

**Submission
No 72**

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

Organisation: ABRISA

Date Received: 7 February 2022

Submission to the Inquiry into support for older Victorians from refugee and migrant backgrounds

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Submission by ABRISA – Brazilian Association

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Dedicated to a great volunteer! - Jose Costa (1934 – Brazil to 2020 – Australia)

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The purpose of this submission is to express concerns with the current issues faced by Multicultural seniors here in Victoria. In doing so, I will be providing real life examples with an Alias to protect the identity of the people.

Background

ABRISA (Brazilian Association in Victoria) was sponsored by the Victorian Government to implement its concept project My Age. It was completed in 2018. The program looked at 8 areas of Ageing aiming at bringing more information to the community and identifying the shortcomings in the key areas identified.

The Key areas selected were for discussion with our groups were:

1. Health (Mental and Physical)
2. Cultural Identity and Spirituality
3. Financial
4. Legal
5. Services
6. Digital Literacy
7. Health and Wellbeing
8. Carers and Family

The aim of the project was to identify the levels of support already available and identify the gaps in the Brazilian cultural context. Over the past few years, we have been working with a group of 15 seniors Over the age of 75.

The project leader also participated with the ECCV program to speak my language. This enabled us to not only provide input into this information program but also, create a set of information with participation of our Seniors.

The ABRISA My Age program is now shared with other not for profit organisation such as Multicultural Women Victoria. This will enable the organisation to use the same set of information in reports (produced in English) to work with its seniors.

Adequacy of services for older Victorians from migrant and refugee backgrounds; (Culturally and Linguistically Diverse - CALD Communities)

Through the interaction with seniors during the My Age project we have been able to establish many gaps in preparing for a dignified ageing in Australia and the systems related gaps.

Whilst we understand the Victorian Government may not be in control of the ensure service provision, we do believe it has the capability of raise the issue with Federal Government and more

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Issue	Descriptions and Comments
<p>Awareness Services Available</p>	<p>The first awareness of the HCP services in our community only came through the contact with the hospital system where “<i>Patient A</i>” had a stroke (2015), and the family was contacted for the services (via the hospital support services).</p> <p>In no GP visits at that stage neither the family nor the patient was aware of the services.</p> <p>ABRISA with the support of ECCV through Speak my language (around 2017/18) created the information in Portuguese and disseminated the information through the community.</p> <p>There is an assumption that if public information is on a government website, that the entire population is well informed.</p> <p>CALD communities (and at times residents) are not website users. They rely on information provided by friends, family, and their community organisations.</p> <p><i>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 origin. (Services simply do not exist!)</i></p>
<p>Access Complexity</p>	<p>With the existing language limitations, it is virtually impossible for the seniors in my community (1970 arrivals) to understand the complexities of dealing with the My Aged Care.</p> <p>Without our community support (through my Age project), they would not have had access to it.</p>
<p>Lack of bi-lingual/bi-cultural workers</p>	<p>Culturally appropriate care, supported by a bi-lingual/bicultural worker can significantly improve the quality of care. The senior can have a far better interaction with the support worker, express their wishes and lead a more dignified life.</p> <p>We understand with more than 200 cultures living in Victoria, this is a significant issue. However,</p>
<p>Lack of an outreach services to ascertain services are being provided</p>	<p>This is a significant Gap. ABRISA is currently working with a Senior (from a different cultural group) who displaying early signs of dementia, where neither the family of the CHSP services seem to be on top of the situation.</p> <p>“<i>Eva</i>” (not her real name, suppressed for privacy reasons) is under a CHSP. Her situation is deteriorating, there is not a single point of contact person (friend, council representative, self, GP, family members) who can:</p> <ol style="list-style-type: none"> 1. Ascertain which service she is receiving 2. Escalate to My Aged Care her needs

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	<ol style="list-style-type: none"> 3. Understand the social infra structure available to support her 4. Be a single point of contact <p>The immediate family is absent, a sibling is physically ill. At this stage there is not a single person under the CHSP, or any other program supported by a social worker who can visit her on a regular basis and progress some of the access she requires.</p>
<p>Overreliance of volunteering and family</p>	<p>Currently it appears that CHSP program (probably due to funding issues) relies on volunteering to provide regular visits.</p> <p>Furthermore, there is reliance on the volunteering effort of community organisations. Such efforts are adequate when the person is in lower need of care. Once the needs of seniors increase, in early Dementia, a higher level of support is needed and a greater level of training for volunteers so they can better support the visiting programs created by some community services.</p> <p>“Ewa” is a typical example, where the current services provided are relying on volunteers to take her to doctors, visitors, and access to wellbeing activities.</p> <p>ABRISA elected to support Eva, as one volunteer who happens to be Brazilian became concerned and requested us to advocate on her behalf.</p>
<p>Support services for carers where families are heavily involved</p>	
<p>Lack of Daycare facilities to provide carers with respite and keep Seniors at home</p>	<p>When it comes to carer’s the absence of adequate and culturally appropriate Daycare facilities is one of the most critical issues.</p> <p>The residential respite available is in general for a period of 2 weeks in a year. The ideal would be a day at a time in locations where they provide well being activities. Short term residential respite is only worthwhile if carers are planning for leave. And if this is the case, two weeks is not enough.</p> <p>Most families are willing to support their seniors, however the need for respite, during the day would bring a high level of relief. More important,</p> <ol style="list-style-type: none"> 1. It might alleviate the demand for residential care 2. It will increase level of well being of individuals. 100% of the seniors we liaise with, do not wish to enter the residential care. 3. Currently the COVID exposure is too great. Lest face it! It is a sad ending for a person with no family around to say goodbye. This is also very sad to the family around them.

