elder abuse strategy should pay specific attention to:

- culturally diverse communities
- both prevention and response of all types of abuse
- the findings of the Elder Abuse Study and NARI Victorian Elder Abuse Action Plan

¹⁰³ Lixia Qu, et al., *National elder abuse prevalence study*, p. 166.

¹⁰⁴ Dr Rae Kaspiew, 'Future proofing Australia's longer-term strategy'.

¹⁰⁵ Jenny Blakey, Director, Elder Abuse Action Australia, 'Future proofing Australia's longer-term strategy', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

¹⁰⁶ Cybele Koning, Chief Executive Officer, Caxton Legal Service, 'Future proofing Australia's longer-term strategy', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

¹⁰⁷ Gerard Mansour, *Transcript of evidence*, p. 2.

- services in regional and rural areas
- improving data collection and research
- integrating elder abuse responses into Victoria’s family violence strategies, as well as national responses to elder abuse
- empowering older people and allowing them to control interventions through a rights-based approach that respects their decisions.

FINDING 46: Elder abuse is an emerging issue that will likely increase with Victoria’s ageing population. A Victorian elder abuse prevention and response strategy is needed to increase understanding of the issue and ensure older people can access services.

RECOMMENDATION 56: That the Victorian Government develop a strategy to prevent and respond to elder abuse in Victoria. It should include specific actions for culturally diverse communities, build on past research and reviews, and consider the guiding principles discussed in Chapter 2 of this report.

The strategy should be accompanied by long-term, sustainable resourcing. Loddon Campaspe Multicultural Services (LCMS), a not-for-profit service provider for migrants and refugees in the region, highlighted that there is an ‘overall lack of understanding, information or education relating to the support of older people facing elder abuse’, and more funding is needed to increase access to services.¹⁰⁸ Alexandria Jones, the Community Development Manager at Barwon Community Legal Service (BCLS), which provides legal support to communities in south-western Victoria, identified that shifting community attitudes to address ageism and the challenge of elder abuse cannot be done without long-term investment and leadership. She identified this as a particular issue for primary prevention efforts, with community legal centres and EAPNs struggling to focus on primary prevention without sustainable resourcing.¹⁰⁹ Louise Feery, Manager Health Promotion at Ballarat Community Health, which runs the Central Highlands EAPN, also identified that short-term funding hinders the long-term vision of prevention strategies.¹¹⁰

FINDING 47: Short-term and insufficient funding hinders the ability of service providers and community organisations to undertake elder abuse awareness-raising and prevention initiatives.

RECOMMENDATION 57: That the Victorian Government, through an elder abuse strategy, provide long-term and sustainable funding for elder abuse prevention and response.

¹⁰⁸ Loddon Campaspe Multicultural Services, *Submission 54*, received 9 January 2022, p. 4.

¹⁰⁹ Alexandria Jones, *Transcript of evidence*, p. 18.

¹¹⁰ Louise Feery, Manager Health Promotion, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 25.

Improved data collection and research on elder abuse could be addressed through a Victorian elder abuse strategy.¹¹¹ The Elder Abuse Study identified ‘a need for a systematic assessment of whether existing options for addressing elder abuse overall, and each subtype, are adequate, appropriate and accessible.’¹¹² PCLC noted there is no official data collection on elder abuse in culturally diverse communities and called for improved justice and legal data collection, as well as more research on how culturally diverse communities experience elder abuse.¹¹³ Further, the North and West Metro EAPNs identified research should seek to understand the intersection of culture and elder abuse to provide more effective and culturally safe prevention and intervention.¹¹⁴

The Family Violence Royal Commission also found research on the effectiveness of elder abuse prevention programs and the community’s and community organisations’ understanding of elder abuse is insufficient.¹¹⁵ Similarly, Justice Connect recommended more funding for research on elder abuse prevalence and awareness to ensure effective prevention strategies can be implemented.¹¹⁶ As did inTouch, which advocated for producing more resources and research to support culturally diverse older people experiencing abuse.¹¹⁷

FINDING 48: There is a shortage of research on effective elder abuse prevention and response strategies, evaluation of current programs and data collection on elder abuse in culturally diverse communities.

RECOMMENDATION 58: That the Victorian Government prioritise research, evaluation and data collection on elder abuse in culturally diverse communities when developing a Victorian elder abuse strategy.

8.5.2 Increased primary and secondary prevention efforts can be made

A Victorian elder abuse strategy should focus on primary prevention and addressing the risk factors associated with increased vulnerability to elder abuse. This section considers how primary and secondary prevention efforts can be enhanced through intergenerational programs and elder abuse awareness campaigns and education.

¹¹¹ See Peninsula Community Legal Centre, *Submission 18*, pp. 11–12, 14; National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 2; inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 6; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, received 7 January 2022, p. 17; Dr Rae Kaspiew, ‘Future proofing Australia’s longer-term strategy’, Victoria Police, correspondence, p. 3.

¹¹² Lixia Qu, et al., *National elder abuse prevalence study*, p. 168.

¹¹³ Peninsula Community Legal Centre, *Submission 18*, pp. 11, 14.

¹¹⁴ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 17.

¹¹⁵ Royal Commission into Family Violence, *Volume V*, p. 67.

¹¹⁶ Justice Connect, *Submission 48*, p. 5. See also Professor Bianca Briijnath, et al., *Primary prevention of family violence among older people living in Victoria*, Respect Victoria, Melbourne, 2021, p. 2.

¹¹⁷ inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 6.

The Elder Abuse Study identified that a 'rigorous prevention framework could assist in reducing the prevalence of elder abuse in Australia' through a focus on using evidence-based and tested prevention initiatives to 'reduce risk factors associated with elder abuse over the life course.'¹¹⁸ Megan King, the Principal Solicitor of Justice Connect's Seniors Law team, emphasised the 'benefits of early intervention and service-based approaches to reduce the impacts of elder abuse, particularly for those from CALD backgrounds.'¹¹⁹ Yvonne Lipianin, the Manager of the same team, supported this, stating, 'prevention is key—more investment is needed to raise awareness around elder abuse and to provide future planning, education and support tailored to the needs of each CALD community.'¹²⁰

Reducing ageism is a key prevention objective. ECLC launched a primary prevention framework in June 2019 which outlined:

By addressing the prevention of abuse of older people across the individual, organisational, community and societal levels, the Framework demonstrates the important role everyone can play in promoting respectful relationships across the ages. Together, there is a vital opportunity to shift community attitudes and reframe ageing. Together the social norms that excuse or justify disrespect, marginalisation and abuse of older people can be shifted and ultimately eliminated.¹²¹

The World Health Organization's 2021 *Global report on ageism* identified three strategies that can reduce ageism:

- policies and laws on age discrimination, inequality and human rights
- educational interventions that 'enhance empathy, dispel misconceptions about different age groups, and reduce prejudice and discrimination by providing accurate information and counter-stereotypical examples'
- intergenerational programs and contact that foster interaction and reduce stereotypes and prejudices.¹²²

Intergenerational programs are one of the most effective means of reducing ageism.¹²³ The Commissioner for Senior Victorians suggested expanding intergenerational activities 'that challenge and address ageism as a key driver of abuse of older people.'¹²⁴ NEAC presenters identified intergenerational programs as best practice too.¹²⁵ For

¹¹⁸ Lixia Qu, et al., *National elder abuse prevalence study*, p. 166.

¹¹⁹ Megan King, *Transcript of evidence*, p. 9.

¹²⁰ Yvonne Lipianin, Manager, Seniors Law, Justice Connect, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, p. 11. See also Alexandria Jones, *Transcript of evidence*, p. 18; Victoria Police, correspondence, p. 3.

¹²¹ Eastern Community Legal Centre, *Preventing abuse of older people in Melbourne's east*, p. 2.

¹²² World Health Organization, *Global report on ageism: executive summary*, World Health Organization, Geneva, 2021, p. xvii.

¹²³ Professor Bianca Brijnath, et al., *Primary prevention of family violence among older people living in Victoria*, p. 2.

¹²⁴ Commissioner for Senior Victorians, *Submission 46*, p. 22. See also Professor Bianca Brijnath, et al., *Primary prevention of family violence among older people living in Victoria*, report prepared by National Ageing Research Institute for Respect Victoria, Melbourne, 2021, p. 4; Dr Lesley McKarney, Health Promotion Officer, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 25.

¹²⁵ Rose Connors-Dance, Embraced Inc and Creator of The Centenarian Portrait Project, 'Can you imagine a world without ageism?', paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022.

example, the Hon Dr Kay Patterson AO, Age Discrimination Commissioner, advocated for tackling ageist attitudes directly through intergenerational programs and education.¹²⁶ Intergenerational programs are discussed further in Chapter 5.

FINDING 49: Intergenerational programs are one of the most effective ways of combatting ageism as a key driver of elder abuse.

RECOMMENDATION 59: That the Victorian Government support the expansion of intergenerational programs in Victoria targeted to culturally diverse communities to reduce ageism. They should be co-designed with and tailored to different communities.

The Committee also received evidence about implementing culturally appropriate broad-based awareness campaigns about ageism, elder abuse and the rights of older people.¹²⁷ North and West Metro EAPNs recommended the Victorian Government fund place-based, co-designed and culturally relatable elder abuse awareness and anti-ageism campaigns that are available in various community languages, ‘to enable a sustained shift in community attitudes.’¹²⁸ It should also include producing resources to support culturally diverse older people experiencing elder abuse. The resources should be translated into different languages and distributed through cultural and faith-based organisations.¹²⁹ The NARI Victorian Elder Abuse Action Plan also recommended developing a public awareness campaign featuring empowered older Victorians.¹³⁰

In addition, education for service providers, the community, older people and their families can prevent elder abuse. The Commissioner for Senior Victorians indicated there is an opportunity to ‘[p]artner with community leaders and organisations to expand culturally appropriate education for migrant and refugee older Victorians and their families on identifying and addressing elder abuse.’¹³¹ Further, it should include educating perpetrators and adult children on the rights of older people.¹³² Education programs that upskill bilingual and bicultural workers and leaders to deliver community education to older people was also identified as best practice. Considering elder abuse

¹²⁶ The Hon Dr Kay Patterson AO, Age Discrimination Commissioner, ‘Can you imagine a world without ageism?’, paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022.

¹²⁷ AMES Australia, *Submission 31*, received 30 November 2021, p. 2; Justice Connect, *Submission 48*, p. 5; Loddon Campaspe Multicultural Services, *Submission 54*, p. 4; Sonia Di Mezza, *Transcript of evidence*, p. 33; Kate Diamond-Keith, *Transcript of evidence*, p. 22; Moreland City Council, *Submission 36*, p. 6. See also Marlene Krasovitsky, Co Chair and Director, EveryAGE Counts Campaign, Benevolent Society, ‘Can you imagine a world without ageism?’, paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022; Health and Community Services Union, *Submission 61*, received 25 January 2022, p. 8.

¹²⁸ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, pp. 3–4. See also Elly Gardner, Living and Ageing Well Officer, Inquiry into support for older Victorians from migrant and refugee backgrounds hearing, response to questions on notice received 11 March 2022, p. 1.

¹²⁹ inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 6.

¹³⁰ National Ageing Research Institute, *Elder abuse community action plan for Victoria*, p. 4.

¹³¹ Commissioner for Senior Victorians, *Submission 46*, p. 22.

¹³² Kate Diamond-Keith, *Transcript of evidence*, p. 22.

is a sensitive area, this should be done carefully, in partnership with the community and leaders, so older people feel safe and confident.¹³³

Several organisations in the community services sector provide education and prevention initiatives. For example, Justice Connect explained, ‘With growing elder abuse prevalence in Australia, [it] focuses a significant proportion of its work on prevention strategies’, including by encouraging older people to think about how they would like to age and how legal mechanisms can safeguard their choices.¹³⁴ To target CALD communities, its Safeguarding Now, Preventing Future Abuse project encourages future planning to protect individuals’ financial and personal affairs.¹³⁵ Access to legal services can be a preventative measure against elder abuse (discussed in Chapter 6).¹³⁶

The Committee commends the \$2.9 million invested by the Victorian Government in EAPNs in the 2022–23 State Budget,¹³⁷ but believes elder abuse prevention requires greater focus. An awareness-raising campaign could simultaneously reduce ageism and increase awareness of elder abuse and available support. While individual organisations have implemented awareness-raising campaigns, and ECCV and SRV have undertaken broad-based campaigns, evidence to the Committee indicates scope to expand this. The campaign should be place-based and co-designed with culturally diverse communities, be available in a range of languages and formats and be distributed widely in partnership with community leaders and organisations.

FINDING 50: Awareness-raising campaigns and educational programs can combat ageism and increase understanding of elder abuse and available support. There is scope to expand these activities in culturally diverse communities to prevent elder abuse and facilitate better access to services.

RECOMMENDATION 60: That the Victorian Government fund a long-term and culturally appropriate elder abuse awareness-raising campaign and education program that aims to reduce ageism, increase awareness of elder abuse and direct people to available support. It should include funding to individual organisations and community groups to implement place-based, accessible and culturally specific awareness initiatives.

RECOMMENDATION 61: That the Victorian Government provide additional funding to Elder Abuse Prevention Networks to undertake place-based and culturally appropriate prevention initiatives.

¹³³ Alexandria Jones, *Transcript of evidence*, pp. 19–20. See also Carla Wilkie, *Transcript of evidence*, p. 17.

¹³⁴ Justice Connect, *Submission 48*, p. 4.

¹³⁵ Ibid. See also Alexandria Jones, *Transcript of evidence*, p. 17.

¹³⁶ Megan King, *Transcript of evidence*, p. 9.

¹³⁷ Victorian Government, *Supporting older Victorians, 2022*, <<https://www.budget.vic.gov.au/supporting-older-victorians>> accessed 11 May 2022.

Secondary prevention interventions address the risk factors associated with experiencing or perpetrating elder abuse. Inquiry participants made several recommendations on this, considered throughout the report, including, social security and housing (Chapter 4), reducing social isolation (Chapter 5), awareness of legal rights (Chapter 6) and improving digital literacy (Chapter 7). The Committee received significant evidence on visa status and financial literacy as risk factors, discussed below.

Visa status places older people at increased risk of elder abuse

Multiple stakeholders raised the issue of visa status and uncertainty in relation to elder abuse.¹³⁸ ECLC is aware of ‘a growing cohort of older people who arrive in Australia on sponsored visas who lack both social and security supports and are entirely socially excluded and isolated.’¹³⁹ FCVic also identified:

The parent visa system is complex and introduces many vulnerabilities for both the migrating parents and their receiving families. Commitments are costly, time-limited and with attendant restrictions. They lead families into arrangements that are inflexible to changed circumstances and preferences.¹⁴⁰

SRV discussed a 2020 research project undertaken by a social work student on placement at its organisation on older migrants and contributory parent visas, which found:

while the conditions of the visa do not seem to make abuse more likely, they may exacerbate existing family conflict and increase financial pressures within the family. In addition, the complex visa conditions and assurance of support that render the older person financially dependent on the child who has sponsored the visa, can inhibit an older person from seeking support for any abuse they experience.¹⁴¹

The project made several recommendations, including conducting further research on the issue and developing resources on the migration process, potential family conflict and where to seek help.¹⁴² Similarly, inTouch raised that migration status can provide perpetrators with additional leverage to exert control over another person and identified ‘a new visa subclass for temporary visa holders who have experienced family violence in Australia is crucial.’¹⁴³ While pathways exist for temporary visa holders who experience family violence perpetrated by a sponsor partner to leave a relationship, people on other visas (like parent visas) do not have the same avenues. inTouch recommended the new visa subclass should include access to public health,

¹³⁸ Ethnic Communities’ Council of Victoria, *Submission 63*, p. 31; inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 4; Seniors Rights Victoria, *Submission 23*, pp. 16–17; Eastern Community Legal Centre, *Submission 39*, p. 3; Peninsula Community Legal Centre, *Submission 18*, p. 9; Kate Diamond-Keith, *Transcript of evidence*, p. 22.

