

**Submission
No 46**

**INQUIRY INTO SUPPORT FOR OLDER VICTORIANS FROM MIGRANT
AND REFUGEE BACKGROUNDS**

Organisation: Commissioner for Senior Victorians

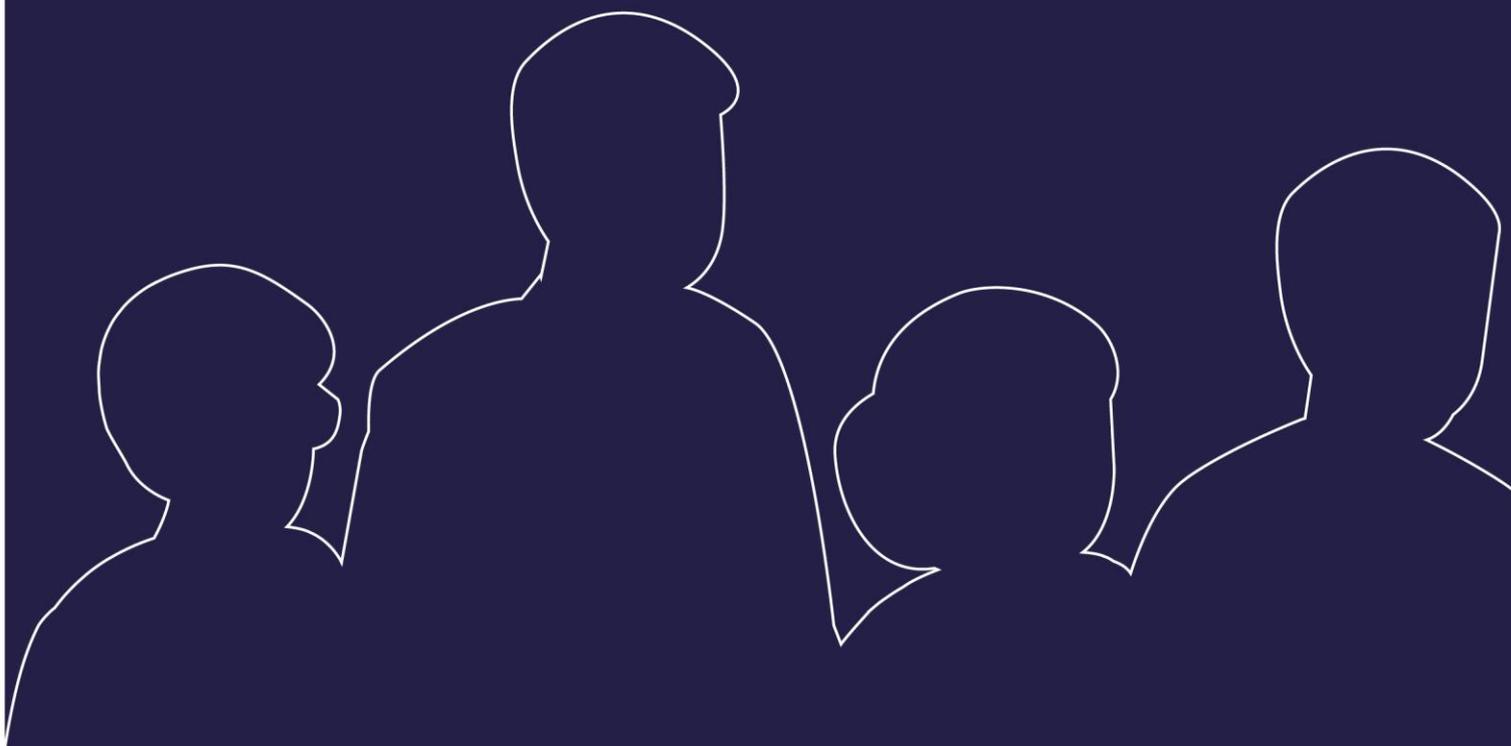
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Executive Summary

Victoria is a proudly multicultural community, with migrants and refugees from over 200 countries contributing to the strength, diversity and vibrancy of our state. 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.

At a time of substantial reform to our state's essential service systems, including the mental health system, and as we recover from the substantial and complex impacts of the coronavirus (COVID-19) pandemic, this inquiry presents an opportunity to embed the needs of older people from migrant and refugee backgrounds across policymaking and service delivery. As an advisor to the Victorian Government and advocate for older people (aged 60 and over), the Commissioner for Senior Victorians welcomes the opportunity to contribute to this important inquiry and hopes that it will lead to constructive change (more detail on the Commissioner's role in Appendix 1).

Through extensive consultation with older people and sector leaders, the Commissioner has identified a number of key barriers to older people from migrant and refugee backgrounds accessing the support they need to age well. These include language and literacy challenges which create barriers to communication and connections, cultural expectations of care which influence engagement with services, levels of digital literacy, financial insecurity and elder abuse, barriers to physical and mental health and wellbeing, and access to culturally appropriate services.

These consultations also highlighted that the strong leadership and connections within and across many multicultural and multifaith communities hold many of the solutions to the challenges outlined above. 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.

Summary of opportunities for consideration

- Strengthen and expand communication pathways, building on existing channels, to ensure that older people from migrant and refugee backgrounds have timely access to information and advice in formats that suit them.
- Build the capacity and self-efficacy of older people from migrant and refugee backgrounds and their families by providing them with culturally relevant community-led education and training on a range of health, wellbeing and other topics.
- Build on existing efforts to improve digital inclusion for older people from migrant and refugee backgrounds, including culturally appropriate training, ongoing technical support and options to address affordability.
- Expand access to culturally relevant services and supports through increasing awareness, developing clearly identifiable service pathways, and building the capacity of service providers to deliver culturally appropriate care.
- Building on the success of existing networks, support older people from migrant and refugee backgrounds to meaningfully engage with their communities through sustainable seniors' and intergenerational groups and accessible online connections.
- Continue to support multicultural and multifaith communities to respond to the challenges of the coronavirus (COVID-19) pandemic, with a focus on supporting older people to navigate a COVIDSafe environment.

