

**Submission
No 54**

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

Organisation: Loddon Campaspe Multicultural Services

Date Received: 9 January 2022



The Committee Manager
Legislative Assembly Legal and Social Issues Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

9 January 2022

**SUBMISSION: SUPPORT FOR OLDER VICTORIANS FROM MIGRANT AND REFUGEE BACKGROUNDS –
LODDOON CAMPASPE MULTICULTURAL SERVICES**

a. Introduction

Loddoon Campaspe Multicultural Services (LCMS) is a not-for-profit organisation, which empowers people from migrant and refugee backgrounds to exercise and enjoy their human rights, as well as to contribute and belong to Australia society. LCMS is the peak body for the Ethnic Communities Council of Victoria, run by and for multicultural communities.

I am the CEO of Loddoon Campaspe Multicultural Services, as well as a board member of Elder Rights Advocacy, Victoria (ERA). ERA provides individual and systemic advocacy for older people in Victoria, so that they might have a voice and enjoy their human rights. I have worked for six years as the Deputy CEO of the ACT Disability, Aged and Carer Advocacy Service (ADACAS), based in Canberra, from 2012 to 2018. ADACAS provides advocacy for older people in Canberra. My role included management of our Aged Care Team, and I specialised in advocating for the rights of older people from culturally and linguistically diverse backgrounds. I am a woman from a culturally and linguistically diverse background, who has supported various older family members from CALD backgrounds, to access their human rights. I am writing this submission, drawing from both my professional and personal experience, in these various roles.

b. Human Rights Framework

Like all human beings, older people have human rights. In Australia, the human rights of older people are articulated in the Aged Care Act 1997. This legislation sets out provisions relating to the quality of care and the rights of older people receiving care, whether it be in residential aged care facilities or at home. The United Nations Principles for Older Persons, 1991, states that older people should be able to live in dignity and security and be free of any form of exploitation and physical or mental abuse. It states that they should be treated fairly regardless of age, gender, racial or ethnic background, disability, or any other status, and need to be valued for their economic contribution. Given the legislative and human rights frameworks, it is clear that any supports or actions taken for the benefit of older people must be consistent with the relevant legislative and human rights frameworks.

c. Demographics

Greater Bendigo's population is increasing in diversity, although the region of Loddon Campaspe is predominately Anglo Caucasian. People speaking languages other than English at home increased by 61% between 2011 and 2016. This includes humanitarian settlement within Greater Bendigo, particularly people of Karen and Hazara backgrounds. However, these indicators do not include secondary migration and humanitarian settlement after the Census in August 2016. This also excludes the cultural diversity of schools across Greater Bendigo. For instance, the proportion of culturally and linguistically diverse students has increased in Bendigo schools from 4.47% to 5.56%, in 2020 (2011 and 2016 Census; data from the Department of Education and Training; survey undertaken with 780 students regarding attitudes to multiculturalism).

d. Challenges Facing Older People from Culturally and Linguistically Diverse Backgrounds

Having held the position of CEO of LCMS for over a year, at the time of writing, it has been my observation that older people from multicultural backgrounds, in the Loddon Campaspe regions, face the following challenges:

(i) Lack of Advocacy Support

In the Loddon Campaspe region, there is a lack of advocacy presence for older people from CALD backgrounds, who might struggle to access their human rights. The Royal Commission into Age Care Quality and Safety stated the following in relation to the importance of advocacy:

Navigation of the interfaces between the health care, aged care and disability services systems is complicated. The complexity is even more pronounced for younger people with a cognitive impairment or without a family advocate or who are struggling to come to terms with a newly acquired disability or illness. We recommend that the Australian Government should fund dedicated advocacy services for younger people who are living in, or at risk of entering residential aged care (Final summary report, Royal Commission into Aged Care Quality and Safety, page 123).

Advocacy can help an older person to be able to have their voice heard, and consequently access their rights. At present, there are no advocates based in the Loddon Campaspe region. Elder Rights Advocacy, Victoria (ERA) provides advocacy support that can be accessed over the telephone. Given the findings of the Royal Commission into Aged Care, Quality and Safety, the Australian Federal government is providing more funding support to the Older Persons Advocacy Network (OPAN) of which ERA is a member. We are hopeful that an aged care advocacy hub will be created in Bendigo in the near future. This will help older people, including those from multicultural backgrounds, access the advocacy that they both need and deserve.

(ii) Lack of Ethno-specific residential aged care facilities

I have spoken to people who work or who have worked in aged care facilities in the Loddon Campaspe region. They have advised me that most of the residents who live in nursing homes are from Anglo Caucasian backgrounds, and that there are few people from culturally and linguistically diverse backgrounds living in them. It can be difficult to understand why this is the case without conducting in-depth research, but one could possibly conclude, based on research from other regions, that many cultures traditionally frown upon putting older people in residential aged care facilities. The prevailing belief is often that placing an older relative in a nursing home is shameful, and that the adult children of the elderly person have a responsibility to take care of the older person in their home.