¹³⁹ Eastern Community Legal Centre, *Submission 39*, p. 3.

¹⁴⁰ Financial Counselling Victoria, *Submission 73*, p. 5.

¹⁴¹ Seniors Rights Victoria, *Submission 23*, p. 17.

¹⁴² Ibid.

¹⁴³ inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 6.

employment rights and housing, and pathways to other visas at the conclusion of the visa period.¹⁴⁴

The 2022–23 State Budget included over \$43 million for family violence services, including support for women on temporary visas.¹⁴⁵ The Victorian Government has not released additional detail, but the Committee believes the funding should include support for older people on temporary visas experiencing elder abuse. Further, while immigration is the responsibility of the Australian Government, given the significance of visa status as both a social determinant of health (discussed in Chapter 2) and a risk factor for elder abuse, the Victorian Government should advocate at a national level and implement state-based measures in conjunction with the Australian Government to alleviate the pressure placed on older people on contributory parent and parent visas.

FINDING 51: Culturally diverse older people on temporary, contributory parent or parent visas can experience an increased risk of elder abuse and may be more reluctant to seek help.

RECOMMENDATION 62: That the Victorian Government advocate to the Australian Government to implement measures that support older people on temporary, contributory parent or parent visas experiencing elder abuse, such as health, housing and employment support as well as pathways to other visas.

RECOMMENDATION 63: That the Victorian Government provide additional health, housing and employment support for older people on temporary, contributory parent or parent visas experiencing elder abuse and conduct further research on the extent of the issue.

The banking sector and financial counsellors have made important prevention efforts

SRV expressed that people with limited financial literacy are more vulnerable to financial abuse, ‘and this is particularly true of older migrants and refugees who are reliant on family members or others for advice and assistance.’¹⁴⁶ Further, financial abuse can be exacerbated for women where cultural norms restrict financial independence and literacy.¹⁴⁷ Reforms suggested in Chapters 2, 4 and 7, such as ensuring services are accessible to people of all digital literacy levels and people have adequate financial literacy, may prevent financial elder abuse.¹⁴⁸

¹⁴⁴ Ibid.

¹⁴⁵ Victorian Government, *A safer future and more support for Victorian women*, 2022, <<https://www.premier.vic.gov.au/safer-future-and-more-support-victorian-women>> accessed 11 May 2022.

¹⁴⁶ Seniors Rights Victoria, *Submission 23*, p. 14.

¹⁴⁷ Commissioner for Senior Victorians, *Submission 46*, p. 10. See also inTouch Multicultural Centre Against Family Violence, *Submission 42*, p. 4 with sources.

¹⁴⁸ Financial Counselling Victoria, *Submission 73*, p. 7; Alexandria Jones, *Transcript of evidence*, p. 18.

At NEAC, Anna Bligh, CEO of the Australian Banking Association, identified the banking sector has undergone significant change recently to support clients who require additional support, and indicated it should adopt a holistic response to financial elder abuse.¹⁴⁹ Jo McKinstry, Customer Advocate at ANZ Bank, also outlined that Australian banks are developing new ways to identify financial elder abuse with the increased uptake of online banking. Additionally, frontline staff are trained to identify ‘red flags’ associated with elder abuse and the appropriate responses. Jo McKinstry emphasised that banks should contribute to elder abuse prevention, including by providing digital literacy programs at the grassroots level to support older people when transitioning to online banking. For example, ANZ contacts customers who regularly use local bank branches when they close to provide them with digital literacy education and contacts.¹⁵⁰

However, SRV explained that in certain situations, financial abuse occurs because banks have not adequately considered the needs and rights of an older person. It recommended placing greater onus on banks to use accredited interpreters and speak to older people without other family members being present to reduce the risk of coercion. Further, banks should be required to demonstrate that older people received independent financial and legal advice for potentially significant or detrimental loans and transfers.¹⁵¹ BCLS stated that the closure of bank branches is also a risk factor for elder abuse.¹⁵²

PCLC discussed that a success of the Victoria Police financial elder abuse trial was bringing banks into discussions on elder abuse. Jackie Galloway, CEO at PCLC, identified banks as ‘a key player in moving forward in identifying early intervention of elder abuse.’¹⁵³ She stated that the trial ‘is not perfect, but it is the kind of initiative that is needed in this complex area.’¹⁵⁴ Similarly, Victoria Police identified the banking sector previously viewed the safeguarding of older people as beyond its role, ‘but changing community expectations have further pushed the development of specialist teams that support vulnerable customers.’¹⁵⁵ Banks do this in partnership and with oversight from Victoria Police.

FINDING 52: The banking sector has made important changes to assist with the prevention and early identification of financial elder abuse. However, more can be done to ensure culturally diverse older people are not unduly influenced or coerced when making financial decisions.

¹⁴⁹ Anna Bligh, Chief Executive Officer, Australian Banking Association, ‘Financial safety, communications and the role of digital literacy’, paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

¹⁵⁰ Jo McKinstry, Customer Advocate, ANZ Banking Group Limited, ‘Financial abuse is changing—how do we respond?’, paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022.

¹⁵¹ Seniors Rights Victoria, *Submission 23*, p. 15.

¹⁵² Alexandria Jones, *Transcript of evidence*, p. 18.

¹⁵³ Jackie Galloway, *Transcript of evidence*, p. 18.

¹⁵⁴ *Ibid.*, p. 17.

¹⁵⁵ Victoria Police, correspondence, p. 2.

RECOMMENDATION 64: That the Victorian Government support elder abuse prevention initiatives that facilitate partnerships and collaboration between the banking and community services sectors, and Victoria Police. This should include encouraging the banking sector to use independent and qualified interpreters and provide culturally diverse older people with independent financial advice.

FCVic outlined that financial counsellors can provide confidential, person-centred, tailored, free, independent and trauma-informed advocacy, advice and support. They can also refer older people to other services where appropriate. Often, financial counsellors are embedded into other health services, however:

these schemes are pilot and limited in scale. A more broad-scale integration of financial counselling into community health would enable better cooperation between practitioners, as well as greater awareness and consequently, earlier detection of elder abuse. Financial counselling is currently available at just 10 of the 81 community health services state-wide.¹⁵⁶

SRV further reasoned that translating general financial counselling and advice is insufficient. It should be adapted to an individual's experience, culture and literacy level.¹⁵⁷

The 2022–23 State Budget included funding to continue financial counselling services,¹⁵⁸ but the Committee believes there is scope for this to be increased further.

FINDING 53: Increasing financial literacy and providing financial counselling services can reduce the risk of elder abuse, particularly in migrant and refugee communities.

RECOMMENDATION 65: That the Victorian Government fund culturally appropriate financial counselling services in more community health settings as an elder abuse prevention and response initiative.

8.5.3 Service responses should be enhanced to proactively identify elder abuse

Chapter 2 discussed various improvements to be made across healthcare and social services systems that also apply to elder abuse responses, including increasing awareness of services, co-designing programs, improving culturally responsive care and improving language services. This section considers other ways that responses to elder abuse can be improved for culturally diverse communities, including by adopting

¹⁵⁶ Financial Counselling Victoria, *Submission 73*, p. 8.

¹⁵⁷ Seniors Rights Victoria, *Submission 23*, p. 14.

¹⁵⁸ Victorian Government, *Supporting older Victorians*.

person-centred care and non-legal interventions, and increasing the capacity of specialist elder abuse legal centres and service providers.

Older people's choices should be at the centre of elder abuse interventions

Responses to elder abuse should equip older people with knowledge of their rights, and respect their choices based on that knowledge. Alexandria Jones from BCLS summarised, 'it is one thing to provide information on what your rights are, and it is the choice of the older person to take action.'¹⁵⁹ Nikki Harris-Allan, Partnership Coordinator at ECLC indicated that ECLC practitioners place clients 'in the driver's seat', but they also take the time to educate people on their rights and enforce that they deserve to be treated with respect.¹⁶⁰ cohealth identified that for older people to make informed decisions, they should be supported and be able to talk to someone they trust, or seek independent financial and legal advice.¹⁶¹ FCVic outlined that financial counselling services adopt an approach like this as they:

focus on person-centred practice within a framework of empowerment. This places the person at the centre of the engagement, with control over the process and decisions. In many situations, this takes the form of providing people with advice about their rights and entitlements, so that they can make informed choices about their financial situation.¹⁶²

Putting an older person's wishes at the centre of elder abuse responses can also lead to more culturally responsive outcomes. At NEAC, Sonia Di Mezza, CEO of LCMS, discussed while elder abuse can be understood differently based on culture, it is not an excuse for elder abuse. But it is a complex area, and grey areas can be navigated by putting the individual at the centre of their own story in a culturally safe way and actively trying to understand both what the older person wants and their cultural background.¹⁶³

Similarly, at NEAC, Dominique Horne, Clinical and Program Lead, Elder Services at Better Place Australia, a mediation and relationship counselling service, highlighted the importance of placing older people at the centre of responses to understand family dynamics and the conflict an older person may experience between wanting to support the perpetrator and leaving.¹⁶⁴ Luke Wright, Relationships Manager at State Trustees supported this, stating that services should promote and protect people's rights to

¹⁵⁹ Alexandria Jones, *Transcript of evidence*, p. 20.

¹⁶⁰ Nikki Harris-Allan, Partnership Coordinator—ELSA, Eastern Community Legal Centre, 'Breaking cycles of abuse: collaborating across the elder abuse prevention continuum', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

¹⁶¹ cohealth, *Submission 29*, p. 13.

¹⁶² Financial Counselling Victoria, *Submission 73*, p. 7.

¹⁶³ Sonia Di Mezza, Board member, Elder Rights Advocacy Victoria and Chief Executive Officer, Loddon Campaspe Multicultural Services, 'Diverse experiences of elder abuse: elder abuse, as perceived from a culturally and linguistically diverse lens', paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022.

¹⁶⁴ Dominique Horne, Clinical and Program Lead, Elder Services, Better Place Australia, 'Elder abuse in families and intimate relationships: dementia, intimate partner violence and elder abuse: a collaborative response', paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022.

dignity and autonomous decision making. Both Dominique and Luke discussed that while elder abuse is a complex issue, particularly in the context of intimate partner relationships where one or both people may experience dementia, the wishes of the older person must be respected rather than applying a paternalistic approach. This should be balanced with safety and risk, and the decision should be made in the context of identifying holistic support services for both victim-survivors and perpetrators, requiring collaboration and coordination between different services.¹⁶⁵

Many older people prefer non-legal or minimal interventions.¹⁶⁶ Evidence to the Family Violence Royal Commission found older people generally prefer civil or informal responses to elder abuse over criminal or police responses because they want to preserve family relationships. The Family Violence Royal Commission also received evidence that the framework for investigating elder abuse, which is the responsibility of a range of organisations including Victoria Police, the Victorian Ombudsman and the Office of the Public Advocate, is inadequate.¹⁶⁷ In 2018, SRV identified that prosecuting elder abuse offences is often difficult, due to older people being reluctant to report abuse and police having limited capacity to recognise and appropriately respond to it. SRV recommended improving the court process for people affected by elder abuse to reduce re-traumatisation, including using alternative models such as restorative justice.¹⁶⁸

PCLC identified that many culturally diverse people experiencing elder abuse want the abuse to end but believe taking legal action may cause a relationship breakdown with the perpetrator, often their child:

This can make it very difficult for legal services to assist people experiencing elder abuse and illustrates the bluntness of the law as an instrument to remedy this sensitive and complex problem. In our experience, any intervention to address elder abuse needs to take into account the importance to the older person of emotional connections with family, community and culture.¹⁶⁹

North and West Metro EAPNs also identified ‘[l]east restrictive models’, such as finding alternative accommodation, as best practice in elder abuse response.¹⁷⁰ The NARI Victorian Elder Abuse Action Plan recommended developing and trialling culturally appropriate models of family mediation.¹⁷¹

The Victorian Government’s Ending Family Violence Plan identified:

¹⁶⁵ Luke Wright, Relationships Manager, State Trustees, ‘Elder abuse in families and intimate relationships’, paper presented at 2022 National Elder Abuse Conference, Hobart, 14 February 2022; Dominique Horne, ‘Elder abuse in families and intimate relationships’. See also Dr Mala Kapur Shankerdass, ‘Breaking cycles of abuse: collaborating across the elder abuse prevention continuum’, paper presented at 2022 National Elder Abuse Conference, Hobart, 15 February 2022.

¹⁶⁶ Victoria Police, correspondence, p. 1.

¹⁶⁷ Royal Commission into Family Violence, *Volume V*, pp. 85–86.

¹⁶⁸ Seniors Rights Victoria, *Elder abuse and criminal law discussion paper*, Seniors Rights Victoria, Melbourne 2018, pp. 10–11.

¹⁶⁹ Peninsula Community Legal Centre, *Submission 18*, p. 9.

¹⁷⁰ Carla Wilkie, *Transcript of evidence*, p. 17.

¹⁷¹ National Ageing Research Institute, *Elder abuse community action plan for Victoria*, p. 4.

Family-centred healing and dispute resolution approaches, underpinned by victim safety, cultural respect and perpetrator accountability, will be developed ... for victim survivors to recover, thrive and maintain family relationships and wellbeing.¹⁷²

The plan outlined that this approach will be ‘considered’ as a means of responding to elder abuse.¹⁷³ The Victoria Police financial elder abuse trial also refers older people who do not want legal intervention to service providers that use restorative justice approaches. Police responses instead focus on ‘early intervention, victim welfare and disruption activities’.¹⁷⁴ The Committee believes the Victorian Government elder abuse strategy should focus on non-legal elder abuse interventions, as well as informing older people of their rights and respecting their decisions.

FINDING 54: Culturally appropriate elder abuse responses should educate older people on their rights, and should respect the choices they make and place them at the centre of their own care. Non-legal interventions are often a more appropriate means of responding to elder abuse.

RECOMMENDATION 66: That the Victorian Government’s elder abuse strategy focus on non-legal responses and ensuring older people can make informed decisions about elder abuse interventions.

Specialist legal services and community legal services can provide place-based, tailored responses

Rebecca Edwards from SRV identified different elder abuse response models (for example, HJPs or independent services like SRV) that provide an integrated service involving social workers and lawyers as ‘absolute best practice for elder abuse work’:

part of the reason for that is that people experiencing elder abuse often have other associated non-legal problems that also need addressing—sometimes before the legal work can begin or sometimes concurrently—and they can be things like housing, health, financial and emotional problems.¹⁷⁵

Thus, a holistic, supportive and culturally sensitive approach is needed to address elder abuse.¹⁷⁶ HJPs, as co-located and place-based services that integrate legal and social responses, are an effective means of achieving this.¹⁷⁷ However, Yvonne Lipianin from Justice Connect stated, ‘This is a model that works, but one that requires money, commitment, patience and time.’¹⁷⁸ Short-term funding and contract-based positions

¹⁷² Victorian Government, *Ending family violence*, p. 56.

¹⁷³ Ibid.

¹⁷⁴ Victoria Police, correspondence, p. 1.

¹⁷⁵ Rebecca Edwards, *Transcript of evidence*, p. 38.

