Submission to the Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds

January 2022

The Voice of Multicultural Victoria

Executive Summary

Older people from migrant and refugee backgrounds in Victoria are a growing, diverse, and dynamic population. At the time of the 2016 Census there were 922,603 older people (65+) in Victoria of whom 206,773 (22.4%) spoke languages other than English at home.[1]

Many of the gaps, failures and barriers in mainstream services and systems have resulted in significant adverse impacts of COVID-19 on older people from migrant and refugee backgrounds. Older people born overseas were more than twice as likely to die from COVID-19 in 2020 and 2021 than others.[2] Continuing business-as-usual with policy and programs in Victoria is no longer an option. There needs to be a significant shift in Victoria's health and human services, systems, and institutions in order to meet the needs of an increasingly diverse population. A **human rights** approach, **social inclusion**, **cultural safety**, **participatory**, as well as **evidence-based** approaches need to be progressed.

This submission discusses the opportunities, challenges, and solutions for many issues affecting older people from migrant and refugee backgrounds.

Older people from migrant and refugee backgrounds are a large and highly diverse population group, with varying experiences, needs and perspectives. Some of this diverse lived experience includes people currently in the workforce, those who are retired, people who grew up in Australia, people migrating later in life, citizens, temporary visa holders, refugees, asylum seekers, people from established communities, and people from new and emerging communities who are growing into older age in Australia for the first time. It is essential to understand the broad range of perspectives, experiences, needs, barriers, and solutions in order to deliver effective support for older people from migrant and refugee backgrounds.

However, this is hampered by a lack of disaggregated data and limited evidence about the varying needs across this population. In this submission ECCV recommends a range of **new and innovative programs to support emerging needs**, as well as research needed to **improve the evidence base**.

From its perspective working in policy development, advocacy and community capacity building across several systems and services, ECCV has observed many common challenges to improving access and equity for older people from migrant and refugee backgrounds. Central to improving adequacy of services is **cultural safety** to demonstrate respectful, ethical, and supportive practice in human services, agencies and systems. Many services and systems need to improve approaches to working with older people from migrant and refugee backgrounds in a range of ways including:

- Use of **language services**, particularly the skill of professionals to work with interpreters and translated written material
- Understanding of factors affecting **trust, adverse experiences, and stigma** in relation to accessing services
- Streamlining and integrating services, and supporting older people from migrant and refugee backgrounds to **understand and navigate complex systems** and services
- Working more effectively with **multicultural and ethno-specific organisations** who are trusted by older people in their communities
- Promoting services and information more effectively through **ethnic community media**
- Addressing barriers and promoting **digital access and inclusion.**

While the Commonwealth Government holds budget and policy responsibility for aged care, the Victorian Government maintains a number of responsibilities. A growing number of older people from migrant and refugee backgrounds rely on aged care. In many cases, as a result of the division of Commonwealth and State Government responsibilities, support for older people previously provided through **local government** is no longer available, and key innovative programs such as **Access and Support** are at risk. This submission discusses how the Victorian Government can continue to support national **best practice** and address remaining gaps.

Older people from migrant and refugee backgrounds are active in their communities through volunteering, social networks, and informing services, policies, and programs. Older people from migrant and refugee backgrounds are at greater risk of social isolation than others, particularly in the context of the COVID-19 pandemic. Participants in ECCV consultations have emphasised the importance of **recognising, promoting, and supporting the civic, social and community contribution** made by older people from migrant and refugee backgrounds.

Ethnic seniors' clubs are a key mechanism to promote social inclusion, wellbeing, and health, as they provide a culturally relevant, peer-based approach. Seniors' clubs have several wellbeing and health benefits for their members. However, many clubs are finding challenges with resourcing and continuing to operate through the COVID-19 pandemic. With a growing ageing population that is increasing in diversity, small and emerging communities need additional **growth funding** to establish seniors' groups. This submission discusses recommendations for how the Victorian Government can promote ethnic seniors' clubs as solutions to promote positive ageing and social inclusion of older people from migrant and refugee backgrounds.

An increasing number of older people from migrant and refugee backgrounds are at risk of **elder abuse**. The specific drivers and risk factors for older people from migrant and refugee backgrounds, including norms and values, immigration processes, and social isolation, are not well understood. Many current initiatives are not specifically tailored to address the needs of older people from migrant and refugee backgrounds. Improving the **evidence base**, and developing **community-wide, holistic, collaborative, and multi-disciplinary solutions** needs to be a high priority for the Victorian Government. A strategy to address elder abuse against people from migrant and refugee backgrounds is needed to drive innovation and promote solutions.

The COVID-19 pandemic has demonstrated the stark inequities, barriers, and gaps in public health policies, systems, and services. Barriers to access, patchy engagement of language services, inaccessible systems, and culturally inappropriate information, as well as broader inequality and social exclusion, have all contributed to the significant adverse impacts of the pandemic on older people from migrant and refugee backgrounds.

Addressing **health inequity** and adverse health outcomes for older people from migrant and refugee backgrounds requires action on the **social determinants of health** including addressing ageism and discrimination, accessibility of built environments, information and services, access to food, housing, and other resources. In accordance with the **UN Decade of Healthy Ageing 2021-2030**, ECCV recommends that the Victorian Government plans to address the social determinants of health and wellbeing of older people from migrant and refugee backgrounds.

Alongside action on the social determinants of health, promoting **access and equity to health services**, and **health literacy** must be high priorities for the Victorian Government. Greater support for older people to access, understand and navigate health systems, and make informed health decisions, will

improve health outcomes for people from migrant and refugee backgrounds. The multicultural sector is well placed to provide this support through models of bilingual and bicultural community educators, community connectors, and peer-based support.

Health policy and planning must also actively involve older people from migrant and refugee backgrounds through mechanisms such as Community Advisory Committees, boards, and other **representation in advisory and decision-making bodies**.

This is particularly important in the **mental health reform** process currently underway. The current mental health system is experienced as inadequate, exclusionary and at times unsafe by people from migrant and refugee backgrounds. A range of factors including trauma, adverse life experiences, conflict, and discrimination can contribute to higher rates of mental distress among older people from migrant and refugee backgrounds. Active inclusion and participation of people from migrant and refugee backgrounds in decision-making, system reform and service design is necessary to address the stark inequities in mental health, and the growing demand for mental health support due to the COVID-19 pandemic. **Engagement of older people with lived experience of mental health concerns** and **support for the multicultural sector** is needed to develop a wide range of effective mental health supports needed by older people from migrant and refugee backgrounds.

Summary of Recommendations

Older people from migrant and refugee backgrounds

1. That the Victorian Government engages with older people from migrant and refugee backgrounds to better understand experiences of discrimination and exclusion, and to co-design initiatives to promote social inclusion.

2. That Victorian Government establishes priority initiatives for older workers from migrant and refugee backgrounds as part of Jobs Victoria programs.

3. That the Victorian Government establishes a recurrent grant program for organisations and projects working with older people from refugee backgrounds and from new and emerging communities, prioritising community-based, ethno-specific and peer-led organisations, and programs.

4. That the Victorian Government uses a participatory, co-design approach to work with older LGBTIQA+ people from migrant and refugee backgrounds to develop the evidence base about their experiences, perspectives, and support needs.

5. That the Victorian Government establishes a research program to improve the evidence base about the perspectives and experiences of older people from migrant and refugee backgrounds, which emphasises participatory and peer-based methods.

6. That the Victorian Government commissions research to examine:
- what ageing well means to older people from migrant and refugee backgrounds
- the implications of findings for the design and delivery of support and services.

Adequacy of services

7. That the Victorian Government enhances language services across the Victorian public sector by:
- Monitoring and assessing need and supply of language services across Victorian public sector agencies

- Establishing required training in engagement of language services for professionals across a range of Victorian public sector functions and agencies
- Including requirements for contracted services to demonstrate competency with engaging language services
- Promoting language services effectively with consumers to increase trust and engagement
- Ensuring that policy and practice accords with best practice in language service use.

8. That the forthcoming Victorian Government Bicultural Worker Strategy increases the support and consistency for bilingual and bicultural worker roles by:
- Creating requirements for agencies with bilingual and bicultural worker programs to ensure certain competencies, supports, classification and remuneration levels
- Increasing professional support for bilingual and bicultural workers
- Considering competency requirements, including required training or qualifications for bilingual and bicultural workers.

9. That the Victorian Government establishes a community connector program to support older people from migrant and refugee backgrounds to understand and navigate through complex systems and services.

10. That the Victorian Government commits to recognising and resourcing the true value of the multicultural sector by:
- Increasing core resourcing for multicultural and ethno-specific community organisations to match current levels of support provided by the multicultural sector, and recognise increased demands in relation to compliance, monitoring and evaluation, and support for mainstream services
- Supporting regional and metropolitan ethnic councils, and ECCV, to meet growing demand
- Supporting more recently arrived communities to establish core community infrastructure and programs
- Engaging with multicultural community organisations to establish support and capacity building for bilingual and bicultural workers across human and community service sectors.

11. That the Victorian Government promotes services effectively by supporting service providers to develop tailored advertising and promotional material for ethnic community media, community organisations and social media channels.

Digital inclusion
12. That the Victorian Government builds on a range of initiatives that address the digital divide by supporting digital inclusion initiatives that provide devices and subsidised internet connections to older people from migrant and refugee backgrounds on low incomes.

13. That the Victorian Government establishes and promotes policy that provides alternatives to online platforms in order to improve access to information, services and support.

14. That the Victorian Government increases investment in digital literacy training for older people from migrant and refugee backgrounds, including tailored bilingual programs.

Aged care
15. That the Victorian Government reviews the support provided to older people from migrant and refugee backgrounds through local government since the 2015 reforms to the aged care system and develops a plan to ensure ongoing support.

16. That the Victorian Government reviews resourcing for the Access and Support Program and provides a guarantee of ongoing funding beyond 2023.

Social participation

17. That the Victorian Government provides additional resourcing for multicultural and ethno-specific organisations to ensure they can continue to hold events, community-based social support activities, support community members to access health and welfare services, and operate in a COVID Safe manner, to promote social connection and prevent isolation of older people from migrant and refugee backgrounds.

Volunteering

18. That the forthcoming Victorian Volunteer Strategy:
- Is developed and implemented using a co-design approach with people from migrant and refugee backgrounds
- Includes specific plans and strategies to support volunteers from migrant and refugee backgrounds, including skill development and succession planning
- Includes specific initiatives to support older people from migrant and refugee backgrounds who are involved in community support and volunteer activities.

Ethno-specific seniors' clubs and associations

19. That the Victorian Government works with ethnic seniors' clubs and culturally diverse seniors' groups to build links with one another and engage in cross-cultural activities, resource and information sharing in a manner that is sensitive to members who value stability and continuity.

20. That the Victorian Government resources and works with local government and other stakeholders to ensure support for ethnic seniors' clubs and groups state-wide.

21. That the Victorian Government simplifies grant application and reporting requirements for seniors' clubs, which currently assume English language and digital literacy, and develops paper-based application and reporting processes.

22. That Local and State Governments develop better transport options for culturally diverse seniors' groups in both metropolitan and rural and regional areas.

23. That the Victorian Government develops a strategy to ensure that ethnic seniors' clubs have ongoing access to public liability insurance.

24. That the Victorian Government works with seniors' clubs and associations to understand their varying support needs, to inform future grant programs.

25. That the Victorian Government supports new and emerging communities to establish seniors' clubs and groups with annual seed funding.

26. That the Victorian Government provides 2-3 years resourcing for ECCV to support ethnic seniors' clubs with managing COVID-19 response and recovery.

Participation in democracy and representation in policy-making

27. That the Victorian Government increases resourcing for the Victorian Electoral Commission Democracy Ambassador and Active Citizenship programs to reach older people from migrant and refugee backgrounds ahead of the 2022 State Election.

28. That the Victorian Government develops inclusive recruitment strategies to involve older people from migrant and refugee backgrounds in co-design of policy, programs, and services by:

- Setting a target for representation of older people from migrant and refugee backgrounds in advisory and decision-making bodies
- Promoting opportunities to participate
- Collaborating with community organisations to recruit older people from migrant and refugee backgrounds and support their participation in relevant advisory and decision-making bodies
- Upskilling older people from migrant and refugee backgrounds in relevant knowledge and skills such as governance, legal or technical areas to enable them to participate effectively
- Providing remuneration to older people for their contribution to advisory, research, decision-making, and co-design processes.