The stigma of placing a family member in residential care was also strong within CALD communities. It is considered shameful to place someone in residential care and there is a perception that you will be judged by the community if you do this. This leads to carers caring for the person with dementia well beyond their capabilities. Most spouses who care for someone either with dementia or another illness say that they would do so until they were physically incapable (Perceptions of dementia in ethnic communities, Alzheimer's Australia, Victoria, [Perceptions of dementia in ethnic communities - project report.pdf](#), page 12).

This 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, resulting in elder abuse.

Another reason why older people from culturally and linguistically diverse backgrounds are not utilising residential aged care facilities to help care for their older family members, may be because they do not have adequate information about their availability, either translated or interpreted to them in a language that they can understand. It is noted that in wider LCMS programmatic focus areas, it is difficult to source accredited interpreters and translators in relevant languages. Often, the only professional language assistance is available via the Telephone Interpreter Service, or via bi-lingual workers, who are not professionally accredited.

In places like South-west Sydney, where there is a high percentage of people from CALD backgrounds, there are a plethora of ethno-specific residential aged care facilities, catering to communities such as the Italian, Jewish, or Spanish communities. This can be quite helpful for older people from CALD backgrounds, who can enjoy aged care living where their cultural needs and wishes can be understood and respected. In the Loddon Campaspe region, there are no such ethno-specific residential aged care facilities. This can perhaps be explained by the fact that only 8.9% percent of the population of Bendigo was born overseas compared to 29.8% of the entire population of Australia (ABS, 2016).

(iii) Lack of understanding relating to elder abuse in multicultural communities

It has been my understanding, based on my interactions with various stakeholders in the Loddon Campaspe region, that there exists an overall lack of understanding, information or education relating to the support of older people facing elder abuse. I am currently working in partnership with various stakeholders to implement some educational sessions on this issue. More funding needs to be focused in this area, given that, according to the World Health Organization, one in six older people in worldwide experience elder abuse.

(iv) Lack of registered interpreters/translators

As the CEO of LCMS, I have noted that there is a paucity of registered translators and interpreters in the Loddon Campaspe region. Consequently, there is a high incidence of reliance on bi-lingual workers, who may be bi-lingual but are not professional accredited or registered as professional interpreters or translators. The lack of interpreters and translators in this region has an adverse effect on older people from multicultural backgrounds. There are situations where an accredited interpreter is required, and a bi-lingual worker will not suffice. Examples of this are in the medical and legal contexts, where the interpretation/translation can become the subject of litigation if there are concerns relating to the quality of the service provided to the patient or client. Thus, perhaps a focus on funding and training people to gain professional accreditation in relevant languages as interpreters, is needed in this region.

(v) Lack of uptake from multicultural communities for aged care services

The three predominant refugee communities in the Loddon Campaspe region are the Afghan Hazaras, the South Sudanese and the Karen from Myanmar. I have spoken to people from each of these communities about residential aged care facilities and home care support, and their responses appear to be quite similar amongst the three diverse refugee communities. They have advised me that there are very few elderly people in their community living in the Loddon Campaspe region. For the few that have sought asylum in Australia, the communities do not use residential aged care facilities. Within their cultures, it is seen as shameful to place an elderly parent in a nursing home, and they feel that it is the responsibility of the adult children to look after their elderly parents.



None of the people I interviewed were aware of elderly people in the community using home care packages, to help elderly people continue to live in their homes. It was unclear whether this was because they chose not to use such services, or whether it was because they did not know of the existence of such services. It is evident, in any case, that knowledge of aged care services that are accessible at home is not high amongst the refugee communities. One person I interviewed asked me if this was the same as receiving support from Centrelink. Focus on increasing community information and knowledge about aged care services is clearly needed.

(vi) Lack of carers with relevant language/cross-cultural skills

Given the lack of cultural/ethnic diversity in the Loddon Campaspe 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. Perhaps investment into creating employment targeting people who can speak relevant languages and who are willing to move to regional areas to work, needs to be explored.

(vii) Lack of access to culturally appropriate palliative care

As there is an overall lack of palliative care services available in regional Australia there is likewise a lack of culturally appropriate palliative care services in our region. Although there are seven palliative care services in the Loddon Campaspe region, it is unclear the extent to which these services are culturally appropriate for our multicultural communities. Furthermore, knowledge of the existence of such services is not widespread amongst people from CALD backgrounds.

Should the Committee find it to be of use, I would be prepared to give evidence in relation to the contents of this submission to an inquiry hearing, either in our region, in Melbourne, or online. I furthermore wish to advise the Committee that I do not seek confidentiality for this submission and am content to have its contents made available to the public.

I wish the Committee well in its deliberations.

Yours sincerely



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Loddon Campaspe Multicultural Services