¹⁷⁶ Megan King, *Transcript of evidence*, p. 10.

¹⁷⁷ Alexandria Jones, *Transcript of evidence*, pp. 17, 19.

¹⁷⁸ Yvonne Lipianin, *Transcript of evidence*, p. 11.

mean it can be hard to attract and retain ‘empathetic, patient and adaptive’ lawyers who are suited to the model.¹⁷⁹ This is particularly important for culturally diverse communities, as HJPs require:

the investment of time and resources to build relationships between the health and legal team, and the capacity to build trust and work collaboratively with the client. Working with older clients from CALD communities can take longer, and demand greater skill, due to language and cultural barriers.¹⁸⁰

Consequently, Justice Connect recommended increasing investment in intensive, specialist elder abuse services like HJPs to better respond to clients’ needs ‘in a holistic, client-centred, culturally sensitive and safe way’.¹⁸¹ Considering only one HJP operates in regional Victoria,¹⁸² the Committee recognises a need to increase funding for HJPs in regional areas too. This was reiterated by PCLC, which identified that culturally diverse older people must be able to access services close to where they live, identifying a:

need for more funding not only for statewide services but also for place-based specialist elder law services for older people within local community legal centres, including services tailored for the CALD communities.¹⁸³

Community and specialist legal centres can effectively address elder abuse. inTouch contended that when people seek help, often services are not culturally or age-appropriate:

Adequately consulting and resourcing culturally-responsive services to respond to family violence in this cohort of the community is crucial to provide the best support for victim-survivors. Specialist family violence services should be trained to recognise and respond to the specific circumstances and needs of this section of our community.¹⁸⁴

Similarly, PCLC identified there are not enough specialist legal services for older people. It argued that SRV is not sufficiently resourced to meet demand across Victoria, and community legal centres also require additional resources to provide specialist advice:

Community legal centres have strong links to the local community and regularly work in partnership with other community organisations. As a result they provide a trusted place-based service for vulnerable groups within the community.

Specialist elder law services within community legal centres provide a best practice model of service delivery for older CALD Victorians. More funding for these services is required.¹⁸⁵

¹⁷⁹ Ibid.

¹⁸⁰ Justice Connect, *Submission 48*, p. 5 with sources.

¹⁸¹ Ibid., p. 5; Yvonne Lipianin, *Transcript of evidence*, p. 11.

¹⁸² Megan King, *Transcript of evidence*, p. 12.

¹⁸³ Jackie Galloway, *Transcript of evidence*, p. 17.

¹⁸⁴ inTouch Multicultural Centre Against Family Violence, *Submission 42*, pp. 1, 5.

¹⁸⁵ Peninsula Community Legal Centre, *Submission 18*, p. 12.

The Commissioner for Senior Victorians stated that while awareness and understanding of elder abuse has improved, there is ‘a long way to go in terms of providing a robust support system’.¹⁸⁶ Opportunities for improvement include expanding services and addressing the stigma associated with accessing them through a partnerships model between healthcare providers and legal services.¹⁸⁷ The Commissioner stated, ‘I think we have got the bones of the service system, but we have not yet put that together as a state-wide platform’ to adequately address elder abuse.¹⁸⁸ The Commissioner for Senior Victorians recommended expanding IMOC so culturally diverse older people ‘can access elder abuse services and support irrespective of where they live within Victoria.’¹⁸⁹ Moreland City Council identified that IMOC works well to increase awareness and early identification of elder abuse, and provide better support, referral pathways and targeted counselling. However, it could be better promoted in culturally diverse communities.¹⁹⁰

Similarly, a joint submission from NARI, SRV, the Multicultural Centre for Women’s Health, a community-based organisation providing tailored and accessible wellbeing programs for older migrant and refugee women, and Carers Victoria, the peak body representing carers in Victoria, stated:

In order to ensure that older people from all cultures and ethnicities are properly supported, elder abuse services need to be resourced to provide culturally appropriate services that can be accessed in multiple ways and are not reliant on the involvement of younger family members, English-speakers or those with a high degree of digital literacy. There needs to be a commitment to face-to-face services, the provision of bilingual workers where possible, and the active building of relationships between family violence and elder abuse services with the variety of cultural groups and services in Victoria.¹⁹¹

FINDING 55: Specialist elder abuse responses, such as health justice partnerships, Seniors Rights Victoria and community legal centres, can effectively address elder abuse because they consider the needs of an older person holistically, provide culturally responsive and place-based services, build trust with clients and build effective partnerships with other service providers. However, they are not sufficiently funded to meet current demand.

RECOMMENDATION 67: That the Victorian Government increase funding for Seniors Rights Victoria, elder abuse health justice partnerships and community legal centres in Melbourne and regional Victoria to ensure culturally diverse older people can access elder abuse services close to where they live.

¹⁸⁶ Gerard Mansour, *Transcript of evidence*, p. 4.

¹⁸⁷ *Ibid.*, pp. 4, 6.

¹⁸⁸ *Ibid.*, p. 7.

¹⁸⁹ Commissioner for Senior Victorians, *Submission 46*, p. 22; Gerard Mansour, *Transcript of evidence*, p. 2.

¹⁹⁰ Elly Gardner, response to questions on notice, p. 1.

¹⁹¹ National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women’s Health, *Submission 27*, p. 6.

Service providers require support and training to identify and respond to abuse

While specialist family violence and legal services provide vital elder abuse prevention and response programs, service providers more generally also need to be able to identify, respond to and refer elder abuse cases. As the Commissioner for Senior Victorians identified, the mainstream service system should continue to focus on elder abuse and family violence through continued investment, training and workforce development, to ensure staff can adequately identify abuse.¹⁹² Similarly, in correspondence to the Committee, Victoria Police identified people affected by elder abuse could be better supported by increasing the capacity of service providers to deliver support, advice and advocacy.¹⁹³

Service providers should be 'alert' to elder abuse signs and be able to identify it and respond. Services should also provide support in community languages and facilitate older people to 'speak independently of family members.'¹⁹⁴ For example, Ballarat Regional Multicultural Council, the peak multicultural agency in the Central Highlands Grampians region, works with SRV to ensure all its staff are trained to identify elder abuse.¹⁹⁵ SRV outlined that organisations must be adequately resourced to deliver culturally appropriate and accessible elder abuse resources and services, 'hand-in-hand with the communities they are there to support.'¹⁹⁶ Similarly, BCLS stated that onus should not be placed on older people to seek help, but 'community leaders, faith leaders and family members' should be upskilled to recognise early warning signs and offer assistance.¹⁹⁷ This can be delivered by bilingual workers.¹⁹⁸ North and West Metro EAPNs reasoned general practitioners, healthcare workers and staff at ethno-specific organisations should be trained to identify elder abuse and refer people to appropriate services.¹⁹⁹

According to ECLC, the ability for service providers to identify elder abuse can be complicated as older people experiencing abuse are more likely to be socially isolated and disengaged from community support:

elder abuse victims are often only identified when they have come to the attention of mainstream services (such as emergency departments, hospitals, doctors). Elder abuse victims from migrant and refugee backgrounds are unlikely to have had much prior engagement with these mainstream services either due to the lack of culturally appropriate services or interpreters (as identified above) or their family members are being utilised to 'interpret' for them. As the family members are often the perpetrators

¹⁹² Gerard Mansour, *Transcript of evidence*, pp. 6–7. See also Sonia Di Mezza, *Transcript of evidence*, p. 34; Kate Diamond-Keith, *Transcript of evidence*, p. 23.

¹⁹³ Victoria Police, correspondence, p. 3.

¹⁹⁴ cohealth, *Submission 29*, p. 13.

¹⁹⁵ Teresa Azzopardi, Social Support Manager, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 4.

¹⁹⁶ Seniors Rights Victoria, *Submission 23*, p. 18.

¹⁹⁷ Alexandria Jones, *Transcript of evidence*, p. 20.

¹⁹⁸ Ibid.; Sonia Di Mezza, *Transcript of evidence*, p. 34.

¹⁹⁹ Carla Wilkie, *Transcript of evidence*, p. 17.

of the elder abuse, the older person is often navigated away from the services' attention. Elder abuse victims are often, if not always, bereft of any cultural and family support and in fact are not even aware that community, social or support groups may exist at all.²⁰⁰

This highlights the importance of integrated legal and social work services, but also the importance of equipping service providers and bilingual and bicultural workers with the skills to identify and respond to elder abuse.

FINDING 56: Staff at community organisations and service providers in the healthcare and social services sectors should be trained on identifying and responding to elder abuse. Community leaders and family members in culturally diverse communities should also be able to identify the signs of elder abuse and refer people to appropriate support.

RECOMMENDATION 68: That the Victorian Government expand training initiatives for healthcare and social services workers to identify and respond to elder abuse.

RECOMMENDATION 69: That the Victorian Government provide funding for bicultural and bilingual community educators to deliver training to community leaders, older people and their family members on elder abuse and appropriate responses.

²⁰⁰ Eastern Community Legal Centre, *Submission 39*, pp. 4–5.

9

Meeting aged care support needs

A recurrent concern among Inquiry participants was access to aged care and the quality of aged care services for culturally diverse older Victorians. Aged care covers a variety of services and programs to assist people with daily living and can range from low-level to intensive support. It includes assistance with everyday activities, equipment and home modifications, personal care, healthcare, respite and accommodation. It is provided in people's homes, the community and residential care facilities.¹ While the Victorian Government delivers home care services and operates some residential aged care facilities, it is the Australian Government that funds and regulates aged care services.

Following concerns about the abuse and neglect of older people in residential aged care facilities, a Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission) was established in 2018. The final report was published in 2021 and recommended significant reform to the aged care system. Specifically for culturally diverse older people, the Aged Care Royal Commission found the system lacking. As explained by Lisa Tribuzio, Manager of the Centre for Cultural Diversity in Ageing, which provides expertise in culturally inclusive policy and practices for the aged services sector:

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 ... 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 ... We need flexible and adaptive services that meet the unique cultural, spiritual, language and lifestyle needs of older people and their families.²

This chapter discusses the concerns about aged care raised by Inquiry participants before turning to the role of the Victorian Government in aged care and the findings from the Royal Commission. The chapter then proposes strategies to improve inclusiveness and access to aged care services for culturally diverse older Victorians.

1 Royal Commission into Aged Care Quality and Safety, *Final report: care, dignity and respect, Volume 1: summary and recommendations*, Commonwealth of Australia, Canberra, 2021, p. 62.

2 Lisa Tribuzio, Manager, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 27.

9.1 Aged care is not meeting the needs of culturally diverse older Victorians

At 30 June 2020, the proportions of aged care service users in Australia who were born overseas in a non-English speaking country were about:

- 28% of people using home care
- 20% of people using permanent residential aged care
- 20% of people using respite or transition care (short-term care following a hospital stay).³

In comparison, the total proportion of Australians aged 65 and over who were born in a non-English speaking country is 20%.⁴

According to the Australian Institute of Health and Welfare, it can be difficult for culturally diverse older people to access aged care services because of language and cultural barriers. Cultural and family practices can also affect whether culturally diverse older people seek formal aged care services if, for example, their family can provide informal care.⁵

The Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, noted that culturally diverse older people prefer to stay in their homes as they age, and as a result use home care services at higher rates than older people born in Australia.⁶ Staying in their own homes close to family and friends is comforting to older people and they feel it provides them with a safety net should anything go wrong.⁷

The Australian Government funds and regulates aged care through the *Aged Care Act 1997* (Cth) (Aged Care Act), the associated Aged Care Principles (administered by the Department of Health), and the Aged Care Quality and Safety Commission. A new aged care Act and oversight mechanisms are scheduled to be implemented in 2023. The Australian Government provides aged care services for older people through the Commonwealth Home Support Program (CHSP) and the Aged Care Assessment Services (ACAS), which assess the level of support older people need and their eligibility for services. The Victorian Government is funded by the Australian Government to deliver the CHSP and ACAS in Victoria.⁸

3 Australian Institute of Health and Welfare, *Older Australians: culturally and linguistically diverse older people*, 2021, <<https://www.aihw.gov.au/reports/older-people/older-australians/contents/feature-articles/culturally-and-linguistically-diverse-older-people>> accessed 6 May 2022.

4 Ibid.

5 Ibid.

6 Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. 18.

7 Dr Bruce Baer Arnold, Associate Professor, University of Canberra, *Submission 2*, received 25 October 2021, p. 4.

8 Department of Health, *Ageing and aged care*, 2021, <<https://www.health.vic.gov.au/ageing-and-aged-care>> accessed 28 March 2022.

ACAS teams, consisting of healthcare professionals, work with frail older people and their carers to determine the type of aged care service that best meets their needs. This can range from help at home, such as a walking frame, meal delivery, house cleaning or nursing care, to placement in a residential aged care facility.⁹ The CHSP provides entry-level support for older people to live independently at home, which is usually one or two basic services. If this is insufficient, Home Care Packages (HCPs) are available, which provide more funding across four tiers based on the level of need: basic, low, intermediate and high.¹⁰

Currently, under the Aged Care Act, culturally and linguistically diverse people are designated as 'special needs', along with nine other groups that are recognised as having potential difficulties accessing aged care services that meet their needs. Aged care providers are required to deliver services to every special needs group. Older people from culturally diverse backgrounds can experience several cultural, structural and service barriers to accessing aged care. This includes attitudes towards ageing and care responsibilities, communication difficulties, lack of awareness about services, difficulty navigating the aged care system and services that are not culturally appropriate.¹¹

The following section discusses the barriers and concerns Inquiry participants raised about aged care services.

9.1.1 Culturally diverse older people have negative perceptions of aged care

Inquiry participants raised concerns about the quality of aged care services both in residential facilities and at home. Some culturally diverse older people feared the prospect of entering a residential aged care facility and others equated it to entering a prison.¹² References were made to substandard care, neglect, inadequately staffed facilities, poor quality food and facility owners' focus on profits.¹³ For example, an English Inquiry participant who is almost 70 stated:

Maybe one day I may not be able to look after myself, and I may be forced to consider moving into an age care home. What a horrible prospect! There are many such homes in this area and most of them have facilities and conditions far worse than prisons. There appears to be very little supervision of these places and the fact that most of

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- 9 Better Health Channel, *Aged Care Assessment Service*, 2021, <<https://www.betterhealth.vic.gov.au/health/serviceprofiles/aged-care-assessment-service>> accessed 20 May 2022.
- 10 Department of Health, *Commonwealth Home Support Programme: interaction with Home Care Packages*, factsheet, Australian Government, Canberra, 2019, p. 1.
- 11 Aged Care Sector Committee Diversity Sub-group, Department of Health, *Actions to support older culturally and linguistically diverse people: a guide for aged care providers*, Australian Government, 2019, p. 5.
- 12 Name withheld, *Submission 7*, received 4 November 2021, p. 3; Demetrio Ortega, community member, United Spanish Latin American Welfare Centre, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, pp. 9, 10; Lucy Salinas, community member, United Spanish Latin American Welfare Centre, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 11; Lateef Adeleye, Deputy Secretary, Ballarat African Association Inc., public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 8.
- 13 Dr Bruce Baer Arnold, *Submission 2*, pp. 2, 3; Name withheld, *Submission 4*, received 29 October 2021, p. 2; Name withheld, *Submission 7*, p. 3; Sumaya El Masri, Mrs El-Imam's carer, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 3.

these organisations are run on a profitmaking basis means that there is more priority to make bigger profits for the owners and shareholders, and no incentive to actually care for the residents, who are treated worse than cattle. I have had first hand experience of this recently with both my own mother, and also my partner’s mother who sadly had to suffer their final months in age care homes.¹⁴

Inquiry participants called for more compassion for aged care residents, welfare checks on aged care clients and carers, greater oversight of aged care providers, and more flexibility in how aged care funding packages can be spent.¹⁵

The waiting time for aged care services was also criticised, especially for HCPs. For example, United Spanish Latin American Welfare Centre (United), an organisation that supports Victorians of Spanish-speaking backgrounds, stated:

HCP wait list is very long—individuals’ circumstances change whilst they wait for a package, resulting in many care and services only being available when it is too late.¹⁶

Similarly, when asked about the everyday challenges faced by her parents, a carer said:

Taking too long to get aged care package waited 5 months for 2nd interview for assessment now waiting for package. My mum is seriously ill at present only gets 1 hour fortnight for cleaning, I take her to medical appointments and do shopping and pay bills on her behalf. She is very tired and ill and does limited things slowly.¹⁷

The aged care assessment process could also be improved according to Nurcihan Ozturk, the National Council of Women of Victoria’s (NCWV) Multicultural and Migration Adviser and President of the Turkish Women’s Recreational Group, which provides support to Turkish women in the City of Whittlesea. She told the Committee that ‘migrant groups are left behind the eight ball’ under the system and:

they have more entitlements that they have not been exposed to because of the process they have taken and the way they are asked these questions. To ask a person of, for argument’s sake, of Turkish background, a 70-year-old woman living at home, ‘Well, who assists you with your shopping?’, they will say automatically, ‘My kids do’. But the reality is the kids do when the kids are available, so the parent could be waiting two weeks for the child to come around to help them with their shopping. But according to that form they have said that their kids help them with their shopping, so that goes out of the question and that no longer is an entitlement for that person. They do not know that these simple questions that innocently they answer are depriving them of an entitlement that they legitimately have.¹⁸

¹⁴ Name withheld, *Submission 8*, p. 3.