Consultation informing this submission

This submission is informed by the Commissioner's extensive engagement and consultation with older Victorians over the eight years he has held the role. Each year the Commissioner meets with thousands of older people as part of his role, most of these in local community or community based organisational meetings. In addition, the Commissioner conducted focused in-person consultations with 231 older people from different parts of the state to inform his 2020 *Ageing well in a changing world* report, and a number of online meetings with older people discussing the impacts of the coronavirus (COVID-19) pandemic.

The Commissioner travels extensively across Victoria as well as engaging with older Victorians through online forums to hear first-hand from older people about their experiences, needs and hopes. Through these interactions he has accumulated a broad understanding about the range of issues that impact people as they go through the journey of ageing, aiming to continue living their lives to the full.

In addition, the Commissioner held discussions with representatives of seniors organisations, community services and leaders of multicultural community organisations in November 2021 to better understand the needs and concerns of older people from migrant and refugee backgrounds.

As chair of the Victorian Government's Senior Victorians Advisory Group, the Commissioner meets regularly with senior Victorians as well as leaders of peak bodies and community organisations who support and advocate for older people in Victoria. In 2021 the Advisory Group identified a number of key priorities which include:

- Ensuring culturally relevant and safe programs, services and supports
- Improving social connections, addressing isolation and loneliness
- Safely and confidently adjusting to COVIDSafe and reconnecting with economic and community life
- Addressing risks of elder abuse
- Increasing access to appropriate care and support
- Increasing access to information and resources for older people and carers
- Better utilising community organisations and resources (e.g. through sharing facilities and resources)
- Improving support for older volunteers

Understanding the lives, contributions and experiences of older Victorians from migrant and refugee backgrounds

Across Australia 37 per cent older people were born overseas, most of whom were born in non-English speaking countries.¹ Within this, Victoria has Australia's most culturally and linguistically diverse population of older people.² Immigration brings diverse experiences, culture and traditions into our lives, and Victoria has benefited immensely from its multicultural and multifaith population through significant social, cultural and economic contributions to our society. This includes active participation in social and community engagement, cultural activities and influences, and economic contributions through business creation.³

In particular, older people from migrant and refugee backgrounds play significant and valuable roles as formal and informal volunteers, carers, and leaders and participants in social and recreational groups that connect both members of their own cultures and others in the community.⁴ There is no doubt that older people from migrant and refugee backgrounds have contributed significantly and positively to the fabric of our Victorian society.

The experiences of older people from migrant and refugee backgrounds vary substantially based on their migration journey, age of migration, country of origin, cultural group and other intersecting aspects of their identities and lived experience. Many of the challenges outlined in this submission are not unique to older people from migrant and refugee backgrounds – the same issues may be experienced by other older people, or by younger migrants and refugees. Additionally, many older people from migrant and refugee backgrounds enjoy a high quality of life and are well supported by family, friends and community.

However, the combination of age and cultural and linguistic diversity means that this group may experience challenges in a more complex or acute way. As the Australian Institute of Health and Welfare explains, older people from migrant and refugee backgrounds often have poorer socioeconomic status compared to Anglo-Australians of the same age and may experience language, cultural and technological barriers to accessing services and engaging with their broader communities.⁵

Bridging language and literacy challenges to foster open communication

In November 2020, the Commissioner released the *Ageing well in a changing world* report.⁶ Background research included an online survey completed by 4,726 individuals, who were asked to rank factors that reduce their quality of life as they age. 17.5 per cent of respondents ranked 'language and cultural barriers' as a factor reducing their quality of life.⁷

¹ Australian Institute of Health and Wellbeing (2018) *Older Australia at a glance*

² Federation of Ethnic Communities' Councils of Australia (2015) *Review of Australian research on older persons from culturally and linguistically diverse backgrounds*, p. 7

³ Department of Families, Fairness and Housing (2021) *Multicultural Affairs*

⁴ Victorian Multicultural Commission (2011) *Submission into the Inquiry into the Opportunities for Participation of Senior Victorians*. p. 10

⁵ Australian Institute of Health and Wellbeing (2018), Op cit.

⁶ Commissioner for Senior Victorians (2020) *Ageing well in a changing world*.

⁷ Centre for Evaluation & Research, Department of Health and Human Services (2019) *Commissioner for Senior Victorians Ageing Well Survey August – September 2019* (unpublished results)

While the majority of older people from migrant and refugee backgrounds report speaking English well or very well,⁸ older people from newer migrant communities (such as Central and South East Asia) have much lower rates of English proficiency. Additionally, as the Victorian Multicultural Commission notes, “older migrants who were once proficient in English may revert to their primary language as they age, often as a result of dementia”.⁹ As a result, they may struggle to communicate effectively with service providers, including doctors and other healthcare providers, and engage with the broader community outside other members of their language group.¹⁰

Complicating this, while an older person’s spoken English may be fluent, many older people from migrant and refugee backgrounds have lower levels of literacy in both English and their primary language.¹¹ As a result, they may struggle to access and understand written material, especially official documents from governments or other institutions. These challenges were evident during the coronavirus (COVID-19) pandemic when many Victorians from migrant and refugee backgrounds found important government communications challenging to understand.

As part of the response to this challenge, communications were developed with a strong emphasis on audio and visual formats, delivered in multiple languages across online and traditional media platforms. Many communications were made in partnership with community leaders, leveraging their networks and trusted voices. Importantly, communications approaches evolved over the duration of the pandemic to respond to community needs and concerns.

Alongside literacy challenges, many older people from migrant and refugee backgrounds may be reasonably hesitant to communicate with government, police or other authorities due to past experiences of persecution, trauma and conflict.¹² Strengthening communication in these cases means continuing the work of identifying and building trusted relationships with community leaders and other messengers who can leverage existing communication networks within communities, as with the COVID-19 communications, and developing communication approaches that are culturally safe and relevant to migrant and refugee communities.

Opportunities for consideration:

- Review and build on the effectiveness of existing two-way communication strategies with multicultural and multifaith communities, involving peak bodies, community organisations, service providers and institutions to develop multiple appropriate and accessible modes of communication that ensure information provided is appropriately understood.