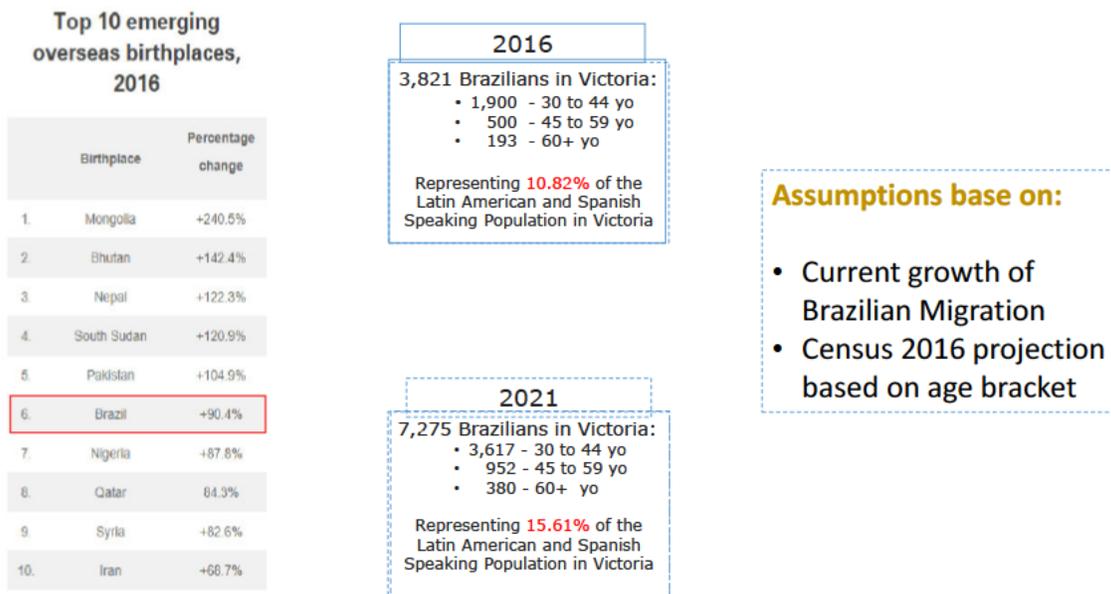
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Senior Rights (How can one exercise a right they're not aware of?)	<p>This has been also a key issue for our community. When contacting such organisations on serious issues, the expectation is for the senior to make a call to exercise their right.</p> <p>When it comes to elder abuse as an example, it is very difficult for a first-generation migrant to speak up on issues that could compromise their family. Their knowledge of legislation is minimal.</p> <p>At times, when contacting them, I felt they were under resources and may not have the ability to adequately (outreach work would have been ideal) address the issues.</p>

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

- 1. General CALD communities Lack of understanding of the complexity which is ageing abroad for first generation migrants.** – In our cohort (Brazilian Community) most of our first-generation seniors arrived in the mid-late 70's in Australia. The table below presents a projection of our Brazilian population and the over 60's population. (Nothing this did not include COVID-19 impact). Our demand for senior support will start increasing around 2021.