29. That the Victorian Government commits resources ECCV for at least $100,000 per year for policy development and stakeholder engagement to promote the rights of older people from migrant and refugee backgrounds.

Elder abuse prevention

30. That the Victorian Government develops a strategy to reduce elder abuse against people from migrant and refugee backgrounds which includes:

- Partnerships and collaboration with multicultural and ethno-specific organisations
- Co-design of initiatives with older people from migrant and refugee backgrounds
- Collaboration between faith and community leaders, community groups and support groups, as well as elder abuse response agencies
- A research agenda comprising action research, evaluation, and data collection to improve the evidence base and understand effective and promising approaches to address elder abuse
- Trials of innovative approaches such as peer-based education and support, and restorative justice.

31. That the Victorian Government commits at least $200,000 per year for ECCV to:

- Increase community awareness of elder abuse among migrant and refugee communities
- Build capacity of elder abuse response and prevention agencies across Victoria to be more culturally responsive
- Support older people to work together in a peer education model
- Work with community leaders, faith leaders, community groups and others in the community to increase their capacity to identify and respond to elder abuse
- Provide appropriate support to bilingual community educators
- Undertake research and evaluation to improve the evidence base and enhance the Raising Awareness of Elder Abuse in CALD Communities project.

Social determinants of health

32. That the Victorian Government develops a plan to promote healthy ageing and address the social determinants of health of older people from migrant and refugee backgrounds.

COVID-19 response and recovery

33. That the Victorian Government increases core resourcing for ethno-specific and multicultural organisations and establishes a multicultural COVID recovery plan for the next 2-3 years.

34. That palliative care, bereavement and trauma counselling services are enhanced for older people from migrant and refugee backgrounds in recognition of the major impacts of the pandemic.

Access to health services

35. That the Victorian Government establishes a program of community health connectors to support health consumers from migrant and refugee backgrounds to access health services, understand public health information and build the cultural responsiveness of health services and professionals. The program should commence with trials in selected locations, and roll-out state-wide over the next 3-4 years.

36. That the Victorian Government develops a strategy to ensure that the health, privacy, and autonomy of older people from migrant backgrounds are protected with the introduction of telehealth and the move to electronic health records.

Health literacy

37. That the Victorian Government establishes community- and peer-based health literacy capacity building projects across Victoria with resourcing for 100 full-time bicultural workers and older peer facilitators over three years (including at least four regional or rural locations).

Health policy

38. That the Victorian Government updates the *Delivering for diversity Cultural diversity plan 2016–2019* to specify how it will:

- Take action on the social determinants of health of people from migrant and refugee backgrounds
- Ensure participation and representation of people from migrant and refugee backgrounds in policy development, system reform and service design
- Improve provision, availability, and support for language services including training in the use of language services by health professionals
- Identify strategies to ensure that telehealth and digital health services are accessible, inclusive, and equitable for people from migrant and refugee backgrounds
- Set clear expectations for cultural safety and cultural responsiveness of health services
- Incorporate cultural responsiveness into health service planning, including appropriate use of data
- Plan for workforce development to increase cultural responsiveness, including supporting health professionals from migrant and refugee backgrounds
- Establish protocols and procedures for partnership, support and collaboration with multicultural and ethno-specific organisations and health services
- Support initiatives to promote cultural responsiveness, including the establishment of multicultural community health connectors and health literacy programs
- Improve data collection, monitoring, evaluation and reporting to ensure transparency and accountability
- Establish a research agenda on health equity for people from migrant and refugee backgrounds.

39. That Victorian health services are required to report on the membership of their Community Advisory Committees and other advisory and decision-making bodies, and their recruitment strategies.

Mental health

40. That the Victorian Government commits $10 million per year over 4 years to increase the capacity of the multicultural sector to provide culturally responsive mental health support.

41. That the Victorian Government supports older people from migrant and refugee backgrounds with lived experience to contribute to the reform process with $4 million over 4 years for initiatives to build capabilities and increase opportunities.

About ECCV

The Ethnic Communities' Council of Victoria (ECCV) is the peak body for people from migrant and refugee backgrounds in Victoria. ECCV works closely with over 220 member organisations including ethnic associations, multicultural service providers, and eight regional ethnic communities' councils. ECCV has been advocating for human rights, freedom, respect, equality and dignity for migrant and refugee communities, and for a socially cohesive and inclusive Victorian community since 1974. ECCV has a strong history in informing industry, practice and influencing Federal, State and Local governments to promote culturally responsive approaches, anti-racism, equitable access to services and socially just policy.

ECCV has a strong track record in supporting and working with older people from migrant and refugee backgrounds to address their needs, promote their rights and support participation and inclusion:

- ECCV convenes a state-wide **Positive Ageing and Aged Care Policy Advisory Committee** comprising ethno-specific and multicultural aged care providers, aged care sector specialists, peak bodies, representatives from ethnic seniors' clubs, researchers, policymakers, and other specialists. The Committee has provided invaluable input for many years to the ECCV's advocacy and policy development in a range of matters affecting older people from migrant and refugee backgrounds.

- ECCV has done considerable **sector development in multicultural aged care**. ECCV coordinates the state-wide Access and Support program Network. The Access and Support (A&S) program provides tailored support for people to access the aged care, disability support and other service systems. ECCV has also collaborated with industry partners to develop an aged care 'incubator' to support ethno-specific and multicultural agencies to establish aged care services.

- ECCV has supported and engaged with **ethnic seniors' clubs and associations** for many years.

- Promoting the needs and participation of **older people from new and emerging communities** is a particular priority for ECCV. in 2017 and 2018 ECCV undertook the Emerging Ageing project to better understand the experiences and perspectives of groups of older people from communities who were growing into older age in Australia for the first time. In 2021 ECCV established an Emerging Ageing Working Group to progress policy, program, and sector development to better address the needs of older people from new and emerging communities.

- ECCV has also been proactive and path-breaking in the field of **elder abuse prevention**. In 2012 ECCV established the Raising Awareness of Elder Abuse in CALD Communities project in partnership with Seniors Rights Victoria. The project trains bilingual community educators, who then deliver information sessions about elder abuse in community languages.

- In 2020 and 2021, ECCV collaborated with the University of the Third Age to deliver a **digital literacy** project with older people in three local government areas. The project sought to address barriers to digital inclusion for people from migrant and refugee backgrounds.

- ECCV publishes the *Golden Years* **e-newsletter, and** *Our Golden Years* **print newsletter**, aimed at older people from migrant and refugee backgrounds.

- In 2021 ECCV delivered an outreach project, funded by the Victorian Government, to older people to promote COVID vaccinations and COVID Safe community activities.

ECCV has also worked closely with the Committee Secretariat to promote this Inquiry and encourage involvement by older people from migrant and refugee backgrounds.

About this submission

This submission was informed by extensive consultations with ECCV members and stakeholders, as well as significant established expertise, stakeholder engagement and consultations led by ECCV staff and Board members. Consultations to inform this submission included:

- A focus group with stakeholders specialising in working with older people from migrant and refugee backgrounds
- A specific meeting of the Positive Ageing and Aged Care Policy Advisory Committee
- A specific session with the Emerging Ageing Working Group
- Meetings with several ECCV stakeholders and partners, including the Federation of Ethnic Communities' Councils of Australia (FECCA) and the Northern Elder Abuse Prevention Network.

ECCV thanks all participants for their invaluable input and support to inform this submission. This submission would not be possible without this contribution.

This submission was prepared by ECCV Policy & Advocacy Manager Rashmi Kumar and specialist aged care consultant Ljubica Petrov.

Contents

Introduction

Older people from migrant and refugee backgrounds are a growing, diverse, and dynamic population group. This population has an increasingly diverse range of backgrounds, life experiences, needs, skills and strengths. Victoria's ageing population is becoming increasingly diverse, with over 22% of the Victorian population over 65 speaking a language other than English at home.[3]

This increasing diversity presents both opportunities and challenges. Victoria's health, human services, infrastructure, transport, and other economic and social systems will need to adapt to ensure that we are equipped to leverage the benefits of our changing population diversity.

Lack of disaggregated data, research and evidence about older people from migrant and refugee backgrounds presents a major challenge to understanding how Victoria can best address the needs of this population. New and emerging communities, refugees, and LGBTIQA+ people from migrant and refugee backgrounds are reaching older age for the first time in Australia and require appropriate support and better evidence.

Support for older people from migrant and refugee backgrounds is a central priority for ECCV. ECCV is proud to work in partnership with the Victorian Government and other stakeholders to value, support and promote the rights of older people from migrant and refugee backgrounds. We appreciate the opportunity to present this submission to the Inquiry to highlight the opportunities and solutions necessary to provide effective support and inclusion.

ECCV honours the resourcefulness, creativity, and resilience of older people from migrant and refugee backgrounds. Many older people from our communities have lived through multiple hardships and challenges and have made significant contributions to our society. ECCV's members and stakeholders highlighted that older people from migrant and refugee backgrounds are being underestimated and under-utilised. In contrast to the dominant approach of representing older people from migrant and refugee backgrounds with a deficit lens as dependent and in decline, they have many important contributions to make. ECCV encourages the Victorian government and other sectors to explore opportunities to promote participation, leadership, peer-based support for older people from migrant and refugee backgrounds.

The COVID-19 pandemic has had a particularly devastating impact on older people from migrant and refugee backgrounds. To date, older people born overseas have been more than twice as likely to die from COVID-19 compared to people born in Australia.[4] Consultation participants have also highlighted how social isolation, illness and hardship have severely impacted Victoria's seniors. These impacts are a result of exclusion, barriers, and inequality in our health and human service systems. Victoria's services and systems must become more culturally responsive, inclusive, and participatory.

Many older people from migrant and refugee backgrounds rely on multicultural and ethno-specific organisations for support, information, and resources. Valuing, recognising, and resourcing Victoria's multicultural sector will be essential to ensure effective support for older people from migrant and refugee backgrounds.

In this submission ECCV has made several recommendations to improve health and other service systems, prevent abuse, and promote inclusion and participation of older people from migrant and refugee backgrounds. ECCV commends these recommendations to the Committee and looks forward to working with the Victorian Government to progress the solutions recommended by the Inquiry.

Background

Older people from migrant and refugee backgrounds in Victoria

Victoria is the most culturally and linguistically diverse state in Australia, with more than 260 languages and 135 different faiths represented in the Victorian community. 22% of the Victorian population was born in a non-main English-speaking country, and over 36% were either born in a non-main English-speaking country or have at least one parent born in a non-main English-speaking country.[5] Just under one third of Victorians speak a language other than English at home.[6]

At the time of the 2016 Census there were 922,603 older people (65+) in Victoria of whom 206,773 (22.4%) spoke languages other than English at home. There were 74,756 older people who have low English language proficiency which is 28.9% of total Victorian older population who speak languages other than English.

There is a great deal of variation in the age profile of migrant and refugee communities. While the median age of the Victorian population is 37 years, some of the more recently arrived communities have a younger age profile compared to the broader population. The was reflected in the 2016 Census which demonstrated that in general the more established communities have a much older age profile than the more recently arrived and refugee communities when compared to the general population.

2016 Census data also showed that, of 301,824 seniors (aged 65 and over) who reside in regional Victoria, 89,163 were born overseas and 15 per cent of Australian seniors living in regional Victoria speak a language other than English at home.

There is great variation in the number of older people in communities and the profile of age distribution within them, for instance:

- Nepalese migrants started arriving in Victoria in the 1980s. The median age of the Nepalese community is 28 years. There are fewer than 200 older Nepal-born people in Victoria.

- The Syria-born population started arriving large numbers in Victoria after 2011. The median age of the Syrian community is 40 years. There are fewer than 500 older Syria-born people in Victoria.

- Latvian migrants started arriving directly after the Second World War. The median age of the Latvian community is 70 years. There are approximately 1000 older Latvia-born people in Victoria.