Cultural expectations of care influence engagement with services

Many people from migrant and refugee backgrounds in Australia come from cultures that have different social structures and models of care than those in mainstream Anglo Australia. In regard

⁸ Australian Institute of Health and Wellbeing (2018) Op cit.

⁹ Victorian Multicultural Commission (2011) Op cit., p. 6

¹⁰ Federation of Ethnic Communities’ Councils of Australia (2015), Op cit., p 15

¹¹ AMES (2021) *Adult literacy and its importance - Response to the Standing Committee on Employment, Education and Training | March 2021*, p. 2

¹² Refugee Council of Australia (2019) *Settling in Australia: The challenges*

to caring for older people and people with disability or other care needs, many cultures place primary responsibility on the family rather than service providers.^{13,14}

In the discussions held to inform this submission, community stakeholders noted that this can mean many older people from migrant and refugee backgrounds, and their children, regard elder care as an expected component of their family role. In addition, older people and carers may not be sufficiently aware of the available services and supports; there may be a reluctance to act on challenging issues like mental health or family violence, and carers may feel guilty for seeking respite. This has the potential to leave older people and their carers feeling isolated and diminish the quality of life for both older person and the carer.

For others, changing cultural expectations and norms among second generation migrants and refugees in Australia can put a strain on familial relationships. A community stakeholder explained that among some older migrants, their cultural expectation to be central to their family's life is not always met by their younger relatives who have adopted more mainstream Australian cultural norms. Research with older Chinese migrants highlights similar tensions, and the disappointment that can arise when cultural expectations do not align.¹⁵

In order to overcome these barriers, there is an opportunity to build on the current initiatives that aim to support cultural identity by providing services and supports in a culturally relevant way.

Opportunities for consideration:

- Increase knowledge of, and expand culturally relevant services and supports for older migrants, refugees and their carers.

Digital literacy and access open doors to the world

Over the last decade, there has been a growing trend for businesses, organisations and governments to increase their reliance on digital communication channels to provide information, sell products, and deliver services and supports. During the COVID-19 pandemic, the reliance on digital forms of communication, service provision and social engagement increased massively.

Some older people enthusiastically embraced the transition to digital modes of engagement, finding it a meaningful way to stay connected with their families and communities both during lockdowns and beyond. For older people from migrant and refugee backgrounds, online communication provided new opportunities to connect with friends and family in their country of origin or elsewhere.

However, community stakeholders informed the Commissioner that digital literacy and access varies substantially among older people, and overreliance on social media and other online channels for disseminating information can create barriers for older people who have lower access to digital technology. Some older people rely on support from their adult children and their grandchildren to access digital technology and maintain family and community connections.

However others struggle due to challenges such as affordability of technology and lack of suitable training.

¹³ Lo M and Russell C (2007) Family care: An exploratory study of experience and expectations among older Chinese immigrants in Australia, p. 32

¹⁴ Morse CA and Messimeri-Kianidis V (2002) Keeping it in the family: Caregiving in Australian-Greek families, p. 308

¹⁵ Lo M and Russell C (2007) Op cit., pp. 35-36

The Australian Digital Inclusion Index 2021, which measures access, affordability and ability, reveals that older people continue to be the population group most left behind in the transition to predominantly digital forms of communication, with 73 per cent of people over 75 years of age either excluded or highly excluded.¹⁶ Older people from migrant and refugee backgrounds may face additional barriers to digital inclusion. The 2020 Index referenced a case study considering recently arrived migrants under the humanitarian immigration program living in Shepparton, where it was found that affordability was a major issue to accessing digital technology.¹⁷

*'People are not online, do not get information and cannot tell their stories.'*¹⁸

Quote from Commissioner's 2019 Ageing Well consultations

Lack of ability to use and keep up with technology, the cost of maintaining and updating systems, and the difficulty of finding someone to assist with acquiring technology skills were raised at every one of the Commissioner's consultation meetings held in 2019. Other digital literacy and access challenges for older people from migrant and refugee backgrounds include:

- limited literacy in English and, in some cases, their primary language
- poor access due to financial constraints
- low confidence in navigating online spaces, including fear of bullying and scams
- minimal or no support from family members, exacerbated due to COVID-19 restrictions
- limited or no access to sources of free internet access and support such as local libraries and neighbourhood houses.¹⁹

The complexity of using digital platforms to navigate social support, health and aged care services such as Centrelink, MyGov and My Aged Care can create such a challenge that people give up on trying to access services. These challenges can be exacerbated when content provided online by government departments and other institutions is hard to read or otherwise inaccessible. As information from government departments is primarily available online, it is important that this information is accessible to older people from migrant and refugee backgrounds and their families and caregivers. Many government departments provide some of their content in a range of community languages, and it is important to continue and expand translation and the development of content that is not reliant on high levels of literacy in English or other languages.

Opportunities for consideration:

- Expand available digital literacy supports via local community organisations such as Neighbourhood Houses, U3As, Men's Sheds, ethno-specific groups and public libraries.
- Provide culturally appropriate training to enable older people to learn and maintain digital skills.
- Consider ongoing comprehensive technical support which could be shared across several seniors' groups.
- Explore ways to reduce the costs of hardware, software and data for older people from lower socio-economic groups.
- Expand the provision of online government information in accessible formats, including translation into community languages.

¹⁶ Australian Digital Inclusion Index (2021) *Understanding digital exclusion dashboard*

¹⁷ Australian Digital Inclusion Index (2020) *Measuring Australia's Digital Divide*, p. 20

¹⁸ Commissioner for Senior Victorians (2020) *Op cit.*, p. 31

¹⁹ Centre for Cultural Diversity in Ageing (2020) *Digital inclusion practice guide*

- Ensure that alternatives to digital communication and service access are maintained for older people with limited or no digital literacy and access.