¹⁵ Dr Bruce Baer Arnold, *Submission 2*, pp. 1, 4; Sumaya El Masri, *Transcript of evidence*, pp. 3, 4; Lucy Salinas, *Transcript of evidence*, p. 11.

¹⁶ United Spanish Latin American Welfare Centre, *Submission 32*, received 30 November 2021, p. 8.

¹⁷ Name withheld, *Submission 13*, received 14 November 2021, p. 2.

¹⁸ Nurcihan Ozturk, Multicultural and Migration Adviser, State Standing Committees, National Council of Women of Victoria, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 11.

United also raised the issue of culturally diverse older people being ‘guarded about their personal affairs’ and wary of trusting authorities, stating:

This is particularly true for the Spanish speaking community who present with histories of torture, trauma, experiences of civil war and conflict, and experiences of political oppression etc. This can make it difficult for mainstream home care providers to adequately engage with seniors.¹⁹

Another barrier to accessing services is the stigma connected with formal aged care among culturally diverse communities and the expectation that care be provided by the family.²⁰ For example, a joint submission from aged care researchers at La Trobe University found:

a particularly strong stigma associated with residential aged care and mental health care. It was widely perceived that ‘ending up in a nursing home’ was an indicator of poor familial bonds and/or familial care opportunities, which in turn reflect poorly on the older person’s record of sustaining their families over time.²¹

Sonia Di Mezza, Chief Executive Officer of Loddon Campaspe Multicultural Services (LCMS), which supports people from multicultural backgrounds in the region, agreed and gave a personal example:

Amongst the culturally and linguistically diverse communities there is great stigma about placing older people in residential care. It goes like this: our parents looked after us, it is our responsibility to look after them when they get older. I know when my mother could not care for my elderly grandmother and had to put Nonna in a residential aged care facility she came to my sister and I and cried. I was eight at the time. She asked if she was bad for doing this, and we told her it was okay and that she was not doing a bad thing ... My mum was experiencing carers burnout. She was fearful that she would be judged by the rest of the extended family.²²

LCMS’ submission added the shame associated with placing older people in residential aged care among cultural groups:

can be challenging and problematic, in situations where the family may not have the financial capacity or skills required to properly look after an ageing relative. In a worst case scenario, this may result in carer burnout ...²³

¹⁹ United Spanish Latin American Welfare Centre, *Submission 32*, p. 8. See also North and West Metro Elder Abuse Prevention Networks, *Submission 53*, received 7 January 2022, p. 12.

²⁰ Housing for the Aged Action Group, *Submission 21*, received 29 November 2021, p. 8; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 12; Loddon Campaspe Multicultural Services, *Submission 54*, received 9 January 2022, p. 3; Health and Community Services Union, *Submission 61*, received 25 January 2022, p. 7.

²¹ Associate Professor Raelene Wilding, Dr Shane Worrell, Dr Shashini Gamage and Samiro Mohamud, *Submission 26*, received 30 November 2021, p. 1.

²² Sonia Di Mezza, Chief Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 34.

²³ Loddon Campaspe Multicultural Services, *Submission 54*, p. 3.

A lack of culturally appropriate aged care services was another barrier raised by Inquiry participants.²⁴ Culturally diverse older people and their families may delay seeking aged care support if they are concerned that care workers will not speak the same language or be familiar with the culture of the older person.²⁵

Inquiry participants provided multiple examples of culturally inappropriate aged care services. For example, Lucy Salinas, an older community member of United and former president of Spanish Window Community Services, spoke about one of her former clients:

she decided to go to a nursing home, but now she has lost weight. She cannot eat the same food as Australians do. I was in a hospital last year for a long time, but I found the food really delicious—but not for them. In the nursing home usually it is pumpkin, pumpkin and pumpkin. Because of the restrictions some people, as volunteers, said they would like to share food with her, but we could not. Now she would like to be out, but where?²⁶

Often when family members are not around there can be misunderstandings if aged care staff do not speak the same language as the older person. Lucy Salinas gave another example of one of her clients who had dementia:

She asked a nurse or the carers, 'I need to go to the toilet, I need to go to the toilet'. Nobody listened. She was saying in Spanish, 'Quiero ir al baño, quiero ir al baño'. She screamed. Nobody appeared there. She jumped and she broke her ribs, and she passed away because they could not do an operation. Things like that are happening every day, and it breaks my heart because I cannot do anything more than being here.²⁷

Nurcihan Ozturk noted that as people age, they revert to their first language, and want to be surrounded by their culture and religion. She told the Committee:

I have friends who are visited in [an aged care] setting. They are Turkish, and they are staying in a nursing home where there are no language skills. The person was just in the bed 24/7, not able to communicate. And so if you were going to die in five years time, you would die a lot sooner—that is just my opinion—because you are lacking those skills. You want to eat your type of food. You want to smell your type of food. You want to hear your type of prayer. You want to hear the talk of your language in the background as well.²⁸

Families often bring in culturally relevant meals for older people if the aged care provider cannot offer them.²⁹ This creates an additional burden for families, but

²⁴ Name withheld, *Submission 7*, p. 2; Whitehorse City Council, *Submission 47*, received 15 December 2021, p. 4; COTA Victoria, *Submission 70*, received 3 February 2022, p. 17.

²⁵ cohealth, *Submission 29*, received 30 November 2021, p. 9.

²⁶ Lucy Salinas, *Transcript of evidence*, p. 11.

²⁷ Ibid.

²⁸ Nurcihan Ozturk, *Transcript of evidence*, p. 14.

²⁹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 19; Lateef Adeleye, *Transcript of evidence*, p. 7.

culturally diverse older people can be disadvantaged without it. Sonia Di Mezza gave an example:

A woman from Chinese heritage lived in a residential aged care facility, and every day ... her family would visit her and bring her Chinese meals that she was accustomed to eating. One day management put their foot down and said that it was an OH&S [occupational health and safety] issue, that they could no longer bring in the food and that the woman would have to eat food prepared by the nursing home. The woman died soon after because her digestive system was unaccustomed to eating a Western diet. This is an example of what happens when we do not get culturally appropriate aged care right—we risk fatally harming older people.³⁰

ECCV stated that aged care providers should work together with families to provide culturally appropriate care and that adequate support should be provided to families that take on some of the responsibilities of formal providers.³¹

Inquiry participants proposed low awareness of available services as another reason culturally diverse older people underutilise aged care, especially if there is no information about the services in their preferred language.³² Arranging an aged care assessment requires applying through the Australian Government's My Aged Care system, which can be accessed over the phone or through an online portal. Inquiry participants stated My Aged Care is complex and difficult to navigate for older people and their carers if they do not speak English fluently and/or have poor digital literacy.³³ As explained by Whitehorse City Council:

A lack of clear and simple information about accessing and navigating these services (including eligibility criteria) means that many clients are confused. Language and literacy barriers accentuate this already complex environment. Within the Chinese speaking community clients rely on information from family and friends who are also unfamiliar with the Commonwealth funded services and the Australian health and aged care systems. Sometimes families refuse services because they misunderstand or mistrust the system.³⁴

ABRISA, a community-based organisation providing support to members of the Brazilian community in Victoria, added:

There is an assumption that if public information is on a government website, that the entire population is well informed.

³⁰ Sonia Di Mezza, *Transcript of evidence*, p. 34.

³¹ Ethnic Communities' Council of Victoria, *Submission 63*, pp. 18–19.

³² United Spanish Latin American Welfare Centre, *Submission 32*, pp. 4, 5; Centre for Cultural Diversity in Ageing, *Submission 43*, received 3 December 2021, p. 9; Loddon Campaspe Multicultural Services, *Submission 54*, p. 3.

³³ United Spanish Latin American Welfare Centre, *Submission 32*, p. 7; North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 12; Ethnic Communities' Council of Victoria, *Submission 63*, p. 20; COTA Victoria, *Submission 70*, p. 17; ABRISA, *Submission 72*, received 7 February 2022, p. 3; Matthew Wilson, Director Community Wellbeing, City of Ballarat, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 27.

³⁴ Whitehorse City Council, *Submission 47*, p. 4.

CALD [culturally and linguistically diverse] communities (and at times residents) are not website users. They rely on information provided by friends, family, and their community organisations.

It is important to note here that many of the services available in Australia are not offered to many CALD residents in their country or [sic] origin. (Services simply do not exist!)³⁵

Lina Hassan, Aged Care and Disability Intake and Case Manager at Victorian Arabic Social Services (VASS), a not-for-profit association supporting people of Arabic-speaking backgrounds, told the Committee that many older clients of hers refuse services because they are wary of mainstream services and do not understand how the services will meet their needs particularly if they do not speak English.³⁶

FINDING 57: Culturally diverse older Victorians may not access aged care services because of a shortage of culturally appropriate services, lack of awareness of available services, language barriers and the cultural stigma associated with placing older family members in residential aged care.

9.1.2 The Victorian Government provides some residential aged care services

The Australian Government has primary responsibility for funding and regulating aged care, but the Victorian Government also provides some services and support. For example, the Victorian Government operates 179 public sector residential aged care facilities, mostly in regional Victoria, which equates to about 10% of the state's residential aged care services. These 179 facilities provide 5,615 places, of which 487 are aged person mental health places for older people with a mental illness or persistent cognitive, emotional, or behavioural issues. As mentioned earlier, the Victorian Government also manages ACAS and Regional Assessment Services (which assess for entry-level CHSP service eligibility).³⁷

Each state and territory has an organisation that supports aged care providers to deliver culturally appropriate aged care to older people and help their families make informed choices about care needs through the Australian Government's Partners in Culturally Appropriate Care program. The Centre for Cultural Diversity in Ageing has this role in Victoria and it provides policy advice, practice guides, inclusive practice training, capacity building and diversity advice for providers, among other resources. The Centre has also created the Inclusive Service Standards, which provide a framework for aged care providers to deliver inclusive services. These standards, which are covered more

³⁵ ABRISA, *Submission 72*, p. 3.

³⁶ Lina Hassan, Aged Care and Disability Intake and Case Manager, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 23.

³⁷ Victorian Government, *Submission 71*, received 4 February 2022, p. 22.

thoroughly in Section 9.2.3, 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.’³⁸

Victoria is the only Australian state or territory that requires CHSP providers to submit a diversity plan through its Diversity Planning and Practice program.³⁹ It also runs the Access and Support (A&S) program, which is funded through the CHSP and helps older people with diverse characteristics, including people from culturally diverse backgrounds, to navigate the aged care system and connect them to required services.⁴⁰

The A&S program began in 2011 and now has 80 workers across Victoria, who identify individuals in need of services, assess their needs, and explain the types of services available and how to navigate them. They also support clients to access aged care assessments and work with service providers to help them deliver tailored services to individuals. ECCV coordinates the A&S program, which is run with the help of local government, community health services, hospitals, advocacy organisations, ethno-specific services and information agencies. The program has been recognised as best practice in Australia.⁴¹

From 2023, the A&S program will be merged with the Australian Government’s Community Care Finder network, which will provide targeted, face-to-face support to older people who are unable to seek aged care support on their own.⁴² Community Care Finders were set up following the Australian Government’s successful Aged Care Navigator trial that ran from 2019 to 2022 and delivered free and independent advice, information and assistance to access aged care services through 30 organisations across Australia. The Victorian Government noted there are limited details on the implementation of the Australian Government’s commitment to improved navigation of aged care services.⁴³

Another concern held by the Victorian Government is the Australian Government’s shift to a new Support at Home program by July 2023, which will replace the CHSP and HCPs. The Victorian Government is concerned that smaller, not-for-profit providers will no longer remain viable as grant funding will be replaced by a fee-for-service model. Also, the draft consultation plan overview for the Support at Home program released in January 2022 did not consider how home care services will meet the needs of culturally diverse service users.⁴⁴

Several councils across Victoria are also withdrawing from aged care service provision due to the Australian Government’s aged care reforms and their inability to compete

³⁸ Lisa Tribuzio, *Transcript of evidence*, p. 28.

³⁹ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 7.

⁴⁰ Victorian Government, *Submission 71*, p. 21.

⁴¹ Ethnic Communities’ Council of Victoria, *Submission 63*, pp. 20–21.

⁴² *Ibid.*, p. 21.

⁴³ Victorian Government, *Submission 71*, p. 22.

⁴⁴ *Ibid.*

with other service providers who can deliver services at a lower cost. There was concern that this might confuse older people and disrupt their care.⁴⁵ However, the Commissioner for Senior Victorians believes that providing consumers with a choice of provider is more critical and that councils should instead focus on directing older people to specialist or ethno-specific providers, which may be more suitable.⁴⁶

9.1.3 The Aged Care Royal Commission found a lack of culturally safe care

The Aged Care Royal Commission was completed in early 2021. It investigated ‘the quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response.’⁴⁷ It found:

Mere adjustments and improvements to the current system will not achieve what is required to provide high quality care that is predictable, reliable and delivered through a system which is sustainable. A profound shift is required in which the people receiving care are placed at the centre of a new aged care system.⁴⁸

When examining culturally appropriate aged care, the Aged Care Royal Commission came across aged care providers that did not provide culturally safe care, which ‘acknowledges, respects and values people’s diverse needs.’⁴⁹ It also found aged care staff are poorly trained in culturally safe practices and lack ‘understanding and respect for people’s culture, background and life experiences.’⁵⁰ It recommended training on cultural safety and trauma-informed service delivery for all aged care staff who work directly with service users, data collection and analysis to improve equity of access to, and use of, aged care by people of diverse backgrounds, and a report by 31 December 2024 on the extent to which the needs of diverse older people are being met by the aged care system and further steps to be taken.⁵¹

The Australian Government accepted these recommendations and is implementing a series of policy measures to enhance aged care services for people from diverse backgrounds, including funding to:

- establish a network of 500 local Community Care Finders who will provide face-to-face assistance to vulnerable older people to access aged care and connect them with other health and social support

⁴⁵ Whitehorse City Council, *Submission 47*, p. 4; Elly Gardner, Living and Ageing Well Officer, Inquiry into support for older Victorians from migrant and refugee backgrounds hearing, response to questions on notice received 11 March 2022, p. 1.