- The two largest older migrant communities in Victoria are the Italian and Greek communities. There are over 47,000 Italy-born older people in Victoria - 67.8% of these were aged 65 years or older. The median age of the Italian community in Victoria is 70 years.

- There are over 30,000 Greece-born older people in Victoria, which represents 66.3% of the Greek community. The median age of the Greek community in Victoria is 70 years.[7]

There is also significant variation between communities regarding English language proficiency, level of literacy in first languages, and level of access to the internet. Almost 50% of older people born in Greece have low English language proficiency while according to the 2016 Census only 2% of older Germany born people have low English language proficiency. More recently arrived older people from Sri Lanka indicated that approximately 10% of them do not speak English well while 70% of older people from China and Vietnam do not speak English well.

This significant diversity among the older population indicates is that it is imperative for each community profile to be considered when designing services and developing communication strategies. Tailored and responsive strategies are required to ensure that people are informed, and that support, and services are successfully tailored to advance their health and wellbeing.

A note on terminology

The term 'people from migrant and refugee backgrounds' is used in this submission to refer to people and communities who have entered Australia through a variety of pathways, including through humanitarian, family, and skilled migration pathways. ECCV uses this term to refer to people with backgrounds and ancestry that is not part of the dominant Anglo-Celtic Australian population. This term is inclusive of people seeking asylum in Australia, people on temporary visas, undocumented migrants, and people born in Australia.

The term 'culturally and linguistically diverse' or CALD is used often in policy and literature with varying meanings. Unless a quoted or cited source means otherwise, this term is used in this submission to refer to people born outside Australia in non-main English-speaking countries (that is, countries other than the United Kingdom, Ireland, United States of America, Canada, South Africa, and New Zealand), and descendants of people born in non-main English-speaking countries.

Social and economic circumstances

Discrimination and exclusion

A range of the challenges and concerns outlined in this submission can be understood through the lens of social exclusion:

> *Social exclusion of older persons is a complex process that involves the lack or denial of resources, rights, goods and services as people age, and the inability to participate in the normal relationships and activities, available to the majority of people across the varied and multiple domains of society. It affects both the quality of life of older individuals and the equity and cohesion of an ageing society as a whole (Adapted from Levitas et al. 2007).[8]*

Social exclusion must be considered across several domains and levels, from broader social processes such as economic crises and discrimination, to specific policies related to service provision and resources, and individual circumstances such as geographic location. These include:

- Built environments, transport, mobility, walkability, and accessibility
- Experiences of violence, abuse, and crime
- Access and equity to services and amenities including aged care, health care and food security
- Networks, social connections, and social support
- Access to resources, income distribution and wealth including housing security
- Access to information, including access to digital resources, devices, and telecommunications
- Attitudes, beliefs, and norms related to ageing and older people
- Representations of ageing in the dominant culture, including stereotyping and erasure
- Representation in decision-making, democratic processes, volunteering, and advocacy[9]

Exclusion can be experienced as lack of access to resources, social isolation, language barriers, lack of representation in decision-making, and erasure from representations in popular culture.[10]

Older people from migrant and refugee backgrounds experience the ageism and age discrimination within the dominant culture alongside other older people, as well as specific forms of ageism and negative attitudes towards ageing among their families and communities sharing the same cultural backgrounds.[11]

Many older people who entered Australia at younger ages have faced a range of types of discrimination through their lives. Racial and religious discrimination, xenophobia and labour market discrimination have been commonly reported by many older people. Stereotypes, stigma and negative community attitudes about migrants and refugees can take on particular connotations in contexts where older people from migrant and refugee backgrounds face particular risks, such as health care.

As with many other forms of discrimination "ageism may frequently form as a double jeopardy, because it is easier to use ageist attitudes and behaviours against socially disadvantaged groups"[12].

Intersectionality

Intersectionality refers to how the interactions of multiple forms of discrimination and inequality produce specific and sometimes unique forms of hardship, discrimination, and oppression, as well as benefits and privilege.[13]

Older people from migrant and refugee backgrounds are often affected by xenophobia and racism in combination with ageism and may be affected by multiple forms of inequality based on their gender, sexual orientation, disability, socio-economic status, and other factors. These types of inequality interact with policy, legislative and institutional settings to often create barriers, gaps, and exclusion for people who are marginalised.

For example, older women from migrant backgrounds who did not have opportunities at younger ages to develop their English language skills through employment may be more likely to be dependent on family in older age. This can increase risk of dependence and certain kinds of abuse.

Intersectionality is a useful concept to highlight these challenges and experiences, as many of the adverse outcomes of combined and interacting forms of discrimination are overlooked in the documented mainstream evidence base. Intersectionality can help to identify how to address challenging circumstances where multiple types of discrimination interact.

The intersection of age, race and gender discrimination and inequality has particular impacts on older women from migrant and refugee backgrounds, both in the dominant or mainstream culture as well as among their families and communities sharing their cultural background.[14] Stereotypes about older migrant and refugee women and devaluation of older women in general, combined with discrimination, can result in significant harm.

This submission outlines below many of the potential impacts of discrimination and exclusion for older people from migrant and refugee backgrounds, particularly health inequity.

Mitigation and solutions

There is limited evidence regarding the specific experiences of discrimination and social exclusion of older people from migrant and refugee backgrounds in Australia. The 2019 study by EveryAGE Counts and FECCA is one exception and outlines some potential solutions.[15] Understanding the perspectives of older people from migrant and refugee backgrounds, and their experiences of discrimination, must be a high priority in order to promote equity.

There is considerable experience and knowledge among multicultural agencies, particularly seniors' associations and organisations, with regard to solutions to addressing exclusion and discrimination. ECCV recommends that the Victorian Government engages with seniors' groups to better understand experiences of, and solutions for discrimination and social exclusion.

> **Recommendation 1.**
> That the Victorian Government engages with older people from migrant and refugee backgrounds to better understand experiences of discrimination and exclusion, and to co-design initiatives to promote social inclusion.

Incomes and wealth

Older people from migrant and refugee backgrounds tend to have lower incomes, superannuation and savings compared to people born in Australia.[16] This is due to a range of factors, including barriers to labour market participation, discrimination, reduced opportunities to accumulate retirement savings, unfavourable exchange rates, and limitations in eligibility for the Age Pension.

> *There are several factors that contribute to significantly lower retirement income levels for migrant and refugee women. They move to Australia at later stages of their life and may not be able to transfer their retirement savings from other countries depending on the retirement income systems of the respective countries. Even when they are able to transfer their retirement savings, the exchange rates, and differences in living costs may mean that their previous savings are inadequate in the Australian context.[17]*

While many older people from migrant and refugee backgrounds rely on the Age Pension as their main income source, there are many who are not eligible due to the requirement for residency in Australia for 10 years.[18]

Older people who were born overseas are also less likely than Australian born older people to own their own homes, and more likely to be paying a mortgage or renting.[19]

Employment

The workforce participation rate for people aged over 65 born outside Australia varies between 9.2% (people born in North-East Asian countries) and 24.2% (people born in Sub-Saharan African countries), compared with 17.3% for the Australian born population aged over 65.[20]

This variation in workforce participation levels belies an assumption that older people from migrant and refugee backgrounds are not economically productive in a conventional sense. In consultations informing this submission, stakeholders informed ECCV of the importance of challenging assumptions that older people from migrant and refugee backgrounds are dependent and do not have a contribution to make. Whereas the majority of literature regarding older people from migrant and refugee backgrounds represents them as dependent, many older people from migrant and refugee backgrounds are in fact contributing to the community in a range of ways, including through paid employment, and in fact are seeking additional opportunities to contribute.

However, older workers from migrant and refugee backgrounds face the challenges of combined age and race discrimination in the labour market. Barriers commonly cited include lack of recognition of overseas qualifications, and employer expectations for local experience. Older job seekers from migrant and refugee backgrounds often find it difficult to re-enter the workforce after having had caring roles or losing their jobs.

In consultations that ECCV conducted on behalf of VCOSS regarding the Working for Victoria program, ECCV conducted a specific consultation with women over 45 who were employed within the Working For Victoria program. These women reported significant difficulties with having overseas qualifications recognised, and with navigating the Australian labour market. Having participated in the labour force for most of their lives, many women over 45 expressed a reluctance to re-train later in their careers.

Recommendation 2.
That Victorian Government establishes priority initiatives for older workers from migrant and refugee backgrounds as part of Jobs Victoria programs.

Older people from refugee backgrounds

The majority of older refugees entered Australia after World War II, however there is a growing number of older refugees from more recent humanitarian emergencies entering Australia from countries in the Middle East, Asia, and Africa.[21]

Older people who entered Australia as refugees have specific experiences and needs, and encounter particular barriers. Older people who entered Australia as refugees are more likely than other older people to experience mental health challenges, language barriers, and socio-economic disadvantage.[22]

Older refugees may experience particular impacts of adverse experiences, resulting in health and social challenges. These include deprivation, injuries, trauma, disrupted education and employment, and family separation. Refugees arriving in Australia later in life may experience more settlement challenges compared to adults of younger ages. Many older people of refugee backgrounds are likely to have experienced trauma, with the ageing process contributing to potential triggering or activation of traumatic memories.[23]

Emerging ageing

> *The term, 'new and emerging', identifies communities of migrants and refugees that have recently arrived in Australia and that may need additional support in the settlement process.[24]*

Older people from new and emerging communities comprise a growing, but often overlooked, population group.[25] Older people from new and emerging communities include both people who entered Australia at younger ages, and people who entered Australia in older age.

ECCV has a priority focus on ageing and older people among new and emerging communities. In 2016 ECCV partnered with Per Capita to undertake the Emerging Ageing Project.[26] The project included a literature review and a co-design process to understand how people from new and emerging communities understand positive ageing.

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.[27] This aspect of the diversity of the older population must be considered in policy making and in designing service systems and programs. Experiences and challenges of older people from new and emerging communities include:

- Feeling dislocation, loss, or challenges coping with change after migration due to being distant from familiar places, people, amenities, and networks
- Separation from family and other networks overseas

- Fewer opportunities to develop English language proficiency compared to younger adults
- Fewer opportunities to use their own languages, including with younger family members
- Few and limited language services in their first language – often, when written material is translated it is only available in a limited number of common community languages, while languages used by new and emerging communities have fewer interpreters and translators
- Bereavement and grieving while separated from family
- Loss of status due to dependence, communication barriers and challenges in intergenerational relationships
- Limitations in eligibility for certain resources and services, due to visa status
- Complex service systems that are difficult to navigate, which rely on help-seeking behaviour and self-direction modelled on the knowledge and behaviour of the mainstream population[28]

While many of these experiences are shared by older people from more established migrant and refugee backgrounds, they are often compounded by isolation and lack of resources, making the experience of ageing distinct for new and emerging communities. A generalised approach to diversity, where "the experiences of NEC are subsumed under the experiences of ethnic minorities more generally"[29], is therefore not sufficient. Specific initiatives must be implemented to increase the supports, opportunities, and resources for older people from new and emerging communities.

Recommendation 3.
That the Victorian Government establishes a recurrent grant program for organisations and projects working with older people from refugee backgrounds and from new and emerging communities, prioritising community-based, ethno-specific and peer-led organisations, and programs.

Older LGBTIQA+ people from migrant and refugee backgrounds

There is limited evidence about older LGBTIQA+ (lesbian, gay, bisexual, transgender, intersex, queer and asexual) people from migrant and refugee backgrounds.[30] The majority of policy development, programs and evidence related to LGBTIQA+ people from migrant and refugee backgrounds are based on a younger age group or not specific to ageing.[31]

Many older LGBTIQA+ people from migrant and refugee backgrounds have experienced several historical contexts where homosexuality, gender non-conforming behaviour, and expressing a transgender identity were or are criminalised. They may also have experienced social and cultural pressure to conform to heterosexual norms.[32] Many older LGBTIQA+ people from migrant and refugee backgrounds have reported ageism, racism, and exclusion from LGBTIQA+ community activities and organisations.[33]

Recommendation 4.
That the Victorian Government uses a participatory, co-design approach to work with older LGBTIQA+ people from migrant and refugee backgrounds to develop the evidence base about their experiences, perspectives, and support needs.