Financial security and independence are vital for older people's quality of life

The importance of financial security and independence for older people's quality of life cannot be understated. Among respondents to the *Ageing well* survey, financial strain (the cost/affordability of activities/living expenses) was the most frequently identified factor that reduced their quality of life.²⁰

Based on feedback provided to the Commissioner, some older people from migrant and refugee backgrounds have limited financial literacy or familiarity with financial technology such as card payments and online banking. This lack of financial literacy and skills can have a negative impact on levels of independence and can be a risk factor for elder abuse.

Most families caring for older family members provide positive and loving support that enriches the lives and wellbeing of the older person. However, feedback to the Commissioner indicated that some migrant and refugee older people living with their adult children or other family members may face specific barriers to financial independence or be at risk of financial elder abuse. This could include situations of co-dependency where the older person provides care for family members and at the same time receives support, or situations where an older person is living with and being cared for by family members.

Community stakeholders also provided examples where cultural norms may mean that financial management is considered a man's role, such that women have lower levels of financial literacy or limited access to financial resources. As a result, there may be fewer opportunities to develop financial literacy skills that can be particularly important in later life, for example, if a partner passes away.

There are opportunities to increase the knowledge of older people from migrant and refugee backgrounds about the availability of financial counselling services and financial literacy training. In addition, there may be value in expanding financial counselling services and financial literacy training so that it is targeted to meet the needs of older migrant and refugee communities.

Opportunities for consideration:

- Increase knowledge of, and expand access to, culturally appropriate and accessible financial literacy education and financial counselling services for senior Victorians, with a focus on older women from migrant and refugee backgrounds.

Supporting independence through health and wellbeing

Being in good health is a key component of ageing well, and older people from all cultural backgrounds value the independence that comes from being healthy as they age.²¹ The coronavirus (COVID-19) 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

²⁰ Commissioner for Senior Victorians (2020) Op cit., p. 19

²¹ Quine S, Morrell S (2007). *Fear of loss of independence and nursing home admission in older Australians*, p 212-213

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-19.²²

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.

Destigmatising mental health and wellbeing

Older people are at higher risk of anxiety and depression, particularly where there are co-occurring physical health issues, dementia and disability or for those experiencing bereavement, loss of independence or social isolation.²³ This risk is further heightened by stigma associated with mental illness, that can be exacerbated as people age.

For some people from migrant and refugee backgrounds, stigma around mental illness can also be greater due to cultural values and expectations. The Royal Commission into Victoria's Mental Health System found that "some culturally and linguistically diverse communities are at an increased risk of mental illness. Research indicates that refugees and asylum seekers experience mental illness and suicidal behaviour at significantly higher rates than the general population".²⁴

The Royal Commission reported examples of "hidden" mental illness where reluctance to acknowledge or talk about mental health problems, shame, fear of exclusion including by other family members and by one's own cultural or faith community, and lack of knowledge about the range of mental health services available in Victoria including community-based care, deter some older people from migrant and refugee backgrounds and their families from seeking support.²⁵

*"De-stigmatise older people by discussing mental health with older people regularly as part of planning and assessment for health, retirement and aged care services."*²⁶

Quote from the Commissioner's 2019 Mental Health Consumer and Carer Workshop

The Royal Commission into Victoria's Mental Health Services acknowledged that the mental health system does not currently deliver safe, responsive or inclusive care for many people from culturally diverse communities.²⁷ This finding was reinforced by feedback provided to the Commissioner by carers, who said that some service providers lack awareness of the importance of cultural appropriateness aspects of care.

It is particularly important that the Victorian Government has accepted all of the Royal Commission recommendations including support for good mental health and wellbeing in local communities by establishing one social prescribing trial per region in Local Mental Health and Wellbeing Services

²² Australian Bureau of Statistics (2021), *Patient experiences in Australia: Summary of findings*

²³ Department of Health and Human Services (2015) *Mental health and wellbeing of older people – 10-year mental health plan technical paper*.

²⁴ Royal Commission into Victoria's Mental Health System (2021) *Volume 3 Promoting inclusion and addressing inequalities*. p. 214

²⁵ *Ibid*, pp. 91, 220

²⁶ Commissioner for Senior Victorians (2020) *Royal Commission into Victoria's Mental Health System submission*. p. 9

²⁷ Royal Commission into Victoria's Mental Health System (2021) *Summary and recommendations*. p.13

to support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives.²⁸

Opportunities for consideration:

- Consider how the needs of older people from migrant and refugee backgrounds can be included in the design and delivery of the social prescribing trials.

Self-care to maintain health in older years

One of the most important elements for older people's health and wellbeing is their capacity to engage in health self-care, defined by the World Health Organisation as:

*The ability of individuals, families and communities to promote health, prevent disease, and maintain health, and to cope with illness and disability with or without the support of a health-care provider.*²⁹

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.³⁰ Older Victorians recognise the value of health self-care, with almost 9 out of 10 respondents in the *Ageing well* survey rating the ability to successfully manage their own health as a highly important factor in maintaining their health as they age.³¹

Effective health self-care may also be particularly important for older people from migrant and refugee backgrounds. In discussions informing this submission, the Commissioner heard from community stakeholders that some multicultural and multifaitful older people prefer to engage with health-care providers as little as possible and seek family support to manage their health instead. This can be due to a lack of trust in healthcare institutions, previous negative experiences with healthcare that was culturally inappropriate or undermined their agency and rights to make decisions regarding their own care, or cultural expectations around care responsibilities as mentioned earlier in this submission.

However, to successfully engage in health self-care, people need a sufficient level of health literacy to understand health information and manage their conditions. According to the Australian Bureau of Statistics, 71.3 per cent of Australians aged 60-64, and 82.6 per cent of those aged 65-74, have lower than adequate health literacy.³² As highlighted earlier in this submission, many older people from migrant and refugee backgrounds have challenges with English literacy, potentially exacerbating barriers to health literacy when faced with technical and complex medical information.