⁴⁶ Gerard Mansour, Commissioner for Senior Victorians, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 2–3.

⁴⁷ Royal Commission into Aged Care Quality and Safety, *Final report, Volume 1*, p. 7.

⁴⁸ *Ibid.*, p. 3.

⁴⁹ *Ibid.*, p. 67.

⁵⁰ *Ibid.*, pp. 67, 71.

⁵¹ *Ibid.*, pp. 229–230.

- increase interpreting and translating services, reduce the underutilisation of these services and translate key documents into community languages
- certify providers who deliver specific services, such as cultural and linguistic services
- assist aged care providers to understand diversity and whether any barriers to using their services exist
- increase measures to identify and improve aged care data to inform current and future demand for services, including data collection on diversity.⁵²

The Australian Government agreed to most of the Aged Care Royal Commission's recommendations; however, it will take time for progress to be noticeable. Consequently, the Committee acknowledges concerns raised by Inquiry participants but has not made recommendations that duplicate the work of the Royal Commission.

9.2 Navigation support and cultural inclusion will improve access to aged care

The Committee heard that increasing awareness of available services, providing navigation assistance, and improving cultural responsiveness would help to make aged care services more accessible for culturally diverse older people. Establishing ethno-specific aged care facilities and employing bilingual and bicultural aged care workers will also improve the quality of aged care for this cohort. The following sections consider each of these measures, except for bilingual and bicultural workers which are discussed in Chapter 3.

9.2.1 Aged care services need to be promoted to culturally diverse older people

One of the barriers for culturally diverse older people accessing aged care services is their low awareness of the services available. This is especially the case for new and emerging communities, as Sonia Di Mezza explained:

I have asked people from our Karen community, the largest refugee community in the Loddon Campaspe region, if they use My Aged Care services. They asked me, 'What's that? Centrelink?'. The multicultural communities are not using My Aged Care services or getting aged care services at home.⁵³

LCMS' submission added that older people from refugee communities had particularly poor awareness of home care packages and called for more community education about available aged care services.⁵⁴

⁵² Department of Health, *Aged care—reforms to support people from diverse backgrounds*, Australian Government, Canberra, 2021, pp. 1–2.

⁵³ Sonia Di Mezza, *Transcript of evidence*, p. 35.

⁵⁴ Loddon Campaspe Multicultural Services, *Submission 54*, p. 5.

Other Inquiry participants described how some culturally diverse older people do not understand how aged care services, particularly home care, work and that this makes them reluctant to seek support. For example, Elly Gardner, Living and Ageing Well Officer at Moreland City Council, stated:

When we are talking to the community many older people tell us that they do not know what support is available at all, and if they are aware, they might not understand how it is relevant to them. So, for example, we were talking with an older Chinese migrant recently. When we asked him about services he said that he has not thought much about services—‘But now that you mention it, I would like to stay at home’. The Chinese culture is to stay home with family supporting. He has recently arrived—around maybe five years or so—and when he arrived he was not even aware that services were available.

We have also been told that people might not engage, for example, home services coming into their home because the staff might not understand cultural practices and they might not follow practices such as taking off shoes at the door. Then you can imagine of course if the staff are only English-speaking and the client cannot speak English, there is not a possibility for them to talk about their needs, so it really does put them off.⁵⁵

Similarly, Lina Hassan from VASS gave the following example of an older man who said:

‘No, I don’t want anyone. I don’t want someone to come and give me personal care’. And I look at it like, if he has disability in his hand, I say to him, ‘Don’t worry; the person who comes is like a nurse’. We have to explain it is kind of like a nurse—and we stick to the culture, like female and female—and that like when you go to the beach you wear shorts. I am trying to make it just like that, because I could see this man could not even do cooking because of his hand disability. So what I did with him was try to say, ‘Look, a man will come to do that. They are like a family nurse background; don’t worry. As well you can still have him wear shorts, and he is there to support you. He can just help you with places you can’t reach. You like to have a nice smell at the house, isn’t it, and fresh?’. Because you could tell the house—he has this disability and he is not allowing any services to interfere to clean the house.⁵⁶

Several Inquiry participants suggested more promotion and dissemination of information about aged care in culturally appropriate formats and languages.⁵⁷ North and West Metro Elder Abuse Prevention Networks, which consist of community organisations that work to prevent elder abuse in northern and western Melbourne, added that these information resources should ‘be co-designed with applicable language speakers to ensure they are culturally relatable.’⁵⁸

⁵⁵ Elly Gardner, Living and Ageing Well Officer, Moreland City Council, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 2.

⁵⁶ Lina Hassan, *Transcript of evidence*, pp. 22–23.

⁵⁷ Ballarat African Association Inc., *Submission 1*, received 19 October 2021, p. 1; cohealth, *Submission 29*, p. 17; United Spanish Latin American Welfare Centre, *Submission 32*, p. 7; Commissioner for Senior Victorians, *Submission 46*, received 7 December 2021, pp. 17–18.

⁵⁸ North and West Metro Elder Abuse Prevention Networks, *Submission 53*, p. 12.

Sonia Di Mezza suggested that state-wide education campaigns in community languages would help culturally diverse older people understand what My Aged Care is and how it could support them. She said this must involve ‘community and religious leaders to spread the word.’⁵⁹ Part of this community education should also include reducing the cultural stigma around placing older people in residential aged care.⁶⁰

Other Inquiry participants highlighted the importance of disseminating information through ethnic media, especially radio and print.⁶¹ For example, Sumaya El Masri who cares for Ikbal El-Imam, a 97-year-old Moreland resident, suggested:

They could advertise—and on the radio as well—about My Aged Care services in different languages.

...

And in newspapers. There isn’t any, I think. I have not seen any—not on TV, not on radio. I have not heard any. Only pamphlets and flyers, but that is not enough. Not everybody gets their hands on the pamphlets and flyers. These days the elderly do not have mobiles and the internet, so it has to be on either television or radio to advertise more so they know more.⁶²

Peter Andrinopoulos, Community Support Program Coordinator at Pronia Australian Greek Welfare Society, an organisation that supports the Australian Greek community, also supported advertisements in ethnic media but added that free-to-air mainstream television is also a valuable medium for awareness campaigns, especially among established migrant communities. He suggested advertisements in different languages during free-to-air news bulletins:

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.

...

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 ... I think it would work and could reach out to people and get across to more people potentially.⁶³

The Victorian Government should raise awareness of aged care services in community languages, delivered through advertisements and face-to-face sessions, and developed with ethno-specific communities to ensure they are culturally relevant.

⁵⁹ Sonia Di Mezza, *Transcript of evidence*, p. 35.

⁶⁰ *Ibid.*, p. 34.

⁶¹ United Spanish Latin American Welfare Centre, *Submission 32*, p. 7.

⁶² Sumaya El Masri, *Transcript of evidence*, p. 4.

⁶³ Peter Andrinopoulos, Community Support Program Coordinator, Pronia Australian Greek Welfare Society, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 32.

FINDING 58: Community education campaigns to raise awareness among culturally diverse older people of available aged care services and how they work could help increase uptake and reduce misinformation and stigma associated with aged care.

RECOMMENDATION 70: That the Victorian Government work with the Ethnic Communities' Council of Victoria to develop and implement in-language community education programs about aged care to increase awareness and reduce stigma and misinformation about aged care services among culturally diverse communities. These programs should incorporate advertisements in ethnic media, in-person information sessions, and community engagement through religious and cultural leaders.

9.2.2 Culturally diverse older people need support in preferred languages to navigate services

According to the Municipal Association of Victoria, the peak body representing Victoria's 79 councils, 'navigation of My Aged Care is difficult even for those with English as a first language.'⁶⁴ Culturally diverse older people can struggle to use the My Aged Care system to request an assessment. Even if their applications are successful, they 'can find themselves with little knowledge of how to activate their entry into the services they are entitled to receive.'⁶⁵

This was corroborated by cohealth, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, which mentioned how one of its workers tried to assist a Spanish-speaking client who received a letter from My Aged Care in English offering a HCP. The worker said:

I rang MAC [My Aged Care] to request the information in Spanish, so the client could digest the information and then discuss with her family and relevant worker etc (given the complexity of the info and that the client was being informed she needs to seek out a Home Care Package provider). I was appalled to be told that written communication in community languages is not a possibility and the only option was to go through the interpreter service.⁶⁶

Housing for the Aged Action Group (HAAG), a community organisation specialising in older people's housing needs and which contributed to the Australian Government's Aged Care Navigator trial, found a lack of multilingual My Aged Care resources. It added:

This lack of resources prevents older people from being able to speak to, read or write responses and fill in forms in their preferred language. There is often an expectation (not always expressed) that an older person who has lived in Australia for a long time should

⁶⁴ Municipal Association of Victoria, *Submission 33*, received 30 November 2021, p. 9.

⁶⁵ *Ibid.*, p. 10.

⁶⁶ cohealth, *Submission 29*, p. 9.

have learnt English and/or 'assimilated' in other ways. Because of this bias, older people from CALD backgrounds often face multiple levels of discrimination.⁶⁷

HAAG supported greater access to interpreters, provision of forms and information in clients' preferred language and 'not expecting or assuming that it is the client's responsibility to find someone to fill out the form on their behalf.'⁶⁸ While translating and interpreting services are essential, they 'are not the only solution,' according to Nikolaus Rittinghausen, Senior Advisor and Project Officer at the Centre for Cultural Diversity in Ageing.⁶⁹ He added:

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.⁷⁰

Robyn Wilmshurst, Healthy Ageing Leader at cohealth, also supported more direct communication in clients' preferred language, stating:

If they could actually ... pick up a phone and call someone and talk to someone in their first language and get an immediate response, that would be so advantageous in opening up those access barriers that we know are preventing people from accessing the systems. And in terms of the written materials that are coming out ... they are not appropriate for the services and the clients that are receiving them. So we really, I guess, want to make a point in terms of advocating to the Commonwealth to change the way that they are communicating with older people, whether that is done by video or done by direct communication, and not relying on a letter to tell them they have got a package and it is waiting there for them in their language.⁷¹

cohealth's submission identified that navigation is particularly difficult for new migrants and people from refugee backgrounds:

It can be quite unusual to talk about care needs with the various assessors, people they have no existing relationship with (unlike a trusted GP [general practitioner]), or no potential relationship with (such as a care provider). Providing early in-home support for people is vital to ensuring they can remain at home for as long as possible. Unfortunately, clients describe the processes for accessing these services as confusing and difficult to navigate, which is exacerbated for those for whom English is not their first language. Older people without natural supports to assist with the processes find it particularly challenging. From My Aged Care's reliance on online access, to the processes associated with aged care assessments and allocation of packages (and lengthy wait times), to identifying suitable providers and understanding the financial

⁶⁷ Housing for the Aged Action Group, *Submission 21*, p. 8.

⁶⁸ Ibid.

⁶⁹ Nikolaus Rittinghausen, Senior Advisor and Project Officer, Centre for Cultural Diversity in Ageing, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 30.

⁷⁰ Ibid.

⁷¹ Robyn Wilmshurst, Healthy Ageing Leader, cohealth, public hearing, Melbourne, 31 January 2022, *Transcript of evidence*, pp. 31–32.

aspects of packages and invoicing there are many points in the system that could be improved.⁷²

In addition, cultural norms that family members care for older relatives can result in families seeking help at ‘a time of crisis, acute need or deteriorating health’, which can make the process particularly daunting and stressful due to lengthy wait times for HCPs.⁷³

The process can be overwhelming and culturally diverse older people and their families need additional support to navigate the My Aged Care system. Inquiry participants supported the use of bilingual aged care navigators who can assist older people to understand and access the My Aged Care system and receive the supports they need. This could include A&S workers, local government navigators, the Australian Government’s trial of Aged Care Navigators and their replacement, Community Care Finders.⁷⁴ Robyn Wilmshurst explained the benefits of such a worker:

It is building that trust and rapport with one aged-care worker and building that network. And we know that many people from migrant and refugee backgrounds do not have a huge amount of trust in their healthcare system. To develop trust with a worker, as they do with our aged-care nurse—she has been able to open up so many pathways. It is a program that I would love to see across all of our community health centres across the state ... It would be amazing to have somebody who really is there and very specifically detailed for that group—who knows the systems really well, who can get to know families, uses the interpreters really well, just knows the intricacies and the barriers that are faced.⁷⁵

Employing bicultural and bilingual workers and providing resources in suitable languages and formats to support culturally diverse older people navigate aged care services will ease the stress on them and their families and improve their quality of life.⁷⁶ Dalal Sleiman, Community Capacity Building and Engagement Leader at Arabic Welfare, a Melbourne organisation that provides services for newly arrived refugees and well-established migrants from Arabic-speaking countries, gave a personal example:

When I was employed in one particular organisation my role was as an Arabic-speaking settlement caseworker, and we did not have one single client who spoke Arabic at the time when I was employed. But because I was a bicultural worker and word of mouth works really well with CALD communities in terms of promotion, once I started delivering the service that was a quality service to their needs, they promoted it to everyone. At the time when I left, over 90% of the clients who accessed that organisation were from Arabic-speaking communities—Chaldean and Syrian. My point here is that actually employing bicultural workers in different sectors in different

⁷² cohealth, *Submission 29*, pp. 10–11.

⁷³ *Ibid.*, pp. 11, 17.

⁷⁴ *Ibid.*, p. 17; Moreland City Council, *Submission 36*, received 30 November 2021, p. 7; Jan Bruce, Positive Ageing Policy Adviser, Municipal Association of Victoria, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 11.

⁷⁵ Robyn Wilmshurst, *Transcript of evidence*, p. 32.

⁷⁶ Housing for the Aged Action Group, *Submission 21*, p. 8; cohealth, *Submission 29*, p. 17; Commissioner for Senior Victorians, *Submission 46*, p. 17.

organisations makes the service more easily accessible because ... it is really difficult for people to navigate their way around and learn about these services. However, if there is someone from their own community who speaks their language in that particular organisation, then that attracts people to that service and the service will benefit and the community will benefit at the same time.⁷⁷

As mentioned earlier, the Australian Government is investing in translating and interpreting services as well as Community Care Finders to assist culturally diverse older people to navigate and connect to aged care services.

In 2021, the Centre for Cultural Diversity in Ageing ran an innovative trial of a multilingual phone line in Victoria that provided older people with support and information. It was called the Multilingual Older Persons COVID-19 Support Line and it was available in six languages—Arabic, Mandarin, Cantonese, Greek, Italian and Vietnamese—through separate 1800 numbers that would be answered in that language. The languages were chosen based on 2016 Census data, which identified these communities had the most people aged 65 and over who need assistance speaking English.⁷⁸

As Lisa Tribuzio explained, this:

is about human rights and the right to communicate. We know that having one number and putting the TIS [Translating and Interpreting Service] 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 [Interactive Voice Responses], 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 [Older Persons Advocacy Network] or COTA [Council on the Ageing] 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.⁷⁹

⁷⁷ Dalal Sleiman, Community Capacity Building and Engagement Leader, Arabic Welfare, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 27.

⁷⁸ Lisa Tribuzio, *Transcript of evidence*, pp. 28, 29.