Lack of research into ageing among migrant and refugee communities

Currently there is lack of research that can inform initiatives that address the needs of older migrants and refugees. The Federation of Ethnic Communities Council of Australia (FECCA) has identified:

> *gaps in research about particular CALD groups, including new and emerging communities, older people from refugee backgrounds, those who arrive in Australia at*

an older age, and people from smaller population groups or those who live in regional,
rural, or remote areas.[34]

FECCA also found in their review of research that most of the research to date has related to:

older people from CALD backgrounds […] who have been living in Australia for many
years (for example, post-World War II migrants from Italy and Greece) as these
migrants comprise the largest number of older people from CALD backgrounds in
Australia.[35]

FECCA highlights that it is imperative that services are provided to older people from CALD backgrounds and specific ethnic population groups with a targeted, evidence-based approach.

Translation of research into practice can promote better practice, stronger collaborative partnerships, and better outcomes for all older people from CALD backgrounds. Translating research into practice involves the cooperation of stakeholders, service providers and service systems. Identification of evidence from research about where the challenges lie and what interventions or strategies do or do not work to improve the experiences of older people from CALD backgrounds will help make the process as efficient and effective as possible.[36]

Inclusive and ethical research methods

Major administrative, survey and research data collections need to be inclusive and ethical to reach older people from migrant and refugee backgrounds. Many mainstream research projects investigating the experiences of older people do not use methods that are inclusive of older people from migrant and refugee backgrounds.

Language barriers can lead to an under-representation of CALD people where English is
used or is required for self-reported information. Language barriers can also prevent
culturally and ethnically diverse people with limited English proficiency in participating
in other survey mechanisms, such as focus groups.[37]

Recommendation 5.
That the Victorian Government establishes a research program to improve the evidence base about the perspectives and experiences of older people from migrant and refugee backgrounds, which emphasises participatory and peer-based methods.

Policy context

Human rights

In 1991 the United Nations adopted the Principles for Older Persons (the UN Principles). The UN Principles outline specific human rights principles that apply to older people, in addition to the broader framework of human rights. Several Targets that sit under the Sustainable Development Goals refer to the need to ensure inclusive communities, equality and rights of older people and people from migrant and refugee backgrounds.

As discussed below in this submission, 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. As discussed below, restrictions on eligibility for

support can contribute to increased risks of harm, poor health and wellbeing, poverty and hardship for older people from migrant and refugee backgrounds.

Jurisdictional responsibilities

As older people from migrant and refugee backgrounds are a broad and diverse population group, all levels of government in Australia have relevant responsibilities, programs, and portfolios. While the Federal Government has adopted sole policy responsibility for aged care, several policy matters involve shared responsibilities between all levels of government.

Laws related to migration, settlement, superannuation, social security, financial institutions, and several legislative, policy and regulatory frameworks related to health care, are the responsibility of the Federal Government. Responsibility for estates and wills, guardianship, powers of attorney, family violence, retirement villages, hospitals, Seniors Card, and many social services are maintained by State Governments. State and local governments share responsibilities for areas such as transport, planning, and local facilities, with many local governments also delivering aged care services through the Commonwealth Home Support Program.

These levels of responsibility and the interactions of laws, policies, services, and systems creates significant complexity, contradiction, and confusion, as overlapping system with various reforms, eligibility limitations, access processes and varying supports in place. Reforms to Commonwealth policy and legislation creates corresponding impacts on State level services and resources. The interaction of differential eligibility for supports, the complexity of service systems, and limited availability of culturally safe and relevant support often results in people from migrant and refugee backgrounds missing out on essential services, support, and entitlements.

Multicultural policies

The Commonwealth and Victorian Governments, as well as many local governments, have multicultural policy frameworks in place, with overarching policy statements often referenced by specific policies, legislation, regulation, and guidelines.

However, the monitoring and accountability for these frameworks is not always implemented systematically, resulting in inconsistent, uneven approaches to access and equity for people from migrant and refugee backgrounds, with many gaps.[38] For example, many small, volunteer-based organisations report that they are often contacted by multiple agencies seeking information and input into consultation processes, resulting in volunteers being drawn away from direct support for their community.

Inter-departmental and inter-jurisdictional responsibilities between agencies responsible for multicultural affairs are not always coordinated in a systematic way. This has resulted in increasing burdens on bicultural workers, community-based organisations and community leaders acting in a voluntary capacity to support community members to understand and navigate service systems:

> *there is limited collaboration and coordination between government departments and agencies, and between government and multicultural community organisations. Instead, people rely on their community, advocates, or navigators to get the required information.*[39]

Ageing well, positive ageing

The *Ageing Well in a Changing World* report by the Commissioner for Senior Victorians recognises that there is "enormous diversity of senior Victorian's interests, identities, cultures, capacities and aspirations". While the report acknowledges that "over 60's cannot be viewed as a homogeneous population cohort" it does not explore how the definition of ageing well may vary across and within migrant and refugee older population, compared to the rest of the older population.

In its *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, FECCA identified that attitudes to ageing well are culturally specific.[40] These can be influenced by culturally specific explanatory models and understandings of health, wellbeing, ageing, family, and caring responsibilities. Within the broader frameworks of human rights and positive ageing, older people may have culturally specific values, priorities, and preferences for certain aspects of ageing well. For example, older people of Chinese backgrounds felt financial security and an active lifestyle as important, while older men of Italian backgrounds identified health as highly important, and Anglo Australian older people felt acceptance by others was highly valuable.

Recommendation 6.

That the Victorian Government commissions research to examine:

- what ageing well means to older people from migrant and refugee backgrounds
- the implications of findings for the design and delivery of support and services.

Adequacy of services

Access and equity

Accessing any type of support is often challenging for people from migrant and refugee backgrounds due to several common issues across health, human services, and public institutions at both State and Commonwealth levels. This section discusses services and systems in general, while the submission further discusses strategies required in the aged care, health, elder abuse, and mental health fields.

Cultural safety and cultural responsiveness

Cultural safety in human services

The diverse circumstances, backgrounds, and values of older people from migrant and refugee backgrounds requires a flexible and adaptive approach to ensuring respect, dignity and upholding their rights. ECCV considers cultural safety[1] to be an essential approach to promote equity, access, and inclusion for people from migrant and refugee backgrounds in health and human services, administrative systems, and public institutions.

Cultural safety

Cultural safety refers to 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[41] 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.[42]

In keeping with the purpose of the concept, to ensure that cultural safety mitigates the power relationship between a client and service provider, a culturally safe outcome is determined by the marginalised person, not by an institution, service provider or professional. Beyond cultural

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[1] The concept of cultural safety was first used in Indigenous health care – the term was developed in Aotearoa (New Zealand) in the 1980s and '90s by Maori midwifery students in response to feeling unsafe within a predominantly Pakeha (European-New Zealander) setting. Cultural safety was proposed as a tool for understanding and addressing Maori people's unequal health outcomes and alienation from mainstream health care, by ensuring that professionals understood the history of colonial violence and dispossession that had produced health inequalities in Aotearoa (New Zealand). In Australia the concept of cultural safety was first raised in the context of Aboriginal and Torres Strait Islander health care. It has since been used in a range of other settings including migrant and refugee health care, mental health care, education, and other public and private sectors.

See: Australian Human Rights Commission, "Cultural safety for Aboriginal and Torres Strait Islander children and young people: A background paper to inform work on child safe organisations." Sydney, 2018, p. 3.

Australian Institute of Health and Welfare (2020), "Culturally safe health care for Indigenous Australians," https://www.aihw.gov.au/reports/australias-health/culturally-safe-healthcare-indigenous-australians, last retrieved 11/8/21.

competency or cultural responsiveness, which focus on identifying and addressing what is culturally important to the client, cultural safety acknowledges that mainstream systems are not designed to include everyone, and that it is the responsibility of service providers to ensure inclusion.

Practices that can contribute to cultural safety for clients and participants include:

- Seeing their culture reflected and promoted
- Trauma-informed practice, including responsiveness to specific traumas experienced by asylum seekers and refugees
- Supporting the person to articulate their will and preferences in a way that suits them
- Using appropriate language and plain English to outline options to the person and promoting health literacy
- Working with extended families and a broad range of bilingual & bicultural workers, community leaders, advocates and supporters who may be part of the person's life, to the extent that this is safe and supportive for the person
- Maintaining privacy and confidentiality, including flexibility with collecting and recording data
- Support to maintain and strengthen cultural practices, including food preferences, religious practices and end-of-life practices
- Timely and cost-free access to language services and culturally relevant information in community languages
- Freedom from discrimination, stereotyping and stigma, including from other clients
- Respect and support for culturally specific beliefs, explanatory models, and understandings of health, illness, wellbeing, family roles and responsibilities, gender, and other values
- Feedback being elicited in a way that suits the person and assures them of continuity of support without fear of penalisation
- Support to maintain links to community and cultural organisations
- Skill with using interpreters and bilingual & bicultural workers to ensure the person understands processes and systems, and can provide informed consent
- Ongoing reflective practice, supervision, curiosity, and professional development for practitioners
- Creating and adapting policies, protocols, and systems to facilitate the above practices.

In practice, 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.

The role of family

Many older people from migrant and refugee backgrounds seek support from family members with understanding and navigating service systems, official processes, and requirements. In many cases this is a supportive relationship, which needs to be respected, with family members seen as collaborators to support the older person. Service providers and professionals need to develop skill to ensure that family members are not unduly relied on, or unduly influential, in these situations. This requires skilful cross-cultural communication to ensure the older person's needs are met, and that privacy and confidentiality is maintained.

Language services

Accessing language services is both a right of consumers, as well as an essential part of effective service delivery. Language services, including interpreting, translating and, at times, bilingual workers, are an essential part of ensuring effective communication and inclusion of older people from migrant and refugee backgrounds.

However, 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.

Older people from migrant and refugee backgrounds have varying levels of English proficiency due to disrupted education, limitations in education systems in their countries of origin, and limited English learning opportunities. Older people may experience these barriers more often than people from migrant and refugee backgrounds from younger age groups, particularly as they may not have the same opportunities to practice English skills in education and workplace contexts.

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.[43] Reform and enhancement of language services policy and implementation across Victorian Government service systems must be considered a priority. ECCV recommends that the Victorian Government undertakes a periodic assessment of the need and use of language services in Victorian public sector systems to ensure that language service supply is fit for purpose.

Consultation participants reported that interpreters are not used consistently in many services, and many service providers rely on family members to interpret for older people who do not speak English as a first language. This ongoing practice creates risks for both clients and service providers, as misunderstanding of technical, legal, medical, and other official information can create further complexity and adverse outcomes, as well as reducing trust in the public sector.

Working effectively with interpreters is a learned skill. Training in working with interpreters must be mandatory for professionals in a range of service systems and settings, including administrative, health care, human services, justice, and other public sector agencies. Sub-contracted services that work with members of the public must also have requirements to demonstrate engagement of language services and competency of staff in using language services. This must be considered a baseline requirement in legislation and policy.

As noted by FECCA, ECCV also recommends that the Victorian Government invests in supporting older people from migrant and refugee backgrounds to increase understanding, trust, and uptake of interpreters in a range of service settings. This could be in the form of a promotional campaign, as well as a component of professional training to support professionals with encouraging interpreter use.

ECCV has been concerned about the reported use of unchecked/reviewed machine translations, such as Google Translate to disseminate public health information. While machine translations can be timely, it is essential that important legal, public health and other official information is translated using best practice approaches, which includes community verification.

Many written translations use overly formal or academic language, jargon, or language that does not accord with common usage. As there are varying levels of education and literacy in their first languages among older people from migrant and refugee backgrounds, many written translated materials do not meet the needs of the audience. ECCV stakeholders have indicated that plain English and easy English documentation can at times be more useful than direct translations into community languages.

This can also be the case because where translations are available, the number and range of languages available is not consistent across agencies, programs, or organisations, and translated material is not always up to date. This can lead to confusion as the information available to older people may be inconsistent, patchy, and out-of-date. More consistent use of plain English and easy English documentation can help to address this inconsistency. However, some older people from migrant and refugee backgrounds require translated material in their first language.

Recommendation 7.