To address these challenges, the Mitchell Institute's 2020 *Self-Care for Health: A National Policy Blueprint* recommends developing a national health literacy strategy as a foundation to "embed self-care as a core component of good health and all health care". Importantly, it includes a recommendation to engage with disadvantaged communities, particularly culturally and linguistically diverse communities, to develop and implement approaches to addressing their health literacy needs.³³

²⁸ Ibid, p. 51

²⁹ World Health Organisation, *Self-care interventions for health*

³⁰ Riegel B, Dunbar SB, Fitzsimons D, et. al. (2021) *Self-care research: Where are we now? Where are we going?* p. 2

³¹ Commissioner for Senior Victorians (2020) Op cit. p.13

³² Australian Bureau of Statistics (2006), *Adult Literacy and Life Skills Survey, Summary Results*

³³ Nichols T, Calder R, Morgan M, et al. (2020) *Self-care for health: a national policy blueprint*, p. 19

Alongside community education, it is critically important that service providers support health self-care by meeting people where they are and ensuring that the information and services they provide are accessible and appropriate. This dual focus of improving health literacy in the community and improving accessibility of healthcare information is necessary to address both the individual and structural barriers to successful health self-care.

Opportunities for consideration:

- Identify ways of expanding the focus on self-care so that older people from migrant and refugee backgrounds can exercise greater control over, and get better outcomes, in regard to their health and wellbeing.
- Explore opportunities to support healthcare service providers to develop and deliver accessible information that empowers people to successfully engage in health self-care.

Strengthening community connections

Strong social connections are essential to every person's quality of life and wellbeing, and older people are no different. *Ageing well* emphasised older people's desire to contribute the time, skills and experiences to their communities and the importance of feeling like a respected and valued member of their community.³⁴

Many older people are active in communities as volunteers and participants in a wide variety of cultural, faith-based, sport and recreation and interest groups, and contribute enormously to the economy, social cohesion and vibrancy of Victoria as a whole. 78.9 per cent of volunteer-involving organisations in Victoria have volunteers aged over 65,³⁵ highlighting the vital role that older people play in delivering services and supports across their communities.

While people from multicultural and multifaith backgrounds may be less likely to engage in formal volunteering roles,³⁶ many older people from migrant and refugee backgrounds play important roles in leading ethno-specific and cross-cultural seniors' groups and participate in a range of formal and informal volunteering and community participation activities.

However, we also know that many older people can struggle to connect with community in ways that are meaningful and enjoyable for them. Isolation and loneliness can have serious health and wellbeing consequences for older people and can significantly impact their quality of life.

Empowering older people to participate in their communities in accessible and meaningful ways and supporting the establishment and longevity of a diverse range of seniors and intergenerational community groups, will support older people to age well and deliver wide-ranging positive benefits across Victorian society.

The impacts of isolation and loneliness

In 2016, the Commissioner released his report *Ageing is everyone's business – a report on isolation and loneliness among senior Victorians*, which estimated that one in ten older Victorians experience significant detrimental impacts from isolation and loneliness. The impacts of loneliness

³⁴ Commissioner for Senior Victorians (2020) Op cit., pp. 4-6

³⁵ Volunteering Victoria (2020) *State of volunteering in Victoria 2020*, p. 35

³⁶ Volunteering Australia (2007) *Practical Guide: Involving volunteers from diverse cultural and linguistic backgrounds in your organisation*, p. 4

and social isolation include both mental and physical ill-health, and lessened capacity to cope with adversity and stress.³⁷

Increased frailty, limited mobility and other factors can all contribute to older people becoming social isolated. While older people from all backgrounds can experience isolation and loneliness, older people from migrant and refugee backgrounds may experience specific challenges due to the language and cultural barriers discussed earlier in this submission. For those with immediate family members living in Australia, feelings of isolation can be exacerbated when intergenerational change reduces the older person's cultural connection with their immediate family. For older people from migrant and refugee backgrounds without family members living in Australia, old age can bring changes in mobility and capacity that can impact on their ability to access culturally appropriate activities and services.³⁸ These challenges can be particularly acute for people who migrated to Australia at an older age.³⁹

Another group that may disproportionately experience social isolation and loneliness are older people from migrant and refugee backgrounds living in regional and rural areas. Fewer options for services and community activities, combined with fewer local transport options to support mobility in older age, can further complicate the challenges outlined above and leave this group without the social connections and networks necessary for a high quality of life.

Addressing social isolation and loneliness is a complex challenge, but place-based initiatives that are founded on collaboration and partnership with local community organisations and older people have shown promise. Intergenerational connection also plays an important role in strengthening social connection for people of all ages, as the recent ABC television series *Old People's Home For 4-Year-Olds* has amply shown. There is growing evidence of positive impacts when generations are able to learn from each other, which include value as strategy to address elder abuse, opportunities to address isolation and loneliness, and addressing ageism.

Opportunities for consideration:

- Implement place-based strategies to address the impacts of isolation and loneliness on older people from migrant and refugee backgrounds, building on evidence-based initiatives and practice.
- Expand access to cross-cultural intergenerational projects that link younger, middle age and older people from migrant and refugee backgrounds.

Supporting older people to re-engage with community in a COVIDSafe world

As mentioned earlier in this submission, restrictions on activities and movement during long lockdown periods have had negative impacts on older people's physical and mental health and wellbeing. In many cases this has caused or exacerbated existing feelings of isolation and loneliness. However, in recent conversations with the Commissioner older people have also expressed concerns about safely re-engaging with the community as we move towards a COVIDSafe environment in Victoria.

³⁷ Commissioner for Senior Victorians (2016) *Ageing is everyone's business*. pp. 12, 22

³⁸ Commissioner for Senior Victorians (2016) *Op cit.*, p. 17

³⁹ Federation of Ethnic Communities' Councils of Australia (2015), *Op cit.*, p. 15

“It can be a huge effort to get back out there, especially for those more introverted.”

Quote from Commissioner’s 2021 conversations with seniors

Older people with underlying health issues remain one of the highest at-risk groups of health impacts from exposure to COVID-19, so it is unsurprising that despite high vaccination rates many are uncertain and cautious about returning to in-person gatherings. To maintain and rebuild positive social connections, older people need support that recognises their concerns and helps them to re-engage with in-person activities in ways that minimise the risk of COVID-19. For older people from migrant and refugee backgrounds, this includes information provided in ways that are readily accessible and understandable.

“Once you slowed down, it was really hard to get started again”

“Some people don’t yet want to re-engage.”