⁷⁹ *Ibid.*, p. 29.

The trial was successful and service providers asked the Centre for Cultural Diversity in Ageing to add other languages such as Hindi, Punjabi and Nepali. Aboriginal community leaders were also interested in adapting the model.⁸⁰

Having a multilingual phone line for culturally diverse older people to speak directly to a support worker rather than through their families also ensures that older people's voices are heard. Nurcihan Ozturk from NCWV gave an example:

The young ones, when they are assisting their family with paperwork, automatically assume that, 'Yes, yes, yes, I can do all of this', but when it comes to reality in delivering on the ground for their parent, it is not the case. So it should not be left to the child or whoever is in the family that is helping them to complete the form. The question should be asked of the parent or the person making the application ...⁸¹

Lisa Tribuzio agreed, stating:

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 ... [Also] 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.⁸²

Teresa Azzopardi, Social Support Manager at the Ballarat Regional Multicultural Council, the peak multicultural agency in the Central Highlands Grampians region, added that culturally diverse older people need face-to-face support to access the My Aged Care system:

We see that this particular cohort and generation are not IT literate. A phone service such as My Aged Care does not work. They need that face-to-face support, and they come to trusted organisations and people like ourselves to navigate the system for them.

There is a gap in terms of having a centralised centre for us where seniors can come for access ad hoc. So I would advocate that we have—based on Diversitat's model in Geelong, the healthy living centre that they have—something like that, where we can create a drop-in centre type service where people can come as needed to have that navigation support as they need it. Their circumstances change frequently, so it is an ongoing need.⁸³

80 Ibid.

81 Nurcihan Ozturk, *Transcript of evidence*, pp. 12–13.

82 Lisa Tribuzio, *Transcript of evidence*, p. 31.

83 Teresa Azzopardi, Social Support Manager, Ballarat Regional Multicultural Council, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 3.

Diversitat, which now trades as Cultura, is an organisation that provides settlement services, youth and arts programs, cultural events, community services and aged care to multicultural communities in Geelong. Rebecca Smith, General Manager, Community Aged and Disability at Cultura, identified that her organisation has created a safe space for culturally diverse older people to drop in for support. She told the Committee:

Cultura are funded to provide assistance to navigate health, aged care and NDIS eligibility and intake short-term through our access and support program ... As people have existing links and relationships with our organisation through the range of settlement and migrant programs we offer, this is an advantage to us, as clients know where to come for information and support as there is no wrong door.⁸⁴

The Victorian Government should support multicultural community organisations to provide aged care navigation assistance in person as well as through a multilingual phone line for culturally diverse older people to easily seek information about aged care from a support worker in their preferred language.

FINDING 59: Culturally diverse older people need bilingual and bicultural assistance to navigate the My Aged Care system and access appropriate aged care services.

RECOMMENDATION 71: That the Victorian Government support multicultural and ethno-specific community organisations across the state to improve their capacity to provide bilingual and bicultural support to culturally diverse older people so they can effectively navigate the My Aged Care system and access relevant aged care services.

RECOMMENDATION 72: That the Victorian Government establish a multilingual phone line for culturally diverse older people to seek information about aged care services in their preferred language that is modelled on the Centre for Cultural Diversity in Ageing's Multilingual Older Persons COVID-19 Support Line trial.

9.2.3 Delivering culturally inclusive services helps older people feel safe and valued

Various government frameworks seek to make the aged care system accessible to all older Australians. The Australian Government has an Aged Care Diversity Framework that sets out actions to ensure aged care services are accessible and inclusive of older people's diversity.⁸⁵ As mentioned earlier, the Victorian Government requires all CHSP

⁸⁴ Rebecca Smith, General Manager, Community Aged and Disability, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 3.

⁸⁵ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 5.

providers to develop and submit a diversity plan. Nikolaus Rittinghausen considers this a strength in Victoria:

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.⁸⁶

However, as the Aged Care Royal Commission found, not all culturally diverse older people have access to culturally inclusive aged care services that provide support in preferred languages, serve traditional foods and celebrate cultural and religious days.⁸⁷ Particularly in regional areas, few providers can offer services in older people’s preferred languages and with cultural understanding.⁸⁸

Culturally and linguistically appropriate services are important for older people to feel safe and valued. As Nurcihan Ozturk from NCWV stated:

Being culturally sensitive at that age, at that time, is of huge benefit to those people that are in a nursing home situation. I know from my community that it is not something that is accepted within the community, to put their elders into a nursing home, so that is already a trauma within them—that they have been put there away from their family. So even though their family may visit them regularly et cetera, in their mind the kids have let go of them, so they have already gone 10 steps back just by being put into that environment. It is not to say that the care is not exceptional ... there are a lot of other things that happen in the background that are not seen because they cannot talk about it, they cannot express it, they cannot tell you what they are feeling about why they are there.⁸⁹

United provided a similar example from its consultations with community members and community support professionals:

Spanish speaking nurses and personal care workers (who participated in this consultation) who have worked in mainstream RACFs [residential aged care facilities] have witnessed the “suffering” (own words) and extreme isolation experienced by Spanish speaking seniors in such settings, having no-one that speaks their language meant they became “invisible”.⁹⁰

⁸⁶ Nikolaus Rittinghausen, *Transcript of evidence*, p. 31.

⁸⁷ Commissioner for Senior Victorians, *Submission 46*, p. 19.

⁸⁸ Associate Professor Raelene Wilding, Dr Shane Worrell, Dr Shashini Gamage and Samiro Mohamud, *Submission 26*, pp. 2–3.

⁸⁹ Nurcihan Ozturk, *Transcript of evidence*, p. 14.

⁹⁰ United Spanish Latin American Welfare Centre, *Submission 32*, p. 4.

As they get older, culturally diverse people may progressively lose the English language skills they had and this is especially the case among people with dementia.⁹¹ Case study 9.1 provides an example of how the inability to communicate in one's preferred language in residential aged care can affect older people and their families.

CASE STUDY 9.1: 'The issue of language and translation has been a concern since she first entered the facility'

'My mother is a resident of [an aged care facility]. The issue of language and translation has been a concern since she first entered the facility in May 2020. I find it especially problematic as she deteriorates and is often moving between the two languages. A strong recommendation from her GP during lockdown that I be permitted to enter in order to provide support and care failed to even get acknowledged by the facility let alone put in place. Whilst a phone call is better than nothing ... it is only barely so. Covid lockdowns would have, as is the case with my mother caused a great deal of added distress to those for whom English is not their first language ... there needs to be interpreting services provided for all medical treatments ... the elderly ... can't consent to something they do not understand ... in addition there needs to be a regular process of consultation with an interpreter present for the residents to convey any issues they are having with any aspect of the care they are being given. Too often this rests with family members who hear the complaints from their loved ones and are then needing to decide whether or not to raise those concerns ... not only is this not fair on the residents but it removes any power from them to maintain independence in relation to their concerns ... in terms of language ... very little if any effort or initiative has been shown by the facility to accommodate this area of her care needs.'

Nada Filipovic

Source: Nada Filipovic, *Submission 5*, received 30 October 2021, p. 1.

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The Centre for Cultural Diversity in Ageing noted that culturally diverse older people in residential aged care often withdraw from communication if staff are unable to speak with them, leading to social isolation and poor health and wellbeing. While all Australian Government aged care providers receive free interpreting services, 'uptake is often low as older people and aged care staff often aren't aware of these services.'⁹²

Translation services are not free and this can limit the ability of culturally diverse older people to provide feedback if forms and processes are not translated and there is a shortage of bilingual staff to assist them to provide feedback.⁹³ The Ballarat African Association, which supports African people in the region, supported establishing a mechanism to provide feedback in residential aged care 'through a neutral person of similar cultural background.'⁹⁴

⁹¹ Ibid., p. 5.

⁹² Centre for Cultural Diversity in Ageing, *Submission 43*, p. 8.

⁹³ Ibid.

⁹⁴ Ballarat African Association Inc., *Submission 1*, p. 1.

In addition to providing adequate access to interpreting and translation services, aged care providers need to ensure their staff are culturally competent. This can be achieved through professional development or by employing staff from culturally diverse backgrounds (discussed further in Chapter 3).⁹⁵

Inquiry participants stressed that professional development should not be superficial. Cultural awareness training should acknowledge the diversity within cultural communities and their histories and experiences of discrimination, especially among communities such as the Spanish- or Arabic-speaking communities that consist of people from a wide range of countries.⁹⁶ As Kieran Hough, Senior Social Worker at VASS, explained:

obviously there is training in cultural understanding within various services but treating it as an ongoing, continual process and creating a culture of continual self-development and professional development rather than at times where unfortunately we have seen people who have basically gone, ‘Well, I’ve done this two-hour online course on X culture, therefore I am now culturally competent’—you know, as if they have suddenly gained competency in a 1,000-year-old culture with massive diversity within that culture.⁹⁷

The Centre for Cultural Diversity in Ageing has developed the Inclusive Services Standards to guide aged care providers to deliver culturally responsive services. Organisations can use the 16 performance measures to evaluate their services against three standards. Aged care providers that meet the Inclusive Service Standards can:

- better understand the diverse interests, goals and needs of their consumers
- empower consumers to make informed decisions about their service provision
- deliver flexible, accessible services free of barriers and discrimination and
- implement the Consumer Directed Care approach [where consumers have choice and control over their care] and achieve quality outcomes for all consumers.⁹⁸

The Standards are aligned with the Australian Government’s Aged Care Quality Standards. According to Lisa Tribuzio, the Inclusive Service Standards:

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

⁹⁵ Housing for the Aged Action Group, *Submission 21*, p. 3; AMES Australia, *Submission 31*, received 30 November 2021, p. 3.

⁹⁶ Barbara Leon, Operations Manager, United Spanish Latin American Welfare Centre, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, p. 12.

⁹⁷ Kieran Hough, Senior Social Worker, Victorian Arabic Social Services, public hearing, Coburg, 1 March 2022, *Transcript of evidence*, pp. 23–24.

⁹⁸ Centre for Cultural Diversity in Ageing, *Submission 43*, p. 2.

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.⁹⁹

The Aged Care Quality and Safety Commission recognises the Inclusive Service Standards as a key resource to ensure cultural safety and accessible care. In addition, the Centre for Cultural Diversity in Ageing's website has resources and practice guides for aged care providers including multilingual communication cards and aged care signage in 64 languages. It also has inclusive feedback guides and a video in 16 languages on culturally diverse older people's right to give feedback to aged care service providers.¹⁰⁰

The Committee recommends that all Victorian Government-funded aged care service providers be required to measure their performance against the Inclusive Service Standards to ensure their services are culturally inclusive and safe. It should also advocate for the Aged Care Diversity Framework to be mandated across all aged care services.

FINDING 60: Not all aged care service providers deliver culturally inclusive and safe services, which can negatively affect the health and wellbeing of culturally diverse older people.

RECOMMENDATION 73: That the Victorian Government require its funded aged care service providers to use the Centre for Cultural Diversity in Ageing's Inclusive Service Standards to self-assess and improve their cultural inclusion practices.

RECOMMENDATION 74: That the Victorian Government advocate to the Australian Government to mandate ongoing cultural awareness training for aged care staff and adoption of the Aged Care Diversity Framework by all aged care service providers.

9.2.4 Many culturally diverse older people prefer ethno-specific aged care facilities

According to ECCV, culturally diverse older people 'have consistently demonstrated a preference to access ethno-specific and multicultural aged care services, rather than mainstream services.'¹⁰¹ This was echoed in other evidence presented to the Committee. For example, May Hu, a 68-year-old migrant from China, stated:

I hope to see Chinese nursing homes, with Chinese food, Chinese speaking environment and Chinese-speaking staff, where Chinese can exercise, dance, sing and play mahjong together. Because elderly can only remember their native language, with their ability to

⁹⁹ Lisa Tribuzio, *Transcript of evidence*, p. 30.

¹⁰⁰ *Ibid.*, p. 28.

¹⁰¹ Ethnic Communities' Council of Victoria, *Submission 63*, p. 19.

use English deteriorating. According to the latest Census, Australia has a large Chinese population, but lacks aged care homes, entertainment venues and facilities (such as cinemas, theatres, community centers, etc.) that cater to the needs of people from a Chinese cultural background.¹⁰²

Similarly, Dr Sundram Sivamalai, an advisor to the Ballarat Indian Association, a community service organisation that supports newly arrived Indian families in Ballarat, told the Committee:

Ideally, if we could have aged care facilities for the Indians where they could have tempting food and be looked after by culturally attuned staff, that would be excellent—who can also speak the language, who can understand them and also know the values of the Hindu system: that elders are not to be abused; they should be respected, and on occasions they are worshipped.¹⁰³

However, as ECCV noted, there is a lack of ethno-specific aged care services, particularly for older people from new and emerging communities. More established migrant communities have had longer to raise the funds and resources to set up residential aged care facilities catering to their culture.¹⁰⁴ Even so, many ethno-specific aged care services are at capacity, as Elly Gardner from Moreland City Council explained:

This group [culturally diverse older people] also needs more culturally specific services. At the time we put in the submission we looked on the My Aged Care database and there were only 11 culturally specific services available in Moreland, and eight of these were closed to new clients; they were completely full. So there is very limited capacity for services to support this group of people.¹⁰⁵

Several Inquiry participants supported establishing more ethno-specific aged care facilities across Victoria.¹⁰⁶ President of the Ballarat African Association, Dr Michael Akindeju, noted that the establishment of such facilities not only benefits culturally diverse older people, but also creates local jobs and supports local businesses. He told the Committee:

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 [Adeleye, Deputy Secretary of the Ballarat African Association] 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

¹⁰² May Hu, *Submission 57*, received 14 January 2022, p. 2.

¹⁰³ Dr Sundram Sivamalai, Advisor, Ballarat Indian Association, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 18.

¹⁰⁴ Ethnic Communities' Council of Victoria, *Submission 63*, p. 19.

¹⁰⁵ Elly Gardner, *Transcript of evidence*, p. 2.

¹⁰⁶ United Spanish Latin American Welfare Centre, *Submission 32*, p. 4; Loddon Campaspe Multicultural Services, *Submission 54*, p. 4; John Richards Centre for Rural Ageing Research, *Submission 67*, received 31 January 2022, p. 5.

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.

... 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.¹⁰⁷

LCMS and United both referred to the number of ethno-specific residential aged care facilities situated in south-west Sydney that cater to Italian, Jewish and Spanish communities among others. They called for similar facilities to be established in Melbourne and regional Victoria.¹⁰⁸ Lisa Tribuzio also referred the Committee to the model used by Booraja Home Care, which is an aged care service for Aboriginal people living in Batemans Bay that is run by Aboriginal elders and staffed by Aboriginal people.¹⁰⁹

As an alternative to ethno-specific facilities, United suggested having a Spanish-speaking wing within established residential aged care facilities.¹¹⁰ Hakan Akyol, Executive Senior Adviser at the Victorian Multicultural Commission (VMC), which connects multicultural communities with the Victorian Government, added that ethno-specific organisations should partner with mainstream services so they can better cater to diversity when delivering services.¹¹¹

The 2019–20 State Budget allocated \$27.1 million for multicultural aged care, which included grants to seven not-for-profit residential aged care providers to assist with capital works and facility upgrades, and funding to acquire land for three multicultural residential aged care services.¹¹² A site has been secured in Cranbourne East for an aged care facility for the Indian community, as has a site in Lower Templestowe for a Chinese aged care facility.¹¹³ The Victorian Government should continue seeking opportunities to establish ethno-specific or multicultural aged care facilities across Victoria to cater

¹⁰⁷ Dr Michael Akindeju, President, Ballarat African Association Inc., public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, pp. 9–10.