Talking Numbers – Brazilian Community in Victoria



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2. **Taboo in discussing:** Our experience in reaching out to some community members over the age of 65 is that most of them prefer not to discuss the future. This is quite concerning considering what we have witnessed working with many in our community over the age of 75. Some of the issues faced by the seniors we see today could have been avoided if matters such as:
 - a. Understanding the services available and accessing it- We one instance where the My Aged support came too late. By the time the packed was allocated the senior regretfully passed away.
 - b. Understanding the legal framework around powers of attorney as well as appointing representatives outside the family.
 - c. Having open and honest discussions about ageing with the family while they are still in good health.
 - d. Understanding key health issues such as Dementia and its impact.
 - e. Understand the impact on carers and creating
 - f. Understand health issues that can have a severe impact in mobility.
 - g. Being encouraged by families to participate in key Local Government Areas (LGA) activities that promotes their own wellbeing and extend their social network.
3. **Generational and Cultural GAP:** There is a cultural and generational gap as follows:
 - a. In many cultures there is an expectation of children looking after their parents at home. This may conflict with expectations of second and third generations.
 - b. Many first-generation migrants may have most of their facility abroad and may not have the full support they need locally. More important they may be losing most of their friends and family abroad who were part of the same generation.
 - c. The focus of the first-generation migrants of the 50's to 70's was not as qualified as some of the new generation migrants who come with minimal English Language proficiency.
4. **Family complexities:** Where dementia is present and the person is no longer in the position to make decisions for themselves the family dynamic can have a significant impact in matters such as: Access to services, time to access services and quality of it. Where friction in the family exists, seniors are almost in the same position of children with separated parents. *Example below:*
 - a. "Martha" who has dementia is subject to a family dispute. She granted a power of attorney to her daughter. In confidence she regretted the decision, and this was a key issue in the family dynamic.
 - i. Martha lost contact with her second daughter.
 - ii. Feels isolated
 - iii. Worse, she can no longer remember the second daughter exists.
 - b. From that perspective, we watch from a distance. We felt that such complexities should be handled by Advocates with legal background who can act as mediators to consider the best interest of the seniors as opposed to the family.
- 5.

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Ideas to advance the physical and mental health and wellbeing of Victoria’s multicultural seniors including global best practices.

In considering ideas on how we can advance the physical and mental health of seniors, we draw on the current COVID-19 effort experience where, Government, Individuals and their families combined with the array of services work together.

Please find below some of the key suggestions and a proposed model for working together with the Government and other organisations. Connecting community and family to the seniors can deliver them a sense of feeling wanted and therefore improve their wellbeing.

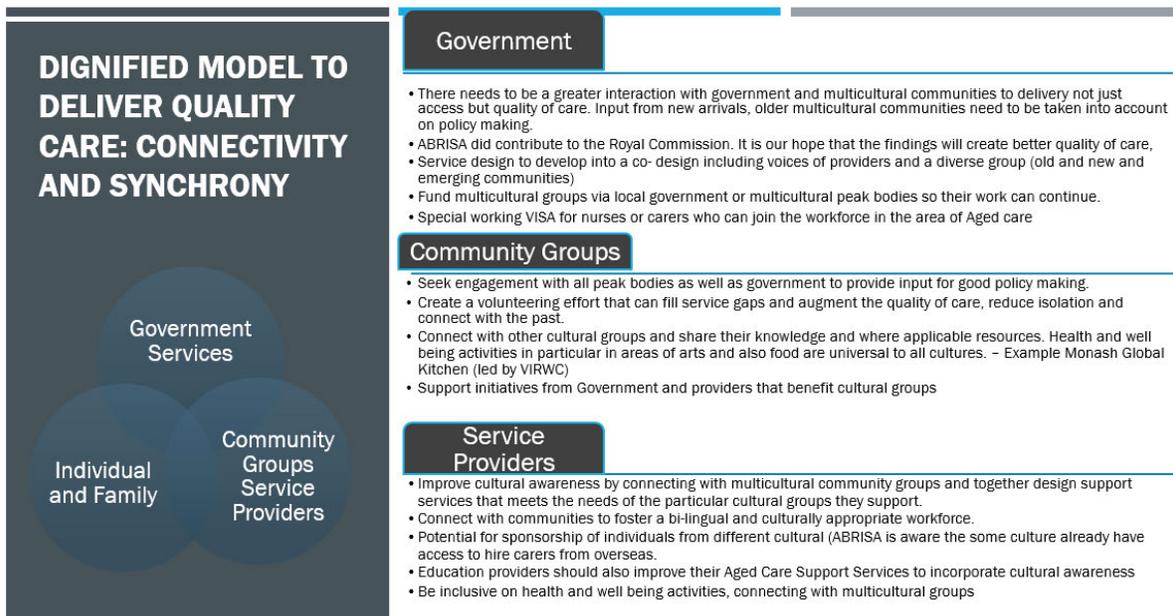


Table – Ideas on a Culturally Appropriate Care Model

Seniors need to be engaged soon after retirement in key activities that will:

1. Increase their social network
2. Stimulate their brain (in anticipation of key ageing diseases such as Dementia)
3. Through the interactions with CALD organisations, create a program of contacts where they feel they are informed,

ABRISA will continue to work with organisations such as ECCV and Multicultural Women Victoria (MWV) to come up with wellbeing activities that increase the level of connection with seniors. The My Age program ABRISA started had the aim of connecting not just our community

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but other CALD organisations and/or individuals who may benefit from the information we have gathered.

Appendix

2019 A Culturally Appropriate Care Model