Quotes from Commissioner’s 2021 conversations with seniors

As Victorians move into a COVIDSafe world, it is also likely that many social and community activities will continue wholly or partially online. In conversations with the Commissioner over the last 18 months, many older people were enthusiastic about the opportunities presented by online activities. They reflected that the format enabled them to participate in activities without any mobility concerns, and to engage with geographically distant groups, friends and family members.

However, as noted earlier in this submission, many older people have limited digital literacy and access to the digital technology that would allow them to participate in online formats. This digital divide has been a pressing challenge for older people throughout the pandemic and needs focused attention to remedy as we move into a COVIDSafe world.

Opportunities for consideration:

- Continue to invest in provision of information and education about COVIDSafe practice including through multicultural and multifaith community and religious leaders
- Identify ways to address the concerns of older people from diverse backgrounds to re-engage with social networks in the community.

The vital role of cultural and cross-cultural community groups

Cultural and faith identity are important to many older people from migrant and refugee backgrounds, for whom cultural heritage and religion are linked to their sense of identity and purpose in life. Cross-cultural awareness and acceptance are also important to many older people. As forums to build and maintain social connection, celebrate cultural heritage and identity, and learn about other cultures, local ethno-specific and cross-cultural community groups have a critically important role in the lives of many older people from migrant and refugee backgrounds.

Ethno-specific groups help many older people from migrant and refugee backgrounds build and sustain relationships that affirm their cultural identity, and the groups also play a significant role in conveying information to their members in an accessible format. During the *Ageing well* consultations, older people also spoke of the value of cross-cultural sharing and having opportunities to socialise across different cultural groups as a way of building respect across generations and within communities.

*'Sharing of different cultures to learn how to become more tolerant and more appreciative.'*⁴⁰

Quote from Commissioner's 2019 *Ageing Well* consultations

Many seniors' groups are run by volunteers on small budgets. 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.

Another challenge facing many smaller organisations, including those serving people from migrant and refugee backgrounds, is ensuring the groups are governed appropriately and sustainably. Seniors' group leaders have spoken with the Commissioner about the challenges of finding new committee members who are willing to volunteer their time and the challenges of succession planning. Others have mentioned a lack of confidence in understanding their governance responsibilities and the ways groups are run in Australia, or the challenges presented by navigating online administration and governance systems when committee members have limited digital literacy. There is a need to provide equitable access through a range of low-tech options to information, services and government initiatives such as grants programs for people who are digitally excluded.

Older people and sector stakeholders have recommended the value of exploring alternative models of governance such as auspicing of smaller and newer groups by a well-established local community organisation to provide governance support and build the capacity of group leaders and participants.

Opportunities for consideration:

- Identify opportunities to improve access to both ethno-specific and cross-cultural groups at the local community level.
- Investigate the governance challenges facing many smaller ethno-specific and cross-cultural groups with the aim of building more sustainable governance models, where there is access to relevant resources and training. This includes investigation of alternative governance or management models including auspicing opportunities.

Fostering timely access to appropriate services and supports

As people age, their need for services and supports typically increases in line with increased levels of frailty and co-morbidities. While older people very reasonably want to maintain their independence as much as possible, timely access to appropriate services and supports is an important factor in ageing well. One older Victorian quoted in *Ageing well* explained that "being able to accept help when you need it and accept your limitations" was important to maintaining their quality of life.⁴¹

For older people from migrant and refugee backgrounds, barriers to timely access to appropriate services can exist across structural, community and individual levels. More recently these barriers

⁴⁰ Commissioner for Senior Victorians (2016) Op cit. p. 26

⁴¹ Commissioner for Senior Victorians (2020) Op cit. p. 35

have been outlined in some detail by both Victoria’s mental health Royal Commission and the Commonwealth’s aged care Royal Commission.

The Royal Commission into Victoria’s Mental Health System heard that stigma, lack of understanding of, and willingness to talk about mental illness, impedes access to services and support for some older people from migrant and refugee backgrounds.⁴² This is covered in more depth in the section *Destigmatising mental health and wellbeing* above.

The Royal Commission into Aged Care Quality and Safety found the aged care system is difficult to access and navigate. Older people struggle to access timely information and care and make informed decisions. The Royal Commissioners noted this is compounded for people from diverse backgrounds and with diverse life experiences, with language and literacy barriers an issue.⁴³ The Commissioner for Senior Victorians has heard of many instances where an older person seeking initial information and access to aged care services has been met with barriers or unhelpful responses. In some cases, they cannot be understood or understand the information being provided and give up on the call.

Addressing these barriers and supporting older people from migrant and refugee backgrounds to access the services and supports they need, in the languages and formats they need, will enable them to continue their journey of ageing with a higher quality of life.

Improving older people’s awareness of and access to services

In consultations informing this submission, a number of older people and sector stakeholders explained that many older people from migrant and refugee backgrounds have low awareness of services available to them, and limited understanding of how the service system in Victoria is structured. As a result, they struggle to find and access the services and supports that would be beneficial and experience poorer life outcomes as a result of this underutilisation.⁴⁴

Another challenge identified through the Commissioner’s *Ageing well* consultations is the “personal waiting list” – the delay between an older person recognising they need support and their decision to access a support service. Older people who engaged with consultations for *Ageing well* said that this period of delay could be many years.⁴⁵ 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. For older people from migrant and refugee backgrounds, differing cultural expectations around provision of care can also inhibit their use of services.

The Commonwealth Government has trialled navigator programs to assist older people to find their way into the aged care system and is introducing a care finder initiative in response to a recommendation from the Royal Commission into Aged Care Quality and Safety. While this initiative addresses some of the factors that inhibit access to services, community education is still needed across all cultural groups in Victoria to encourage older people to make use of the services

⁴² Royal Commission into Victoria’s Mental Health System (2021) *Volume 3 Promoting inclusion and addressing inequalities*, pp. 91, 220

⁴³ Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect Volume 2 The current system*, pp. 59-61

⁴⁴ Federation of Ethnic Communities’ Councils of Australia (2015), Op cit.