¹⁰⁸ United Spanish Latin American Welfare Centre, *Submission 32*, p. 5; Loddon Campaspe Multicultural Services, *Submission 54*, p. 4.

¹⁰⁹ Lisa Tribuzio, *Transcript of evidence*, pp. 31–32.

¹¹⁰ United Spanish Latin American Welfare Centre, *Submission 32*, p. 5.

¹¹¹ Hakan Akyol, Executive Senior Adviser, Victorian Multicultural Commission, public hearing, Melbourne, 18 February 2022, *Transcript of evidence*, p. 3.

¹¹² Victorian Government, *Submission 71*, p. 23.

¹¹³ Victorian Health Building Authority, *Site secured for multicultural aged care facility in Cranbourne East*, 2022, <<https://www.vhba.vic.gov.au/news/site-secured-multicultural-aged-care-facility-cranbourne-east>> accessed 20 May 2022; Department of Health, *Chinese aged care landbank*, 2021, <<https://www.health.vic.gov.au/residential-aged-care/chinese-aged-care-landbank>> accessed 20 May 2022.

to the needs of culturally diverse older people. It should also encourage mainstream aged care providers to partner with ethno-specific organisations to provide culturally inclusive care.

FINDING 61: There is a lack of ethno-specific residential aged care facilities to cater to the needs of culturally diverse older Victorians.

RECOMMENDATION 75: That the Victorian Government continue to invest in the establishment of ethno-specific residential aged care facilities in Melbourne and where viable in regional areas.

RECOMMENDATION 76: That the Victorian Government encourage mainstream aged care providers to partner with ethno-specific organisations to improve their capacity to deliver culturally inclusive services.

10 Conclusion

During the Inquiry, the Committee considered a wide range of challenges and barriers that culturally diverse older Victorians face when accessing services that support their mental and physical wellbeing, and sense of belonging and connection. The Committee has made suggestions on fostering holistic, comprehensive and sustainable healthcare and social services systems. This chapter situates Victoria's response to supporting culturally diverse older people in human rights and international ageing frameworks. It then summarises the principles for building a strong support system and provides two case studies exemplifying how they can be applied.

10.1 International and human rights principles were reflected in the evidence presented to the Committee

The Committee received evidence about the importance of providing services to older people guided by a human rights framework that supports a person's right to independence, autonomy and dignity. For example, cohealth, a not-for-profit community health service with 30 sites across nine local government areas in Melbourne, advocated for all services for culturally diverse older people to be 'underpinned by clear human rights principles and respect and support a person's choices, lifestyle and decision making.'¹

Since 2010, the United Nations (UN) General Assembly has considered establishing an International Convention on the Rights of Older Persons, which would be a 'binding international instrument dedicated to the human rights of older persons.'² Other non-binding agreements have been formed over several decades, including the *UN Principles for Older Persons*, adopted in 1991. The principles support older people's independence, participation, right to care, self-fulfilment and dignity.³

In addition, the 2021–2030 UN Decade of Healthy Ageing recognises that the global ageing population will affect nearly every aspect of society. Through this initiative, the UN aims to bring together governments, international agencies, civil society, researchers, the private sector and the media to improve the lives of older people. It has four key action areas: creating age-friendly environments, combatting ageism, ensuring access to integrated care and facilitating access to good-quality long-term care. The key enablers of success are encouraging engagement and the voices of older

1 cohealth, *Submission 29*, received 30 November 2021, p. 6. See also Loddon Campaspe Multicultural Services, *Submission 54*, received 9 January 2022, p. 1.

2 Australian Human Rights Commission, *UN Convention for the Rights of Older Persons*, 2014, <<https://humanrights.gov.au/about/news/speeches/un-convention-rights-older-persons>> accessed 25 May 2022; Law Council of Australia, *International Convention on the Rights of Older Persons*, 2020, <<https://www.lawcouncil.asn.au/media/news/international-convention-on-the-rights-of-older-persons>> accessed 25 May 2022.

3 United Nations, *United Nations Principles for Older Persons*, 1991, <<https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons>> accessed 6 May 2022.

people, building effective leadership and stakeholder capacity, connecting stakeholders across different sectors and improving research, data and innovative solutions. The Decade of Healthy Ageing has an online knowledge exchange platform to encourage the finding and sharing of knowledge to improve the lives of older people, their families and communities.⁴

The UN also facilitates the Inter-Agency Group on Ageing, an informal network of stakeholders that coordinate on issues relevant to older people and ageing, raise the profile of ageing issues, and work to integrate the concerns of older people into the UN system. Further, the UN General Assembly established the Open-Ended Working Group on Ageing in 2010 to ‘consider the existing international framework on the human rights of older persons and identify gaps and how to best address them’.⁵ This includes considering whether an international convention is needed.⁶

The UN General Assembly established the World Assembly of Ageing in 1982. The Second World Assembly on Ageing was held 20 years later in 2002 and resulted in the *Madrid international plan of action on ageing* (MIPAA), a ‘bold new agenda for handling the issue of ageing in the 21st-century.’⁷ MIPAA’s systematic review mechanism occurs every five years and examines the implementation of various initiatives. The most recent review from 2018 included Australia in the Asia and Pacific report and concluded:

- countries need to develop ageing strategies that cut across sectors and consider the needs of all age groups
- strategies should be adequately resourced, particularly services for older women
- preventative healthcare and the participation of older people in society should be strengthened
- long-term care systems should be provided collaboratively by the public, private and civil society sector
- better data and statistics are needed to monitor the implementation of actions.⁸

The World Health Organization developed a *Global strategy and action plan on ageing and health* in 2016. Similar to the UN Decade on Healthy Ageing, it has five strategic objectives: securing the commitment of all countries to healthy ageing, advancing age-friendly environments, aligning health systems with older people’s needs, developing equitable and sustainable long-term care systems and enhancing

4 World Health Organization, *UN Decade of Healthy Ageing 2021–2030*, 2021, <<https://www.who.int/initiatives/decade-of-healthy-ageing>> accessed 28 March 2022.

5 The United Nations Office of the High Commissioner for Human Rights, *Open-ended working group on ageing for the purpose of strengthening the protection of the human rights of older persons*, 2021, <<https://social.un.org/ageing-working-group>> accessed 28 September 2021.

6 Australian Human Rights Commission, *UN Convention for the Rights of Older Persons*.

7 United Nations Department of Economic and Social Affairs, *Madrid plan of action and its implementation*, n.d., <<https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>> accessed 28 September 2021.

8 United Nations Economic and Social Council, *Government actions towards the implementation of the Madrid international plan of action on ageing, 2002: achievements and remaining challenges*, report for Asia-Pacific Intergovernmental meeting on the third review and appraisal of the Madrid international plan of action on ageing, United Nations, New York, 2017, pp. 24–25.

monitoring, measurement and healthy ageing research. The strategy recognises that ageing can be challenging, but is a valuable process that benefits society. It also recognises the ageing process involves significant loss, which should be addressed in a way that fosters older people's recovery, resilience and adaptation. The strategy 'aims to foster the ability of older people themselves to invent the future in ways that we, and previous generations, might never have imagined' and recognises that approaches must 'foster the ability of older people to make multiple contributions in an environment that respects their dignity and human rights, free from gender- and age-based discrimination.'⁹

Evidence presented to the Committee throughout the Inquiry reflected the principles, outputs and action areas identified in these international frameworks. In addition, in Victoria, the rights of older and culturally diverse people are protected by several mechanisms, including the *Equal Opportunity Act 2010*, Charter of Human Rights and Responsibilities, and *Racial and Religious Tolerance Act 2001*.¹⁰

Human rights principles should recognise the intersectionality of culture with age and other characteristics. As the Ethnic Communities' Council of Victoria (ECCV), the peak advocacy body for regional ethnic community councils across Victoria, explained:

universal principles and human rights provisions must be interpreted through the influences of language, culture, and religion. While universal human rights provisions are essential, how human rights are fulfilled must be adapted with a person-centred and culturally safe approach. A human rights lens must be applied within the migration process, to ensure that the rights of older people are upheld at all times.¹¹

Victorian healthcare and social services systems should also support people to age well over their life course. In *Ageing well in a changing world*, the Commissioner for Senior Victorians identified that global 'best practice ageing policies emphasise the importance of the link between the experiences a person has over the course of their life to their wellbeing and vulnerability in later life.'¹² The Commissioner advocated for the adoption of socio-ecological models of social theory, which:

also recognise the interdependence between individuals and their development over their lifetime, and the environments in which they live. That is, people develop according to their environments, societies and the times in which they live. The adoption of a socio-ecological model to identify the various personal and environmental levels that influence ageing well in Victoria allows for older people to be purposefully placed at the centre of our thinking and analysis, while allowing that broader social conditions and circumstances also influence their capacities to age well.¹³

⁹ World Health Organization, *Global strategy and action plan on ageing and health*, World Health Organization, Geneva, 2017, pp. 5–6.

¹⁰ Victorian Equal Opportunity and Human Rights Commission, *Older people's rights*, n.d., <<https://www.humanrights.vic.gov.au/hub/older-peoples-rights>> accessed 25 May 2022; Victorian Equal Opportunity and Human Rights Commission, *Racial and religious rights*, n.d., <<https://www.humanrights.vic.gov.au/hub/racial-and-religious-rights>> accessed 25 May 2022.

¹¹ Ethnic Communities' Council of Victoria, *Submission 63*, received 27 January 2022, p. 8.

¹² Commissioner for Senior Victorians, *Ageing well in a changing world: a report by the Commissioner for Senior Victorians*, Victorian Government, Melbourne, 2020, p. 40.

¹³ *Ibid.*, p. 41.

Adopting a life course approach recognises that ‘vulnerabilities and strengths may manifest across an individual’s life span and that the experience of adversity in later life can be linked to adversity in earlier life.’¹⁴ Consequently, access to services should be facilitated for Victorians from migrant and refugee backgrounds from when they arrive in Australia and throughout their lives. Many of the service and system improvements identified in this report will help enhance access to services for Victorians of all ages and cultural backgrounds.

10.2 Strong and sustainable healthcare and social services systems should holistically address the needs of culturally diverse older Victorians

Throughout the report, the Committee identified several best practice principles for developing government and non-government plans, strategies and programs for culturally diverse older people. These are summarised in Table 10.1.

Table 10.1 Best practice principles for holistic, age and culturally responsive healthcare and social services systems

Principle	What it looks like
Provide culturally safe and trauma-informed services	Culturally diverse older people trust services and feel comfortable accessing them. Healthcare and social services staff are skilled and feel confident providing culturally safe care and can respond to trauma.
Provide high-quality and comprehensive language services	Service providers can easily access and use language services. It is simple for culturally diverse older people to engage with services in preferred languages.
Build a workforce that reflects the diversity of the community	Culturally diverse people are provided with employment opportunities in healthcare and social services systems. Existing bilingual and bicultural staff are upskilled and supported in their roles, and are valued for their abilities and skills.
Invest in the capacity of ethno-specific and multicultural groups to deliver services	Ethno-specific and multicultural organisations are resourced adequately to provide services that holistically meet various needs of culturally diverse older people.
Provide place-based services in the communities where people live	Older people can easily and independently access services close to home, or services are provided directly to their homes, when they need them.
Ensure healthcare and social services systems are easy to navigate and provide face-to-face service options	Culturally diverse older people know how to access the services they need in a way that meets various accessibility requirements, or know where they should go for assistance to navigate systems.

(Continued)

¹⁴ Lixia Qu, et al., *National elder abuse prevalence study*, Australian Institute of Family Studies, Melbourne, 2021, p. 19.

Principle	What it looks like
Build trust in government services and raise awareness of services through a variety of culturally appropriate and accessible communication methods	Older people know what services are available to assist them with different issues and feel confident accessing them. Governments and service providers are adequately resourced to translate health and service information into various languages and formats.
Collaborate with key stakeholders and facilitate working relationships	Different levels of government, ethno-specific and multicultural organisations, service providers, peak bodies and the private and community sectors share resources and knowledge and work together to provide services.
Co-design services with multicultural older Victorians	Culturally diverse older people share their experience and knowledge and help design solutions that are incorporated into policies, strategies and programs.
Increase data and research on key characteristics and issues, and facilitate better feedback on service delivery	There is better understanding of the issues culturally diverse older people face and greater oversight of their ability to access services. Service, strategy and program outcomes are monitored and the results are used to improve service delivery.
Build a holistic system that recognises intersectionality and the needs of new and emerging communities, addresses the social determinants of health, places older people at the centre of their own care and recognises their human rights	When provided with care, older people's needs, wants and experiences are considered holistically and support is tailored to individuals. The impact of intersectional factors such as language, age, cultural background, health and financial literacy, and socio-economic status are addressed. Age-friendly communities and adequate housing and transport options are provided.
Support carers and ensure they can maintain sustainable care relationships	Unpaid carers are not unduly relied upon to provide care and support to culturally diverse older people. Carers feel capable and supported, and know how and when to access help.

Source: Legislative Assembly Legal and Social Issues Committee.

10.2.1 Case studies that adopt the guiding principles

Case studies 10.1 on Cultura and 10.2 on Ballarat Community Health embody many of these principles. They are both regional Victorian place-based services that recognise the importance of partnerships and collaboration between different stakeholders. They adopt innovative mental health and wellbeing strategies like art courses and social connection programs, which have the additional benefit of addressing ageism. The case studies also demonstrate that both organisations value culturally diverse older people's experiences, knowledge and wisdom, and aim to facilitate their empowerment. They also highlight the significance of adequately resourcing services to tailor programs to meet the needs of multicultural communities and apply an intersectional lens.

CASE STUDY 10.1: 'We are the largest and a diverse provider of services in regional Victoria for the CALD [culturally and linguistically diverse] community'

Cultura, formerly Diversitat and Multicultural Aged Care Services, is a service provider operating in Greater Geelong that delivers programs for multicultural communities of all ages. It provides:

- settlement services
- community services including home meal delivery, financial counselling, legal assistance in partnership with Barwon Community Legal Service and health and wellbeing programs
- cultural awareness training for other organisations
- aged care, including in people's homes, residential care facilities, palliative care and respite care for carers
- social and community programs for older people
- accredited aged care and disability training programs
- ethno-specific and cross-cultural support groups so people can find and nurture social connections in a safe, calm and welcoming environment.

Cultura's website outlines in relation to aged care:

Transitioning to aged care is a big decision. We understand that it can be stressful and full of uncertainty. We see aged care not so much about letting go, but more about giving some control and independence back. Instead of losing their independence, we empower our residents to maintain it.

It always starts with the individual – their needs and wants, and how we can support them. We listen first, always. We meet people where they are at, whether that is providing support in their own home, in one of our residential care homes, or helping them to pass away with dignity and on their terms through our Home Services palliative care service.

At a public hearing, Joy Leggo, Chief Executive Officer of Cultura, stated:

With a \$34 million budget and employing 350 staff, we offer a range of services to the CALD community from early childhood, settlement, training and community support to employment. However, our predominant focus is on the care of the elderly across residential, home and community-based settings. We are the largest and a diverse provider of services in regional Victoria for the CALD community. Our services extend to Colac, and we do have a migration office in Dandenong. We have 44 ethnic communities affiliated under our banner and represent 71 different nationalities within our community.

...