That the Victorian Government enhances language services across the Victorian public sector by:

- Monitoring and assessing need and supply of language services across Victorian public sector agencies
- Establishing required training in engagement of language services for professionals across a range of Victorian public sector functions and agencies
- Including requirements for contracted services to demonstrate competency with engaging language services
- Promoting language services effectively with consumers to increase trust and engagement
- Ensuring that policy and practice accords with best practice in language service use.

Bilingual and bicultural workers

> *Staff with bilingual skills are employed either for their linguistic ability or as generalist workers whose bilingual skills are utilised by the organisation to support the delivery of services to people with low English language proficiency. While most agencies readily acknowledge the benefits of bilingual staff there are no existing standards, training or policies that define or contextualise these roles.[44]*

Consultations informing this submission indicated that bilingual and bicultural workers are an important part of service systems' capacity to reach older people from migrant and refugee backgrounds, and to develop organisations' cultural responsiveness.

However, ECCV members report that the employment, support, classification and remuneration, and requirements for bilingual and bicultural workers are not consistent, particularly in mainstream agencies. ECCV recommends, as part of the forthcoming Bicultural Worker Strategy being developed by the Department of Families, Fairness and Housing, that clear guidelines, requirements, and support for bicultural workers is built into commissioning and policy.

Recommendation 8.

That the forthcoming Victorian Government Bicultural Worker Strategy increases the support and consistency for bilingual and bicultural worker roles by:

- Creating requirements for agencies with bilingual and bicultural worker programs to ensure certain competencies, supports, classification and remuneration levels
- Increasing professional support for bilingual and bicultural workers
- Considering competency requirements, including required training or qualifications for bilingual and bicultural workers.

Trust

Many older people from migrant and refugee backgrounds have well-founded concerns about involvement of governments in their lives. This perspective often results in low levels of trust in mainstream agencies and services. Many older people from refugee backgrounds have had adverse experiences of government intervention. Services and processes that involve information sharing, collection of private and sensitive personal information may trigger traumatic experiences of misuse of personal information in the past.

Many older people from migrant and refugee backgrounds are 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. For many people from migrant and refugee backgrounds, a single adverse experience of not receiving the support they need, or being turned away, can limit engagement long-term. Word-of-mouth can also identify an agency or service as unhelpful if an individual has an adverse experience.

Many mainstream services and public sector agencies are unfamiliar with navigating these perspectives and assume a level of trust and engagement from people from migrant and refugee backgrounds. This can create barriers, as many older people from migrant and refugee backgrounds need to be specifically engaged, and have concerns addressed, before engaging with a service. Ongoing community engagement, proactive promotion, and co-design of services with older people from migrant and refugee backgrounds can assist with addressing these barriers.

Stigma

For many people from migrant and refugee backgrounds, accessing services is stigmatised. In many cases, people from countries without well-resourced welfare and social service systems rely on family, community, faith leaders, or culturally specific resources such as complementary medicine, for support. Seeking support from services such as aged care, carer supports, mental health services, disability supports, family violence services, housing, legal, and alcohol or other drug treatment can be seen as a risk to the privacy and reputation of the family, and as a breach of trust.

This can be a major barrier to equity of access to services. It is important that service providers have the cultural competency skills to support older people to manage expectations, communication, and confidentiality regarding their access to services. Service providers may need to be proactive to engage and promote services effectively with older people from migrant and refugee backgrounds, such as by working closely with multicultural and ethno-specific organisations to address barriers and perceptions about services. Some older people may be concerned about judgement by community and may therefore choose to access services without the knowledge of their community or extended family.

Accessibility and complexity of service systems

Consultation participants informing this submission commented on the frequent barriers experienced by older people from migrant and refugee backgrounds due to unfamiliarity with Australian systems, processes, laws, and institutions. Requirements to use English, unfamiliar laws and policies, and variations in eligibility requirements all contribute to older people from migrant and refugee backgrounds finding these systems inaccessible, alienating, and unhelpful.[45]

Many older people from migrant and refugee backgrounds rely on family members, community leaders, and community organisations for support with understanding and navigating through complex processes and service systems.

Bilingual and bicultural workers often act as navigators and connectors, supporting older members of the community with a range of tasks. This role needs to be sufficiently recognised, valued, and resourced. Establishing a program of community connectors to support older people from migrant and refugee backgrounds to access and navigate complex systems such as health, justice, and human services, would promote access and equity. These connectors could promote the use of language services, ensure that important reform measures reach older people from migrant and refugee backgrounds, and strengthen mutual understanding.

Recommendation 9.
That the Victorian Government establishes a community connector program to support older people from migrant and refugee backgrounds to understand and navigate through complex systems and services.

The role of multicultural and ethno-specific agencies

Many older people from migrant and refugee backgrounds rely on multicultural and ethno-specific organisations for information, support with navigating mainstream systems and institutions, and resources. Stakeholders who participated in consultations to inform this submission reported that many older people from migrant and refugee backgrounds have a higher level of trust and preference to access services through ethno-specific or multicultural organisations rather than mainstream providers.

Multicultural and ethno-specific organisations employ bilingual and bicultural workers, and have cultural expertise built in at every level within the organisation. They 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 and often not effectively engaged by mainstream agencies to reach older people from migrant and refugee backgrounds. The cultural expertise, networks and relationships of multicultural and ethno-specific agencies are not valued sufficiently, and not adequately resourced for the support they provide. ECCV recommends that the Victorian Government works with the multicultural sector to assess the true value of support provided by the sector.

Recommendation 10.
That the Victorian Government commits to recognising and resourcing the true value of the multicultural sector by:

- Increasing core resourcing for multicultural and ethno-specific community organisations to match current levels of support provided by the multicultural sector, and recognise increased demands in relation to compliance, monitoring and evaluation, and support for mainstream services
- Supporting regional and metropolitan ethnic councils, and ECCV, to meet growing demand
- Supporting more recently arrived communities to establish core community infrastructure and programs
- Engaging with multicultural community organisations to establish support and capacity building for bilingual and bicultural workers across human and community service sectors.

Promotion of services

Many older people from migrant and refugee backgrounds rely on ethnic community media and community organisations for information. There are opportunities to use community-based mechanisms such as ethnic community media, ethno-specific and multicultural organisations, and

ethnic seniors' clubs to promote mainstream and public sector services more effectively with older people from migrant and refugee backgrounds. Many government-funded programs do not have sufficient communication and promotion budgets to promote and advertise through ethnic community media. Supplementary funding to enable advertising and promotion through ethnic community media and community organisations, as well as community-based channels such as social media, can address this gap.

> **Recommendation 11.**
> That the Victorian Government promotes services effectively by supporting service providers to develop tailored advertising and promotional material for ethnic community media, community organisations and social media channels.

Digital access and inclusion

Access to information and services is rapidly changing with the introduction of the internet and digital technology. Due to the COVID-19 pandemic, digital communication has also played a major role in the way people maintain contact and link to their social support networks.

Digital access and inclusion vary significantly among older people from migrant and refugee backgrounds. Some older people from migrant and refugee backgrounds have been early adopters of digital communication in order to maintain contact with family and friends, and to access news, information, and entertainment from their country of origin. However, there are other groups of older migrants and refugees, particularly post-WWII European migrants, who have limited digital literacy, access to devices and internet connections. Research by FECCA demonstrated that older people from CALD backgrounds have lower rates of internet connection at home compared to older Anglo-Australians, except for older people from Asian countries.[46]

Digital literacy is increasingly becoming a barrier to equity of access to services, social participation, and inclusion.[47] Many older people face financial barriers to digital access, as they cannot afford devices or internet connections. "Some groups are still more at risk of digital exclusion than others, meaning they are at risk of being left behind and face increasing barriers when interacting with a digitised society." People with low levels of education, new migrants and refugees and people over the age of 65 are particular population groups facing digital exclusion.[48]

Newly arrived migrants and refugees are at particular risk of digital exclusion. This has disrupted settlement through the COVID-19 pandemic:

> *A large part of being settled in Australia is having a sense of social belonging—however this is difficult to achieve if most of Australia engages socially through a platform not accessed by the new arrival.*[49]

ECCV Digital Literacy projects

ECCV has worked in partnership with the Good Things Foundation to build the capacity of multicultural organisations and communities to improve people's digital literacy skills. The project worked with several ethnic and multicultural seniors' clubs and service providers.

Participants in the project reported that they valued this opportunity to enhance their digital literacy skills. Older people from migrant and refugee backgrounds reported that they have at times felt overwhelmed by digital technology and the plethora of information linked to its learning.

In 2020, ECCV designed and delivered a pilot project in partnership with the University of the Third Age (U3A) Network. The project is supported by the City of Kingston, City of Casey and City of Greater Dandenong, and the Southern Migrant & Refugee Centre.

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.[50]

Consultation participants pointed out that accessing digital platforms is impossible for people with low literacy levels in both their first language and in English. In the *Digital Access and Equity for Multicultural Communities* report FECCA highlighted that many people in the community commonly use 'nominees' and that this brings with possibility for breaches of privacy and confidentiality or could represent conflict of interest.[51]

Recommendation 12.
That the Victorian Government builds on a range of initiatives that address the digital divide by supporting digital inclusion initiatives that provide devices and subsidised internet connections to older people from migrant and refugee backgrounds on low incomes.

Recommendation 13.
That the Victorian Government establishes and promotes policy that provides alternatives to online platforms in order to improve access to information, services, and support.

Recommendation 14.
That the Victorian Government increases investment in digital literacy training for older people from migrant and refugee backgrounds, including tailored bilingual programs.

Aged care

While aged care is a Commonwealth Government responsibility, many aspects of the aged care system influence State and local government areas of responsibility, particularly health and human services. Inadequate, inappropriate, and ineffective support for people from migrant and refugee backgrounds in the aged care system can result in increased need for health care and other support. This submission will limit comments about aged care to areas of Victorian Government responsibility.

Cultural responsiveness and access to aged care

Most people from migrant and refugee backgrounds, like other older people, prefer remaining as independent as possible and in their own homes as they age. A greater proportion of older people from culturally and linguistically diverse backgrounds are accessing home care compared to residential care services. Utilisation of home-based aged care services is proportionally higher among older people from migrant and refugee backgrounds than for older people born in Australia.[52]

Consultation participants informed ECCV that in many cases, family members of older people from migrant and refugee backgrounds are providing a significant level of support, at times overlapping with

the responsibilities of the aged care provider. For example, families bringing culturally relevant meals to older people living in residential aged care, when the provider is unable to do so. In these situations, it is important for the service to work collaboratively and supportively with family carers. Adequate support is needed for family carers who are working alongside formal aged care services.

Older people from migrant and refugee backgrounds have consistently demonstrated a preference to access ethno-specific and multicultural aged care services, rather than mainstream services. There is significant diversity and disparity in the availability of multicultural and ethno-specific aged care services.[53] While more established migrant communities have had opportunities to obtain resources to establish ethno-specific aged care services, newer and emerging communities do not have these opportunities. The Royal Commission into Aged Care Quality and Safety, and the reforms announced by the Commonwealth Government, have not specified how the growing aged care support needs of older people from new and emerging communities will be met through the aged care system.

Aged care system reforms

As described above, reforms to the aged care system beginning in 2015 transferred all policy and funding responsibility for aged care to the Commonwealth Government, as well as implementing several changes to processes to access aged care through the My Aged Care portal and introducing reforms such as consumer directed care.

As the Victorian Government retains responsibility for direct provision of some residential aged care, there is an opportunity for the Victorian Government to enhance cultural responsiveness and access within government-operated residential aged care facilities.

Where in the past many older people from migrant and refugee backgrounds relied on Commonwealth Home Support Program (CHSP) services provided through local government, many councils have now withdrawn from aged care service delivery. Stakeholders who provided feedback to inform this submission expressed concern about the lack of availability of basic support such as home maintenance, which can assist people to remain in their own homes for longer and maintain a more independent lifestyle.

After the division of the former Home and Community Care (HACC) Program, which provided support to older people (over 65) as well as people with disability under 65, the Victorian Government retained the component for people aged under 65 (and under 50 for Aboriginal and Torres Strait Islander people). This is now known as the Home and Community Care Program for Younger People (HACC PYP). HACC PYP is an important program for many people, especially people who are not eligible for other sources of support. ECCV applauds the Victorian Government for its leadership in this space.