⁴⁵ Commissioner for Senior Victorians (2020) Op cit., p 36.

they need. This could include increasing knowledge about what it means to grow older in Victoria, including cultural expectations and available resources.

Bridging the knowledge gap: Seniors Card case study

In 2016 the Commissioner was approached the Australian Unity CALD Alliance, composed of members from recently arrived migrant and refugee groups, to provide information about services for older people. Many were socially isolated and financially disadvantaged, and they and their families had minimal knowledge about growing older in Victoria. Very few were aware of government initiatives and resources that could be helpful, including the Seniors Card and Victorian Government concessions.

Building on this, Australian Unity worked with the Victorian Government to deliver the Community Participation for Seniors from Emerging Communities program, that provided information and support for older people from six emerging communities (Sudanese, Ethiopian, Somali, Burmese, Filipino and Afghan) to apply for and use a Seniors Card. This included direct community education, and the translation of the Victorian Seniors Card video into the seven languages of the emerging communities.⁴⁶



Commissioner with Australian Unity CALD Alliance members celebrating receiving their Seniors Cards

Opportunities for consideration:

- Identify mechanisms for older people to be able to access timely services and supports as their levels of frailty increase. This includes key services such as aged care and mental health supports, with a focus on empowering older people to stay in their homes and “age in place” as far as possible.
- Develop anti-ageism programs for multicultural and multilingual communities that address the “personal waiting list” hesitation to access services.
- Building on successful trials, develop culturally appropriate community-led programs that expand older people and their families’ knowledge about government initiatives and resources.
- Advocate for increased investment in Commonwealth funded community based aged care so that more people can age well in their own homes.

Strengthening culturally inclusive services

Another factor that influences the use of services by older people from migrant and refugee backgrounds is the degree to which these services are culturally safe and relevant. Difficulty in

⁴⁶ Victorian Government Seniors Online (2019) *Touching on, touching off – now a simple touch for immigrant seniors*

accessing culturally relevant services was identified in *Ageing well* as one of the key factors that limited older people's effective self-management of their health.⁴⁷

For older people from migrant and refugee backgrounds to feel safe and valued by the services they access, it is important that their cultural needs and preferences are recognised and accommodated in multiple ways. While a number of providers were recognised as delivering high quality and culturally sensitive care, the Royal Commission into Aged Care Quality and Safety found that some providers do not deliver culturally safe care that acknowledges, respects and values older people's diverse needs, including in-language information and supports, maintaining cultural and religious links and providing cultural or traditional food.⁴⁸

Underpinned by training and support for staff to deliver services in culturally appropriate ways, providing culturally inclusive services could include celebrating important cultural days, incorporating culturally relevant art and culture in activities, serving culturally appropriate food, and delivering activities with cultural community leaders.

Opportunities for consideration:

- Explore opportunities for partnerships between cultural community and religious groups and service providers to build providers' capacity to deliver culturally inclusive services.

Building a diverse aged care workforce

The Commonwealth Government's *Aged Care Diversity Framework* recognises that older people who are "part of a group or multiple groups that may have experienced exclusion, discrimination and stigma during their lives", including people from multicultural and multifaith backgrounds, have the best outcomes when aged care is tailored to meet their needs.⁴⁹ The Framework's *Actions to support older culturally and linguistically diverse people* emphasise the importance of aged care that meets the needs of multicultural and multifaith people, including a diverse aged care workforce.⁵⁰

The Royal Commission into Aged Care Quality and Safety found that language and communication barriers can make it difficult to provide care for older people from migrant and refugee backgrounds. This can lead to social isolation, mental illness, discrimination, lack of cultural safety and abuse. In addition to staff training in general, the Royal Commission found that it is important to have trained members from diverse groups as staff.⁵¹

Members of the Senior Victorians Advisory Group and community stakeholders reiterated these concerns. They advocated for expanded support and oversight of aged care services to minimise chance of abuse by workers, who need to be better skilled in working with people from diverse backgrounds, better paid and reflective of the background of the residents.

By targeting Jobs Victoria initiatives including Advocates and Mentors at younger people from migrant and refugee backgrounds, these initiatives could be utilised to create pathways to employment within community and residential aged care services.

Opportunities for consideration:

⁴⁷ Commissioner for Senior Victorians (2020) Op cit., p. 37

⁴⁸ Royal Commission into Aged Care Quality and Safety (2021) Op cit., p. 76

⁴⁹ Department of Health (2017) *Aged Care Diversity Framework*, p. 1

⁵⁰ Department of Health (2019) *Actions to support older Culturally and Linguistically Diverse people: A guide for consumers*, p. 6

⁵¹ Royal Commission into Aged care Quality and Safety (2021) Op cit., p. 136

- Expand training and mentoring incentives for younger people from migrant and refugee backgrounds to enter the aged care workforce to support their own community members, including through Jobs Victoria initiatives.
- Advocate for expanded access to culturally appropriate care, through mechanisms such as mandating adoption of the Aged Care Diversity Framework in aged care services, including cultural awareness training for all aged care workers.

Culturally inclusive advocacy for aged care and other services

Members of the Senior Victorians Advisory Group and community stakeholders observed that older people from migrant and refugee backgrounds may experience multiple barriers to engaging in self advocacy or seeking advocacy support. Stakeholders commented that “advocacy” as a concept does not translate well in some languages and cultures and can be thought to be a legal intervention.

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.

In the 12 months to 1 November 2021, Elder Rights Advocacy has provided advocacy services to just one per cent of older Victorians receiving aged care services; 37.1 per cent of these clients came from a migrant or refugee background. Regularly it is English-speaking children who contact the service on behalf of their parents, or referrals are made by allied health or social work professionals. Elder Rights Advocacy has advised there is considerable unmet need and misunderstanding about their services within multicultural and multifaith communities. The service is trialling peer educators and community ambassadors to help get its message into communities in a way that can be understood and accepted. The diversity within communities and the need for a nuanced, flexible approach in every individual case is a huge challenge.⁵²

Opportunities for consideration:

- Provide community education about the rights-based approach to aged care service provision including access to support through advocacy services.
- Advocate for the development of culturally appropriate navigation and advocacy services, such as a multilingual phone line or a multicultural elders council that can liaise between community members and aged care providers.