Cultura is known for the collaborative manner in which it works with a whole range of agencies across Geelong, including the state government, the City of Greater Geelong, the ACAS team and the regional Barwon department of health ... We see partnerships as key to achieving good outcomes. We cannot be all things to all people, but we are important players with our knowledge and expertise in cultural matters.

(Continued)

CASE STUDY 10.1: Continued

Joy Leggo added that Cultura applies a life course approach to recognise the value, diversity and life experiences of culturally diverse older people:

mental health is something that we see is an issue for our elderly, and we need to look at this from a perspective of it not being trauma counselling but specialised cultural counselling and also from a community supports perspective, because some of that trauma can be dealt with from a community support level. One of my very passionate staff told me the other day about the wisdom of our elders. We mainly hear this term in reference to Aboriginal cultural leaders, but every society, every cultural community has wise ones. These are our clients. They are the keepers of our knowledge, culture, stories and mastery of some aspects of work, paid or unpaid. Everyone has some time, activity, experience and learned skill they feel a comfort with. Routine and safety are essential. Mental health issues for our clients from refugee backgrounds are generally determined by trauma, abuse and isolation. They are isolated through: no cultural connections; language; employment; and fear. Cultura's role is for them to feel connected and valued. Whilst we are here to talk about our elderly, it is perhaps a holistic approach from when they first arrive that needs to be addressed so that they are able to age in some peace.

... Three years ago the state government funded a regional strategic partnership program and attached a strategic engagement coordinator position, which has proved to be a highly effective and efficient model for supporting new and emerging communities across regional and rural Victoria. The funding for this finishes in June this year, and as it is a place-based, flexible and longer term funding project, we have been able to achieve some real outcomes. It has allowed for local needs to be met and capacity strengthened while also highlighting strategic issues in creating system changes across regional and rural areas. So it has allowed us to come together more as a regional group. And I would like to strongly encourage that these positions be funded again, and I personally would like to seek a greater focus on this placed on the life journey of our communities within this program.

Rebecca Smith, General Manager, Community Aged and Disability, identified another successful Cultura program:

We have tried to be innovative at times with how to connect, and recently we have completed a cross-cultural funded theatre project, where older people from different diversity groups, including CALD and LGBTQI, created a theatrical performance that drew on their life stories over a number of months. It was disrupted by COVID of course but has produced two videos, one of which has been televised on SBS. We have recently completed an evaluation on that, and the findings were that really theatre is one of those mediums that enable older participants to develop self-confidence and build social inclusion and understanding as well as have a positive impact on their mental and physical wellbeing. Cultura as an organisation saw this as an opportunity to honour the lives of elderly people from diverse backgrounds and what they have to offer to our society.

Sources: Joy Leggo, Chief Executive Officer, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, pp. 1–2; Rebecca Smith, General Manager, Community Aged and Disability, Cultura, public hearing, Geelong, 30 March 2022, *Transcript of evidence*, p. 3; Cultura, *About us*, n.d., <<https://www.cultura.org.au/about-us>> accessed 15 May 2022.

CASE STUDY 10.2: 'We have developed strong connections between local service providers and organisations'

Ballarat Community Health has six locations and an outreach service throughout the Ballarat and Central Highlands region. It focuses on health promotion and prevention, flexible and responsive service delivery and monitoring and evaluation.

Louise Feery, Manager Health Promotion, Ballarat Community Health, stated at a public hearing:

I am going to start and just give an overview of two of the initiatives that Ballarat Community Health are managing. The first one is the Central Highlands Elder Abuse Prevention Network. The Central Highlands Elder Abuse Prevention Network, which aims to reduce the incidence of elder abuse in the Central Highlands region. It achieves this by supporting organisations and community groups in primary prevention activities to stop elder abuse before it starts. That is in line with the Victorian Government's Free from Violence strategy. The network targets six local government areas in the Central Highlands region: Ararat, Ballarat, Golden Plains, Hepburn, Moorabool and Pyrenees. The focus of the network is on prevention, but we also provide valued information to practitioners about response. Through the network, Ballarat Community Health has delivered a number of activities, one of which is Communities of Practice, and that is really facilitating learning, developing and networking opportunities for prevention and response organisations and staff in the region.

We have delivered a communications campaign focusing on the drivers of elder abuse, specifically ageism. We have conducted art therapy workshops, using art to challenge ageism and really celebrating the stories and lives of older people. We have developed strong connections between local service providers and organisations and linked with Seniors Rights Victoria services. We have promoted local services that respond to elder abuse, and we have developed an online learning module for elder abuse response and prevention, which is co-managed with the Central Highlands family violence committee. The communications campaign has been a general community awareness-raising campaign about challenging ageism, and it has included some intersectional images, including older people from multicultural communities, to ensure the messages are culturally representative.

The second project is our Safer Pathways project for refugee and migrant women experiencing family violence. This is a multicultural family violence project that is funded by the federal government. The project has been working to address several barriers that women from refugee and migrant backgrounds experience that prevent their full uptake and use of family violence services. The main aim of the project is to enable refugee and migrant women who are experiencing or at risk of family and domestic violence or sexual assault to access culturally appropriate support from mainstream family and domestic violence or sexual assault services in Ballarat and the Grampians region. The focus of this work is on workforce capacity building in the response sector to build their knowledge and skills in culturally inclusive practice and, secondly, communication engagement with women from migrant and refugee communities and building awareness and knowledge about accessing the family violence system and support services that are available.

(Continued)

CASE STUDY 10.2: Continued

Similarly, Dr Lesley McKarney, Health Promotion Officer, Ballarat Community Health, identified:

[Central Highlands Elder Abuse Prevention Network] works to advance the health and wellbeing of older people by addressing the drivers of elder abuse and ageism more broadly. The network promotes an understanding of these drivers, with an intersectional focus and an equity lens. This is implemented through communications campaigns, training and workshops with service providers and organisations. In a challenging ageism campaign, Ballarat Community Health implemented an art therapy project called the Library of Life. The Library of Life is a collection of stories and artworks created by participants of the Sharing Stories celebrating life workshops. It is a positive ageing project that invites people over 65 to creatively respond to a series of questions, sharing some of their achievements and their hopes, fears and dreams. It is part of a campaign to reduce stigma against older members of our community and value life after the age of 65 ... This is an example of using creative practice to communicate. This approach is a good way to connect and help people share their experience. It does not rely on language and written communication and would be beneficial if targeted at migrant and refugee older people.

Sources: Louise Feery, Manager Health Promotion, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, pp. 20–21; Dr Lesley McKarney, Health Promotion Officer, Ballarat Community Health, Central Highlands Elder Abuse Prevention Network, public hearing, Ballarat, 31 March 2022, *Transcript of evidence*, p. 22; Ballarat Community Health, *About us*, n.d., <<https://bchc.org.au/about-us>> accessed 15 May 2022.

**Adopted by the Legislative Assembly Legal and Social Issues Committee
Parliament of Victoria, East Melbourne
12 July 2022**

Appendix A

About the Inquiry

A.1 Submissions

Submission number	Name of individual or organisation
1	Ballarat African Association Inc.
2	Dr Bruce Baer Arnold
3	Ange Kenos
3a	Supplementary submission
4	Name withheld
5	Nada Filipovic
6	Confidential
7	Name withheld
8	Name withheld
9	Sahar Ageed
10	Name withheld
11	Name withheld
12	Turkish Women's Recreational Group
13	Name withheld
14	Dr Wilfred Wang
15	Shunhua Lin
16	Name withheld
17	Name withheld
18	Peninsula Community Legal Centre
19	Name withheld
20	Confidential
21	Housing for the Aged Action Group
22	Multicultural Centre for Women's Health
23	Seniors Rights Victoria
24	Victorian Arabic Social Services
25	Public Health Association of Australia
26	Associate Professor Raelene Wilding, Dr Shane Worrell, Dr Shashini Gamage and Samiro Mohamud
27	National Ageing Research Institute, Carers Victoria, Seniors Rights Victoria and Multicultural Centre for Women's Health

Submission number	Name of individual or organisation
28	Royal Australian and New Zealand College of Psychiatrists Victorian Branch
29	cohealth
30	Good Things Foundation Australia
31	AMES Australia
32	United Spanish Latin American Welfare Centre
33	Municipal Association of Victoria
34	South East Community Links
35	Victorian Transcultural Mental Health
36	Moreland City Council
37	Name withheld
38	Name withheld
39	Eastern Community Legal Centre
40	National Council of Women of Victoria Inc.
41	eSafety Commissioner
42	inTouch Multicultural Centre Against Family Violence
43	Centre for Cultural Diversity in Ageing
44	Name withheld
45	Social Security Rights Victoria
46	Commissioner for Senior Victorians
47	Whitehorse City Council
48	Justice Connect
49	Name withheld
50	Name withheld
51	Chang Lee Hu
52	Name withheld
53	North and West Metro Elder Abuse Prevention Networks
54	Loddon Campaspe Multicultural Services
55	Giuseppa Dunne
56	Name withheld
57	May Hu
58	Edith Chen
59	Name withheld
60	Adele Pasquini
61	Health and Community Services Union
62	Name withheld
63	Ethnic Communities' Council of Victoria

Submission number	Name of individual or organisation
64	Tammie Alysandratos
65	Unified Filipino Elderly Association Inc.
66	VicHealth
67	John Richards Centre for Rural Ageing Research
68	Name withheld
69	Name withheld
70	Council on the Ageing Victoria
71	Victorian Government
72	ABRISA
73	Financial Counselling Victoria

A.2 Public hearings

Melbourne, Monday 31 January 2022

Name	Position	Organisation
Gerard Mansour	Commissioner for Senior Victorians	-
Yvonne Lipianin	Manager, Seniors Law	Justice Connect
Megan King	Principal Solicitor, Seniors Law	Justice Connect
Jess Wilson	Chief Executive Officer	Good Things Foundation Australia
Cassandra Strakosch	Head of Communications and Engagement	Good Things Foundation Australia
Maria Tsopanis	Senior Manager Community Development and Social Participation	AMES Australia
Conor Butler	Research Officer	AMES Australia
Ali Sakkour	Industry and Client Manager	AMES Australia
Christopher Turner	Deputy Chief Executive	cohealth
Robyn Wilmshurst	Healthy Ageing Leader	cohealth
Margaret Yung	Acting Program Facilitator, Aged, Residential and Outreach	cohealth
Professor Bianca Brijnath	Director Social Gerontology	National Ageing Research Institute
Rebecca Edwards	Manager and Principal Lawyer	Seniors Rights Victoria
Dr Giang Tran	Advocacy and Policy Officer	Multicultural Centre for Women's Health
Judith Abbott	Chief Executive Officer	Carers Victoria

Melbourne, Friday 18 February 2022

Name	Position	Organisation
Vivienne Nguyen	Chairperson	Victorian Multicultural Commission
Hakan Akyol	Executive Senior Adviser	Victorian Multicultural Commission
Kim Howland	Manager, Community Services	Municipal Association of Victoria
Jan Bruce	Positive Ageing Policy Adviser	Municipal Association of Victoria
Jackie Galloway	Chief Executive Officer	Peninsula Community Legal Centre
Kirsten Young	Community Engagement, Education and Legal Policy Officer	Peninsula Community Legal Centre
Professor Irene Blackberry	Chair and Director	John Richards Centre for Rural Ageing Research, La Trobe University
Lisa Tribuzio	Manager	Centre for Cultural Diversity in Ageing
Nikolaus Rittinghausen	Senior Advisor and Project Officer	Centre for Cultural Diversity in Ageing
Eddie Micallef	Chair	Ethnic Communities' Council of Victoria
Emiliano Zucchi	Chief Executive Officer	Ethnic Communities' Council of Victoria
Nicola Young	Acting Deputy Secretary, Fairer Victoria	Department of Families, Fairness and Housing

Coburg, Tuesday 1 March 2022

Name	Position	Organisation
Elly Gardner	Living and Ageing Well Officer	Moreland City Council
Petr Svoboda	Social Policy Officer	Moreland City Council
Ikbal El-Imam	Moreland resident	-
Sumaya El Masri	Mrs El-Imam's carer	-
Barbara Leon	Operations Manager	United Spanish Latin American Welfare Centre
Rafaela Lopez	Community Advisor, United Committee of Management	United Spanish Latin American Welfare Centre
Demetrio Ortega	Community member	United Spanish Latin American Welfare Centre
Lucy Salinas	Community member	United Spanish Latin American Welfare Centre
Carla Wilkie	Elder Abuse Prevention and Response Liaison Officer (Western Health)	North and West Metro Elder Abuse Prevention Networks
Della Robb	Team Leader, Healthy Ageing (Merri Health)	North and West Metro Elder Abuse Prevention Networks
Farah Abdyashoa	Access and Support Worker	Victorian Arabic Social Services
Lina Hassan	Aged Care and Disability Intake and Case Manager	Victorian Arabic Social Services
Kieran Hough	Senior Social Worker	Victorian Arabic Social Services
Dalal Sleiman	Community Capacity Building and Engagement Leader	Arabic Welfare

Name	Position	Organisation
Fahim Elsheikh	Community member	Arabic Welfare
Ebtesam Chniker	Community member	Arabic Welfare
Alexander Mouassab	Community member	Arabic Welfare
Helen Elsheikh	Community member	Arabic Welfare
Peter Andrinopoulos	Community Support Program Coordinator	Pronia Australian Greek Welfare Society
Kathy Barbakos	Client and Community Services Coordinator	Pronia Australian Greek Welfare Society
Litsa Volou	Community member	Pronia Australian Greek Welfare Society
Serap Yildiz	Vice President	Alevi Community Council of Australia
Katibe Yesilyurt	Community member	Alevi Community Council of Australia
Guzide Suluk	Community member	Alevi Community Council of Australia
Huseyin Duman	Community member	Alevi Community Council of Australia

Geelong, Wednesday 30 March 2022

Name	Position	Organisation
Joy Leggo	Chief Executive Officer	Cultura
Rebecca Smith	General Manager, Community Aged and Disability	Cultura
Dr Deborah Towns	Convenor, State Standing Committees	National Council of Women of Victoria
Nurcihan Ozturk	Multicultural and Migration Advisor, State Standing Committees	National Council of Women of Victoria
Alexandria Jones	Community Development Manager	Barwon Community Legal Service
Alba Chliakhtine	Executive Officer	ABRISA
Nanette Tunnicliffe	President	U3A Geelong
Loretta Winstanley	Former president	U3A Geelong
Carol Mioduchowski	North Area Health Manager	Barwon Health

Ballarat, Thursday 31 March 2022

Name	Title	Organisation
Teresa Azzopardi	Social Support Manager	Ballarat Regional Multicultural Council
Sherley Hart	Community member	Ballarat Regional Multicultural Council
Dr Michael Akindeju	President	Ballarat African Association
Lateef Adeleye	Deputy Secretary	Ballarat African Association
Dr Sundram Sivamalai	Advisor	Ballarat Indian Association
Louise Feery	Manager Health Promotion, Ballarat Community Health	Central Highlands Elder Abuse Prevention Network
Kate Diamond-Keith	Gambling Harm and Elder Abuse Prevention Project Consultant, Ballarat Community Health	Central Highlands Elder Abuse Prevention Network
Dr Lesley McKarney	Health Promotion Officer, Ballarat Community Health	Central Highlands Elder Abuse Prevention Network
Matthew Wilson	Director Community Wellbeing	City of Ballarat
Dr Sundram Sivamalai	Intercultural Advisory Committee Member	City of Ballarat
Sonia Di Mezza	Chief Executive Officer	Loddon Campaspe Multicultural Services
Lisa Dinning	Workforce Development Adviser	Ballarat Neighbourhood Centre