However, the important coordination, collaboration, information sharing, workforce and sector development which was previously part of the HACC Program has become fragmented. Many of the service system support roles that supported service providers and consumers by promoting collaboration, networks, and practice development, have been discontinued or have not had adequate resourcing to continue their functions. As further aged care reforms take place over the coming years, it will be essential for sector support and development roles within HACC PYP to be sufficiently resourced to support the sector to adapt.

Recommendation 15.
That the Victorian Government reviews the support provided to older people from migrant and refugee backgrounds through local government since the 2015 reforms to the aged care system and develops a plan to ensure ongoing support.

Understanding and navigating services

Older people report the aged care system is too complex and difficult to navigate and there are long waiting periods for home support services. They find it challenging to identify the services they are eligible to receive. For people from migrant and refugee backgrounds this difficulty is exacerbated by lack of English language skills, limited digital literacy and the challenging interface of My Aged Care.[54]

As discussed above, the aged care system has developed navigation programs to support older people who face barriers to access. The Victorian Access and Support (A&S) program is an example of best practice with support for populations facing barriers to accessing services to understand, access, and navigate both aged care and other health and human services systems.

Access and Support Program
The Access and Support (A&S) program has been operating since 2011 and became fully functional in 2014 with close to 80 workers in Victoria. It is 70% funded by the Commonwealth (for clients 65 or 50 years old and over for Aboriginal and Torres Strait Islander people) and 30% by the Victorian State Government (for clients under 65 or 50 years old for Aboriginal and Torres Strait Islander people).

The main functions of the A&S role are to:

• Identify individuals in need through assertive outreach, conduct holistic assessment of the client and their carer needs, and explain service systems, available services and how to navigate them
• Support clients in a practical way to access assessment services
• Work with service providers and provide secondary consultation in an impartial manner, to ensure they are equipped to deliver individualised services that are relevant and respectful to the person.

The A&S program works with clients across all 9 'special needs groups' specified in the *Aged Care Act (Cth) 1997*, with some workers specialising in working with people from culturally and linguistically diverse backgrounds. A&S workers build rapport to with clients to (re-)engage them with essential supports. A&S roles are auspiced by a range of agencies, including local government, community health services, hospitals, advocacy organisations, ethno-specific service and information agencies.

Based on analysis of the Victorian A&S program and trials of the multicultural aged care Navigator program, FECCA and ECCV identified the following key features of effective system navigation for older people from migrant and refugee backgrounds:

• The roles focus on building rapport with older people in order to gain trust, provide a trauma-informed response, and bridge barriers to access
• Effective navigator programs undertake assertive outreach, proactively developing and engaging with local organisations and community networks to reach people who are currently excluded and facing difficulty accessing support
• Navigation programs must have a multidisciplinary and collaborative approach across multiple sectors, particularly health and a broad range of human services
• There is a 'no wrong door' approach, with navigation programs accepting referrals from any source
• There are no restrictions on eligibility for support

- The support and advice provided is impartial, i.e., is not linked to a particular service provider
- The support provided is free of charge
- Navigation must be trauma informed, culturally relevant and culturally safe, with navigators having very strong cultural competency and engagement skills
- Navigators must be embedded in the community, with roles auspiced by trusted community organisations.[55]

ECCV coordinates the state-wide Access & Support Network – ECCV provides information, resources, and development opportunities to A&S workers. The A&S program is recognised as best practice in Australia has been strongly featured in the Royal Commission into Aged Care Quality and Safety due to strong representations by ECCV and Victorian stakeholders.[56] ECCV's learning from the A&S program has also informed the design of the new nationwide EnCompass Multicultural Aged Care Connector program, led by FECCA.[57]

The A&S program will be merged into the new national Care Finder program, which will begin from 2023. As the A&S program is partially funded by the Victorian Government, it is essential that the Victorian Government maintains the A&S program so that it can continue to support people under 65 and Aboriginal and Torres Strait Islander people under 50.

Recommendation 16.
That the Victorian Government reviews resourcing for the Access and Support Program and provides a guarantee of ongoing funding beyond 2023.

Participation and inclusion

Social connection

Social isolation, and the importance of promoting better social connections, was highlighted by consultation participants as the major priority issue for older people from migrant and refugee backgrounds. The COVID-19 pandemic has reduced many opportunities for social activities and contact, and increased isolation.

As discussed above in this submission, social connection and participation in social activities is a critical component of social inclusion. Isolation is associated with a range of health risks, increased risk of abuse and neglect, as well as sustained decreases in feelings of wellbeing and life satisfaction. Conversely, more frequent social contact is associated with higher life satisfaction and overall health.[58] Older people from migrant and refugee backgrounds face specific barriers to participation in social activities, including language and cultural barriers, discrimination, financial and transport barriers. People who migrate at older ages, often through family reunion schemes where middle-aged and older adults move to be with adult children, are particularly vulnerable to experiencing loneliness and social isolation.[59]

The COVID-19 pandemic has adversely affected people from migrant and refugee backgrounds of all ages. People from migrant and refugee backgrounds tend to participate in social, community, civic and political groups more than people born in Australia. However, over 2020 and 2021, participation rates for people from migrant and refugee backgrounds declined to a greater degree than for people born in Australia.[60] Victoria along with Queensland and Northern Territory saw the largest decline in share of persons participating in social and community support groups. Victoria saw the largest decline in face-to-face contact with family or friends outside of the household, dropping from 71% in 2019 to 34% of respondents in 2020.[61]

Maintaining community resilience of people from migrant and refugee backgrounds through further waves of COVID-19, and recovery from the pandemic, must be a high priority for the Victorian Government.[62] Community-based organisations employing bicultural workers will be needed to support the re-building social networks and links, holding events, accessing health and welfare support, and to support messaging about current COVID safety requirements. ECCV calls on the Victorian Government to commit to a specific plan to rebuild capacity and connection, for a minimum of 2 years.

Recommendation 17.
That the Victorian Government provides additional resourcing for multicultural and ethno-specific organisations to ensure they can continue to hold events, community-based social support activities, support community members to access health and welfare services and operate in a COVID Safe manner, to promote social connection and prevent isolation of older people from migrant and refugee backgrounds.

Civic participation

Volunteering

Many older people participate in the community through volunteering in mainstream or ethno-specific organisations, faith groups, committees, and boards, as well as informally through community networks. A higher proportion of people who speak languages other than English at home are likely to be involved in informal volunteering, compared with formal volunteering through an organisation.[63] In

many cases, older people from migrant and refugee backgrounds do not label the support they provide through informal channels as 'volunteering', and are therefore underrepresented in the evidence base, and not always able to access the support available to other volunteers.[64] Consultation participants indicated that the term 'volunteering' is inadequate to encompass the range of unpaid community activities by older people from migrant and refugee backgrounds. In many cases, community advocacy, leadership, support and advice and caring work undertaken by older people from migrant and refugee backgrounds is considered community work, or part of their responsibilities as a senior member of the community or family. The term 'volunteering' implies that this is additional, rather than part of the identity of the older person.

Older people who provided input to this submission expressed a strong preference to have their experience, knowledge and skills recognised, and to have opportunities to make a useful contribution. Under-recognition of older volunteers from migrant and refugee backgrounds devalues the impact of older people's support, contributing to reducing respect and self-worth among older people from migrant and refugee backgrounds.

Volunteers in many migrant and refugee community organisations are themselves ageing and experiencing changing needs. It is necessary to both support older volunteers, as well as promote succession planning and skill transfer to newer volunteers, to support continuity for migrant and refugee community organisations and associations.

The forthcoming Victorian Volunteering Strategy[65] offers an opportunity to better recognise and support older volunteers from migrant and refugee backgrounds, and to better utilise their capabilities. There may be opportunities to develop peer-based community education and support models for older people to support other older people. ECCV recommends that the forthcoming Volunteer Strategy is developed and implemented using a co-design approach with people from migrant and refugee backgrounds, with specific initiatives aimed at older people.

Recommendation 18.
That the forthcoming Victorian Volunteer Strategy:

- Is developed and implemented using a co-design approach with people from migrant and refugee backgrounds
- Includes specific plans and strategies to support volunteers from migrant and refugee backgrounds, including skill development and succession planning
- Includes specific initiatives to support older people from migrant and refugee backgrounds who are involved in community support and volunteer activities.

Ethno-specific seniors' clubs & associations

Background

Ethnic seniors' clubs provide a variety of social and cultural activities for their members, as well as education, health programs and information sessions. They also provide a safe cultural space for older people to relax and spend time with people from similar backgrounds.

In 2016, it was estimated that there are approximately 735 ethnic and multicultural seniors' clubs and associations in Victoria with a combined membership of 68,000.[66]Clubs have memberships ranging from a dozen or so, to many hundreds. They are typically governed by a management committee under the leadership of a president, often supported by a vice-president, secretary and/or treasurer. In

some cases, clubs are to a large extent dependent on the time and effort of a single person, or small governing group. Positions are unpaid, so clubs are reliant on the time and goodwill of volunteers.

Clubs have generally relied on some form of government assistance, through grants, local council support, or funding through the Commonwealth Home Support Programme (CHSP).

Benefits

Ethnic seniors' clubs provide many social, health, and practical benefits, and act as hubs to promote positive ageing. They provide an environment that generates confidence and interaction between older people, so they feel comfortable to express their culture, eat their preferred foods, and socialise using their preferred language. By providing community and social support, and serving as a forum for information-sharing, clubs help seniors remain active, healthy, and engaged, and can prevent premature use of aged care services.

Ethnic seniors' clubs play a significant role in reducing the risk of seniors becoming socially isolated or experiencing loneliness. Ethnic seniors' clubs and groups are an important avenue for social and cultural participation of culturally diverse seniors in both metropolitan and regional areas. Clubs are a hub for members to engage in social activities, and enjoy culturally specific activities, such as cooking, crafts, music and dance. Clubs also function as a space for shared physical activities, such as light exercise, yoga and tai chi, and maintenance of a support network.

Community support, capacity building and input to policy making

Increasingly seniors' clubs have become key points of contact for service providers and government initiatives for distribution of information and, in many cases, community consultation. However, in many cases, this role is not sufficiently supported or recognised.

CALD seniors' clubs have continued to play a central role in serving their communities during the COVID-19 pandemic, by finding alternative ways of keeping their members safe and connected. For the many seniors who are not fluent in English and who are not literate in their first language, the lack of timely, culturally appropriate information in community languages, as well as the disruption in services they would normally access, has seen club leaders and volunteers work to fill the gap. This has included sharing COVID-19 information by undertaking translations and interpreting, conducting welfare checks, and distributing resources that encourage mental and physical wellbeing. Some clubs set up dedicated working groups to ensure older members who are isolated at home or in residential care can continue to be supported during the pandemic.

When group gatherings were permitted after lockdowns in 2020 and 2021, many seniors' clubs reported challenges with resuming activities. Many seniors' clubs have reported difficulties with access to venues, transport, information, and resources to continue operating in accordance with COVID Safe protocols. As many clubs were meeting in venues operated by local governments, and processing of booking requests slowed or venues were not reopened, many clubs were unable to find meeting venues. In some cases, club members found it difficult to arrange transport to attend activities, as many transport options had increased in cost.

Challenges and opportunities

Changing needs

Despite their long-recognised value, ethnic seniors' clubs in Victoria have reported difficulties sustaining membership and volunteer numbers in communities where the core of club membership consists of European arrivals from the post-WWII migration boom. There are other communities,

however, in which the trend is towards growth and increasing membership. New groups and organisations are regularly founded to support members of emerging migrant communities from Victoria's African, Asian, Middle Eastern and Latin American populations. While newer organisations may identify less commonly as 'clubs' and more often as 'groups', they provide similar culturally relevant support to traditional clubs set up by more established migrant communities.

However, there is limited resourcing and support available to newer and smaller clubs seeking to become established. As new and emerging migrant and refugee communities continue to grow into older age, it is necessary to continue to grow support for seniors' clubs and associations so that new and emerging communities have equal opportunities to establish support, connection, and activities.