Preventing and addressing elder abuse in migrant and refugee communities

The COVID-19 pandemic has increased social isolation and ageism, drivers of elder abuse and made it harder to identify hidden abuse.

⁵² Information provided by Elder Rights Advocacy on 22 November 2021

The Age in late 2020 reported that:

Experts believe the effects of coronavirus-forced lockdowns contributed to the rise in elder abuse, such as in cases where adult offspring spent more time in households with their parents, or where financial stress had hit hard.

But they suspect the problem is still under-reported and believe many older people are loath to report incidents because they depend on family members for care, don't want to see their offspring punished, blame themselves for others' behaviour, fear being denied access to grandchildren, and remain stoic if they feel they are close to the end of their life.⁵³

Calls to the National Elder Abuse phone line increased by 87 per cent between January and June 2021 compared to the previous six months.⁵⁴

Members of the Senior Victorians Advisory Group and community stakeholders observed that a number of factors can heighten vulnerability to abuse, including language difficulties for those whose primary language is not English, social dependence on family members for support, and the potential conflict caused by expectations in relation to care, including expectations that a grandparent be responsible for grandchildren. In some instances, past experiences of trauma or violence may lead to intergenerational trauma impacting on multiple family members.

Limitations on financial independence and security can be risk factors for abuse, particularly for women and older people who are dependent on family members for their accommodation and day-to-day care. Some older migrant and refugee women have never been financially independent. Cultural practices may lead to one partner controlling the other or adult children exercising control over their parents' lives. Further comments related to financial security and independence can be found earlier in this submission.

As Ambassador for Elder Abuse Prevention, the Commissioner has heard of instances of abuse including misusing a power of attorney to obtain financial gain, pressuring a parent to be a guarantor for a loan or to sell their home to provide funds so the adult child can purchase a property. The latter may come with the promise of a home for life for the parent which is later withdrawn.

Despite community awareness initiatives, the concept of elder abuse continues to difficult to understand and even when identified, may remain a matter of personal shame and a subject not to be discussed openly in the community or in the family.^{55,56} This invisibility is compounded by difficulties in accessing relevant information and resources as previously mentioned in this submission.

The Ethnic Communities Council of Victoria currently provides training for bilingual educators to run culturally appropriate sessions in their respective communities about raising awareness and available resources.

The trial of an integrated model of care for responding to suspected elder abuse is currently being delivered through five Victorian Health Services. It provides workforce training, counselling and mediation, secondary consultations and the Elder Abuse Prevention Networks.

⁵³ Cooper A (2020, November 3), "Elder abuse on the rise in Victoria, figures show", *The Age*

⁵⁴ Australian Human Rights Commission (2021) *New campaign on the warning signs of elder abuse*

⁵⁵ Federation of Ethnic Communities' Councils of Australia (2015) *Op cit.*, p.14

⁵⁶ Ethnic Communities Council of Victoria (2009) *Reclaiming Respect and Dignity: Elder Abuse Prevention in Ethnic Communities*

Research conducted for Respect Victoria found that intergenerational programs that address ageism show the most promise when considering the effectiveness of primary prevention interventions targeting the abuse of older people. Using this knowledge, an intergenerational program was co-designed to investigate if a pilot intervention was effective in reducing ageism as a driver of abuse, reducing known risk factors for perpetrating and experiencing abuse such as loneliness, depression and anxiety, and increasing protective factors such as social connectedness.⁵⁷ Findings from the study included the suggestion to “find ways to value older peoples’ knowledge/experience/contributions and give younger people greater and/or easier access to this knowledge and experiences”.⁵⁸

Opportunities for consideration:

- Based on the findings of the National Ageing Research Institute research into primary prevention of elder abuse, expand intergenerational initiatives that challenge and address ageism as a key driver of abuse of older people.
- Partner 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.
- Expand the Integrated Model of Care trials so that older people from migrant and refugee backgrounds can access elder abuse services and support irrespective of where they live within Victoria.

⁵⁷ National Ageing Research Institute (2021) *Primary prevention of family violence among older people living in Victoria*. p. 32

⁵⁸ *Ibid*, p. 53

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Appendix 1: Commissioner for Senior Victorians

Gerard Mansour was appointed Victoria's first ever Commissioner for Senior Victorians in August 2013. The Victorian Government created this role as part of its response to the Victorian *Parliamentary Inquiry into Opportunities for Participation for Victorian Seniors*.

At the end of 2016, as part of the Victorian Government response to the Family Violence Royal Commission, the Commissioner was asked to play an additional role as Ambassador for Elder Abuse Prevention.

In May 2019 the Victorian Government announced the reappointment of Mr Mansour as the Commissioner for Senior Victorians for another four years.

The Commissioner for Senior Victorians provides advice to the Victorian Government on issues relevant to senior Victorians and positive ageing and participation, as well as being an independent public voice to educate the community on seniors' issues, actively promote the positive contribution of seniors and encourage seniors to fully participate in our community.

A key component of the role is to actively advocate for a "seniors' perspective" in government deliberations on issues relevant to senior Victorians including positive ageing, participation, and the needs of vulnerable, at risk and disadvantaged seniors.

The Commissioner meets regularly with seniors and seniors' organisations from across Victoria to discuss a wide range of matters relevant to people as they age, provides an independent public voice to educate the community on seniors' issues including prevention of elder abuse, actively promotes the positive contribution of seniors, encourages seniors to fully participate in our community and seeks to building greater respect for the rights of older people.

In November 2020, the Commissioner's report *Ageing well in a changing world* was released. Background research included an online survey, responded to by 4,726 individuals, who were asked to rank factors that research has identified as being important to independence as one ages.

The Commissioner also promotes community awareness and understanding of other matters such as advance care planning, powers of attorney and loneliness and isolation.

As the Ambassador for Elder Abuse Prevention, he has provided significant policy advice on the prevention of elder abuse, and the importance of supporting multicultural and emerging communities.