There is an opportunity to promote collaboration and learning to support seniors' clubs with succession planning and building skills, by enabling experienced leaders from established communities to share their knowledge with new and emerging communities.

Recommendation 19.
That the Victorian Government works with ethnic seniors' clubs and culturally diverse seniors' groups to build links with one another and engage in cross-cultural activities, resource and information sharing in a manner that is sensitive to members who value stability and continuity.

Access to amenities and resources
Consultation participants reported that costs are increasing and access to resources is becoming more challenging. For example:

- Local community venues are increasingly being privatised and venues that are provided free of charge are booked out by established communities so there is a shortage of venues to meet
- There has been a steady increase in fees for group outings, which is unaffordable for many
- Insurance costs for seniors' groups are prohibitive, with clubs having varying access to local and State Government insurance
- Accessing grants and funding opportunities is becoming increasingly difficult for many seniors, as grant application and reporting systems have become digital
- Some seniors' groups require greater support with accessing grants and funding opportunities, as there is varying capacity among local governments across the State to provide this support.

Recommendation 20.
That the Victorian Government resources and works with local government and other stakeholders to ensure support for ethnic seniors' clubs and groups state-wide.

Recommendation 21.
That the Victorian Government simplifies grant application and reporting requirements for seniors' clubs, which currently assume English language and digital literacy, and develops paper-based application and reporting processes.

Recommendation 22.
That local, and State Governments develop better transport options for culturally diverse seniors' groups in both metropolitan and rural and regional areas.

Recommendation 23.
That the Victorian Government develops a strategy to ensure that ethnic seniors' clubs have ongoing access to public liability insurance.

Funding

Access to funding for ethnic seniors' clubs has been an ongoing challenge. ECCV commends the Victorian Government for its commitment of 4-year funding for ethnic seniors' clubs in the 2021-22 State Budget. ECCV members have reported some ongoing challenges with access to resources despite the significant benefit of this 4-year commitment. ECCV members have reported that this funding is not available to smaller seniors' groups, and that it is unclear if there is a plan for seed funding to support newer clubs to become established. As many newer and emerging communities are moving into older age, with a need for support, this limits the responsiveness of the Victorian grant program.

Seniors' clubs have also reported that identifying potential funding is complex and senior groups are often not aware of the full range of grants they are eligible for. Support with applications, which has variously been provided through local councils and community organisations, varies significantly throughout Victoria. Consultation participants also recommended that government grants are designed and allocated in consultation with communities, based on specific community need. A generalised approach to grant-making is not sufficient or responsive enough to meet the range of needs of different communities.

Recommendation 24.
That the Victorian Government works with seniors' clubs and associations to understand their varying support needs, to inform future grant programs.

Recommendation 25.
That the Victorian Government supports new and emerging communities to establish seniors' clubs and groups with annual seed funding.

Impacts of COVID-19

Long term support is needed to increase community participation as communities seek to remain resilient and active through the further stages and recovery from COVID-19. As discussed above, social isolation was identified by consultation participants as the major priority in relation to COVID-19.

ECCV received funding in 2021 through the Priority Response for Multicultural Communities program to support older people from migrant and refugee backgrounds to navigate COVID-19. ECCV has been supporting ethnic seniors' clubs to establish COVID Safe operations, obtain information about funding and access other supports. ECCV has also promoted COVID vaccinations to many ethnic seniors' clubs, providing a culturally safe opportunity to access information in community languages, and to ask questions from health professionals. This project has been working very effectively; however, it is only 6 months in duration.

As discussed above in this submission, ethnic seniors' clubs can play a major role with supporting older people from migrant and refugee backgrounds to manage impacts of the pandemic. Ongoing support is needed for ethnic seniors' clubs to manage further stages of the pandemic and to support their communities to recover.

Recommendation 26.
That the Victorian Government provides 2-3 years resourcing for ECCV to support ethnic seniors' clubs with managing COVID-19 response and recovery.

Participation in democracy

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. There have been ongoing reports about high levels of informal voting among electorates with high proportions of people who speak languages other than English. These barriers include limited English proficiency, lack of awareness of electoral procedures, lack of awareness about the Westminster system of government, as well as issues with the electoral roll. There are also limited education opportunities about electoral participation.

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.

ECCV has advocated strongly to improve access to democracy for people from migrant and refugee backgrounds for over ten years.[67] ECCV sits on the Victorian Electoral Commission (VEC) CALD Advisory Group and has collaborated with VEC in the design of the Democracy Ambassador program and Active Citizenship workshops.[68] These initiatives offer a promising opportunity to build the civic engagement skills and knowledge of people from migrant and refugee backgrounds. ECCV recommends continued and additional resourcing for the Democracy Ambassador and Active Citizenship programs to reach older people from migrant and refugee backgrounds.

Recommendation 27.
That the Victorian Government increases resourcing for the Victorian Electoral Commission Democracy Ambassador and Active Citizenship programs to reach older people from migrant and refugee backgrounds ahead of the 2022 State Election.

Representation and participation in policy making
Consultation participants indicated a strong preference to involve older people from migrant and refugee backgrounds more effectively in mechanisms to inform decision-making and design of many programs, policies, and services. This approach misses opportunities to make policies, systems and services more inclusive, responsive and culturally safe.

The Victorian Government can address this by developing inclusive recruitment and promotion strategies for advisory mechanisms, co-design processes, and decision-making bodies by reaching out to community-based organisations to recruit older people from migrant and refugee backgrounds. This should occur alongside upskilling of older people from migrant and refugee backgrounds to participate, as well as ensuring cultural safety of mainstream agencies and decision-making bodies.

Recommendation 28.
That the Victorian Government develops inclusive recruitment strategies to involve older people from migrant and refugee backgrounds in co-design of policy, programs, and services by:

- Setting a target for representation of older people from migrant and refugee backgrounds in advisory and decision-making bodies
- Promoting opportunities to participate
- Collaborating with community organisations to recruit older people from migrant and refugee backgrounds and support their participation in relevant advisory and decision-making bodies

- Upskilling older people from migrant and refugee backgrounds in relevant knowledge and skills such as governance, legal or technical areas to enable them to participate effectively
- Providing remuneration to older people for their contribution to advisory, research, decision-making, and co-design processes.

Recommendation 29.
That the Victorian Government commits resources ECCV for at least $100,000 per year for policy development and stakeholder engagement to promote the rights of older people from migrant and refugee backgrounds.

Elder abuse prevention

Prevention of elder abuse against people from migrant and refugee backgrounds has been a high priority for ECCV for over 10 years, with ECCV delivering the Raising Awareness of Elder Abuse in CALD Communities project since 2012. The project has successfully trained bilingual community educators to deliver information sessions about elder abuse to seniors in a range of community languages.

Current evidence

There is overall a lack of comprehensive evidence about abuse against older people in Australia, which is further limited in scope for elder abuse against people from migrant and refugee backgrounds. ECCV has been undertaking a review of the literature on elder abuse against people from migrant and refugee backgrounds, identifying that there is a very limited evidence base that can inform policy.[69]

In Australia, it is estimated that between 2% and 14% of older people are subjected to elder abuse, with neglect occurring at potentially higher rates.[70] The real figure is estimated to be much higher because elder abuse is often underreported.[71] There is also no evidence to suggest that the prevalence of elder abuse is different in CALD communities compared to the general Australian population. As part of the *National Plan to Respond to the Abuse of Older Australians 2019-2023*, the Australian Institute of Family Studies (AIFS) was commissioned to conduct the first large-scale study about the prevalence of elder abuse.

Underlying drivers and risk factors

Elder abuse, like many other forms of violence and abuse, is an expression of power and control towards the older person. Within the literature on abuse and violence in Australia there has been a tendency to identify underlying social structures, trends, values, and relations which create an increased tendency to result in abuse against a particular population as the **drivers** of violence. Specific factors that are more likely to be present in individual cases, which can increase the risk of harm to the person, are known as **risk factors**.

ECCV strongly promotes action on both the underlying drivers (known as primary prevention), as well as factors that contribute to increased risk (tertiary intervention, or response). Addressing the underlying drivers of elder abuse is necessary to reduce the overall rate of abuse in society.

Underlying drivers

Norms and values

Norms, beliefs, and values related to ageing and older people contribute to elder abuse in all societies, with ageism and age discrimination part of the underlying context for the prevalence of elder abuse.

Devaluation of people who are not engaged in paid employment, valorisation of youth, associations of desirable status with wealth, valorisation of independence and devaluation of dependence, and associations of ageing with decline in capability, are part of ageist belief systems. These beliefs contribute to attitudes of entitlement, disrespect, contempt, and disregard for older people. For example, perceptions that younger generations are 'owed' certain financial support from older family members often contributes to financial and other types of abuse. Assumptions that a decline in cognitive and physical capability and inability to remain independent as a result of ageing, also means that older people must give up their autonomy often results in older people who are dependent on relatives facing mistreatment and abuse.

There are specific factors in some CALD communities that differ from the dominant norm, which can contribute to risk of elder 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 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.[72] Australian research suggests that older people may be reluctant to speak out about family problems due to cultural expectations around privacy.[73] These factors can intensify the effects of elder abuse as they prevent older people from accessing timely support.

Gender

Research suggests that women are more likely than men to experience elder abuse, particularly physical, sexual, and emotional abuse.[74] Gendered differences in the prevalence of financial abuse appears to be far more complex, with various studies coming to mixed conclusions. In some cultures, for instance, where women are accorded inferior social status, older women may be at higher risk of neglect.[75] Single older women are at risk of homelessness and poverty due to lifelong gendered disparities in wages, caring responsibilities, and superannuation benefits, which affect financial security in later life.[76] These factors contribute to the marginalisation of older women, increase their risk of abuse and mistreatment, and limit their access to services and support.

Risk factors

Dependence

There is a wealth of international evidence that links dependence on family members and carers to an increased risk of elder abuse. This is particularly the case where the older person has limited English language proficiency, and where they rely on family members for everyday care and social and financial support.[77] Qualitative research conducted in Australia suggests that family relationships take on a special significance for older people who do not speak the dominant language and have little capacity to engage with the mainstream community.[78] Care arrangements in this context can increase the dependence of the older person on their caregiver, who may be their only trusted source of support and companionship.

In some circumstances, unequal power dynamics and a deliberate intent on part of the trusted abuser can increase the risk of abuse, particularly the risk of financial exploitation.[79] This is due to dependence of the older person on others for translation, financial transactions, and access to services.[80] However, research suggests that increased dependence and social isolation alone do not cause financial abuse – there must be an exploitation of the older person's vulnerabilities by the perpetrator.[81]

Cognitive impairment

Emerging research findings suggest that cultural understandings of cognitive impairment in older people affect how elder abuse is experienced and reported. Generally, family members in CALD communities are likely to provide unpaid care for older people living with cognitive impairment. This responsibility can carry a considerable financial, emotional and physical impact for the carer, particularly if they are not well-equipped to care for the older person but are nevertheless culturally expected to.[82] For example, in cultures that have high expectations of filial piety, placing an older person in residential care may be considered abusive.[83] Family care arrangements can result in stress and potential resentment, and this can lead to negative outcomes for both the carer and the older person, who may be at risk of abuse if other risk factors come into play, such as low socio-economic

status. However, the scope of the problem among those with dementia or a cognitive impairment is unclear as the evidence base in this population is limited.

Visa categories and eligibility for support

In Australia, migrant parents whose children are citizens or permanent residents can apply for a parent visa. The most popular visa subclass is the Contributory Parent Visa (CPV) because it has a relatively shorter waiting period compared to a parent visa (6 years compared to 30) and allows the parent to reside permanently in Australia. The application costs can be up to $50,000 AUD.

CPV applicants must be sponsored by their child or another person, who must commit to financially supporting the applicant and to repaying any social security benefits that they access during the first 10 years of their residence, known as an assurance of support. This requires the parent to enter a relationship of dependence with family members.

> *In countries where the extended family is the norm, married adult children commonly live in their parents' house. In the migration context, typically, the older parents come to live in their children's house. In these cases, the structure of authority and the flow of support are reversed.*[84]

Exceptions to the conditions imposed by CPVs apply in circumstances where the assuror can no longer support the visa holder, including in situations where the visa holder is at risk of harm. As the age and disability pensions have a 10-year qualifying residence requirement, many older people who hold a parent visa can only access the Special Benefit (in circumstances of financial hardship) if their relationship with their sponsor breaks down.

Seniors' Rights Victoria reported several cases involving family violence in situations where an older person holds a CPV. In these circumstances, dependent older migrants who are victims of elder abuse can experience financial hardship and become homeless.[85] An older person who is subject to abuse from their sponsor may find it difficult to leave or seek support due to limited English proficiency, social isolation, difficulty navigating the system, and the possibility of the sponsor incurring a debt should the visa holder receive a welfare payment, which can further strain the relationship.[86]

Stigma

Older people from migrant and refugee backgrounds may be afraid of the social stigma associated with abuse, particularly if it is seen as a private or family problem. As a result, they can become more socially isolated and may be unwilling to disclose mistreatment or neglect. Although the evidence in Australia is sparse, international studies suggest that shame and stigma can lead to underreporting.[87]

COVID-19

A number of risk factors for elder abuse have been exacerbated due to the pandemic, creating greater dependency, isolation, and opportunities for perpetrators to control victims. Relevant circumstances that have resulted in increased risk to older people include:

- Public health regulations requiring limiting of contact with others, which has limited opportunities to connect with new or existing social networks
- Reluctance to leave the home to access health care or for exercise, resulting in risk of physical health decline
- Increased reliance on the use of digital communications, with many older people from CALD backgrounds facing barriers to digital inclusion

- Financial instability as a result of increasing fluctuations the stock market, losses in superannuation and other investments
- Increased financial hardship for carers, increasing the likelihood of financial co-dependency with the care recipient
- Job losses and business closures, resulting in more adult children moving in with parents while experiencing financial hardship and stress
- Increased level of mental health impacts and unhealthy use of alcohol and drugs in both perpetrators and victims.[88]

Policy context

National Plan

The *National Plan to Respond to the Abuse of Older Australians 2019-2023* identified that community education and strengthening service responses are important to address elder abuse against people from CALD backgrounds. The Commonwealth Government is establishing several initiatives, including a research program, knowledge hub, health-justice partnerships, and specialised services as part of implementation of the National Plan. However, there are no specific initiatives to address elder abuse against people from migrant and refugee backgrounds as part of the National Plan.

Victorian initiatives

The Royal Commission into Family Violence ('the Royal Commission') reported that older people who experience elder abuse are largely invisible to the family violence service system, and do not have their abuse recognised or addressed within broader health sectors. Consequently, elder abuse is under-reported, unrecognised, and not adequately responded to.[89]

Elder abuse can be a form of family violence, when perpetrated by a family member. This places elder abuse within a broad and complex policy context in Victoria. There are several agencies in Victoria responsible for addressing elder abuse, including the Office for Seniors, Department of Families, Fairness and Housing, Family Safety Victoria, Respect Victoria, Office of the Commissioner for Senior Victorians, Victoria Police, other agencies in the justice system (including courts and VCAT), Department of Health, and the Office of the Public Advocate. Both the *10-year Ending Family Violence: Victoria's plan for change*, and the *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women* plans refer to addressing abuse against older people, with specific initiatives being implemented through the Rolling Action Plans to implement these strategies.

In response to the findings of the Royal Commission, the Victorian Government is also implementing a range of specific initiatives to address elder abuse, including trials of an integrated model of care (IMOC) to respond to elder abuse, establishing Elder Abuse Prevention Networks, and a state-wide campaign – *Respect Older People: Call It Out*.

None of these initiatives are specifically targeted towards older people from migrant and refugee backgrounds. As many of these initiatives are being evaluated, this offers an opportunity to understand more about how Victorian initiatives are identifying and addressing factors relevant to abuse against older people from migrant and refugee backgrounds.

ECCV has been involved in the development of relevant practice resources as part of the implementation of the Multi-Agency Risk Assessment and Management (MARAM) Framework. While this has been a useful opportunity to inform these practice resources, ECCV acknowledges that the limitations in the evidence base also limit how evidence-informed these tools can be. Specific research

and evaluation in relation to abuse against older people from migrant and refugee backgrounds is needed to ensure an evidence-based approach.

Solutions

A strategic approach

Responses to elder abuse have progressed significantly over the past 10 years. From the establishment of support services, collaboration between health, social and legal services, development of primary prevention approaches, as well as perpetrator interventions, elder abuse prevention is growing. However, there is a risk that older people from migrant and refugee backgrounds are being left behind in this innovation. While gaps in evidence have inhibited action to date, this should not be a barrier to addressing abuse against older people from migrant and refugee backgrounds.

A more strategic approach to addressing elder abuse against older people from migrant and refugee backgrounds is required. This strategy needs to improve the evidence base, while also progressing best practice, innovation and primary prevention initiatives. This approach can draw on the existing cultural expertise and strong experience of the multicultural sector with aged care, ECCV's strong track record in promoting elder abuse prevention, and the experience of elder abuse specialists across Victoria.

Leveraging the cultural expertise of the multicultural sector

While many initiatives aim to reach people from CALD backgrounds, in many cases initiatives are limited to communication strategies about mainstream approaches. In many cases the cultural experience of the multicultural sector is not being sufficiently drawn on to inform elder abuse response and intervention. This limits the opportunity for truly culturally responsive elder abuse prevention and intervention strategies.

Many multicultural and ethno-specific organisations have extensive experience working to promote seniors' participation, provide aged care and other social and cultural support and resources. This cultural expertise is under-utilised in elder abuse prevention, as many initiatives have been short-term and limited in scope. The Victorian community would benefit greatly from more effective engagement of multicultural and ethno-specific community organisations in preventing elder abuse.

Co-design

An extensive community consultation process is needed to explore the causes, dynamics and impacts of elder abuse as experienced by older people from migrant and refugee backgrounds in Victoria. A co-designed consultation process that involves older people as active participants will allow them to provide meaningful input into service design and to represent their own needs.

Collaborative, community-based, multi-disciplinary approaches

In a 2019 study, NARI recommended a multidisciplinary systems-wide approach that places the needs of older people and their families at the centre. This approach allows for the engagement of a broad range of stakeholders, including community and faith leaders, extended families, and ethno-specific services in early intervention, response, and primary prevention:

> *Elder abuse has remained hidden for too long and ad hoc, siloed, and inconsistent approaches continue to inform current practice. It is thus crucial to adopt a more holistic approach, which can take into account the unique facets of elder abuse, particularly among CALD communities where cultural norms affect help-seeking behaviours and reporting.*[90]

Data collection, evaluation, and action research

Improving the evidence base regarding elder abuse requires improvements to a range of data sets, data collection methods, and a specific research agenda. Evaluation of programs and projects and action research is essential to improve the evidence base, to assess what programs and projects may be effective to address the drivers and risk factors of elder abuse against people from migrant and refugee backgrounds.

Peer based approaches

As indicated above, many older people from migrant and refugee backgrounds have expressed a wish to continue to make a contribution by using their skills, knowledge, and relationships. Developing the skills and knowledge of older people from migrant and refugee backgrounds who are already active and influential within their communities, who can reach and engage their peers, may be an effective model to increase awareness of elder abuse. It would be valuable to trial and evaluate peer education and support in response to elder abuse against people from migrant and refugee backgrounds.

Restorative justice, advocacy, and non-legal approaches

Many older people from migrant and refugee backgrounds are reluctant to utilise legal pathways to address mistreatment, abuse, and infringements of their rights by family members. While it is essential to ensure that older people's rights are upheld and that criminal offending is addressed by the law, in many cases a legal approach is not the most effective way to ensure the wellbeing of the older person.

Restorative justice, facilitated mediation, non-legal advocacy, and other non-legal approaches which promote the rights of the older person without an adversarial, formal, and alienating legalistic process, may be more conducive to addressing the risks and contributing factors for elder abuse.

Recommendation 30.

That the Victorian Government develops a strategy to reduce elder abuse against people from migrant and refugee backgrounds which includes:

- Partnerships and collaboration with multicultural and ethno-specific organisations
- Co-design of initiatives with older people from migrant and refugee backgrounds
- Collaboration between faith and community leaders, community groups and support groups, as well as elder abuse response agencies
- A research agenda comprising action research, evaluation, and data collection to improve the evidence base and understand effective and promising approaches to address elder abuse
- Trials of innovative approaches such as peer-based education and support, and restorative justice.

ECCV project: Raising Awareness of Elder Abuse in CALD Communities

ECCV has been delivering the Raising Awareness of Elder Abuse in CALD Communities project since 2012, having undertaken significant advocacy to support the project, funded by the Department of Families, Fairness and Housing (DFFH). ECCV works in partnership with Seniors Rights Victoria to deliver train-the-trainer sessions to bilingual workers in community-based organisations, who then deliver the sessions in community languages to older people from migrant and refugee backgrounds. This project is one of very few multicultural specific elder abuse initiatives in Australia.

ECCV has sought to enhance the project design by establishing a Project Advisory Group comprised of researchers and practitioners with relevant expertise, developing a monitoring and evaluation framework, and establishing a community of practice for bilingual community educators. ECCV is

resourced for a 0.5 FTE project officer position to deliver this project. The model was developed nearly ten years ago, during which time the resourcing has not increased. For the project to reflect current evidence and practice, ECCV requires increased resourcing. The current support for this work by the Victorian Government is not sufficient to deliver a best practice approach.

ECCV aims to develop the model further to work more effectively with multicultural and ethno-specific community organisations, community leaders and influential individuals in the lives of older people. ECCV has recently established a project to support multicultural carer support groups, which will include providing community education about elder abuse. This project will enable ECCV to reach a key group of individuals who are influential in the lives of older people, as both perpetrators and bystanders.

ECCV's partnerships with Seniors Rights Victoria and state-wide Elder Abuse Prevention Networks have built mutual expertise in culturally appropriate responses to elder abuse. ECCV proposes to build on this experience by:

- Building capacity of elder abuse response and prevention agencies to be more culturally responsive
- Supporting older people to work together in a peer education model to increase awareness and prevent elder abuse
- Working with community leaders, faith organisations and other influential community groups to increase their capacity to identify and respond to elder abuse
- Providing appropriate support to bilingual community educators
- Undertaking research and contributing to the evidence base
- Independently evaluating the project to increase the available evidence and enhance the project.

ECCV recommends increasing ongoing resourcing for elder abuse prevention and response to enable the multicultural sector, particularly in regional Victoria, to develop up-to-date resources and provide ongoing training to build capacity of migrant and refugee communities, including new and emerging groups. This would include additional funding for ECCV to increase its capacity to train additional workers, provide secondary consultation to service providers, and develop in-language resources.

Recommendation 31.

That the Victorian Government commits at least $200,000 per year for ECCV to:

- Increase community awareness of elder abuse amongst migrant and refugee communities
- Build capacity of elder abuse response and prevention agencies across Victoria to be more culturally responsive
- Support older people to work together in a peer education model
- Work with community leaders, faith leaders, community groups and others in the community to increase their capacity to identify and respond to elder abuse
- Provide appropriate support to bilingual community educators
- Undertake research and evaluation to improve the evidence base and enhance the Raising Awareness of Elder Abuse in CALD Communities project.

Health and wellbeing

Health inequity and social determinants of health

healthy ageing is significantly influenced by social determinants of health, with people from socioeconomically disadvantaged groups experiencing markedly poorer health in older age and shorter life expectancy[91]

People from migrant and refugee backgrounds from non-main English speaking countries experience significant health inequity compared with Anglo-Australian people and people from English speaking countries.[92] FECCA found that that people who migrate to Australia at an older age, and refugees of all ages, have higher rates of adverse health and social outcomes compared to others.[93]

These adverse outcomes have been a result of a range of social, economic and access inequities for people from migrant and refugee backgrounds across the lifespan. Factors such as lower income and housing security, limited eligibility for support, higher rates of social isolation, trauma, barriers to accessing social and human services, barriers to digital inclusion, pre-migration experiences of deprivation and exposure to communicable disease, cultural exclusion and discrimination in health services, and limited health literacy all contribute to poorer health and wellbeing outcomes.

A social determinants of health[94] approach is essential to address these factors. In addition to health services, factors such as the natural and built environment, distribution of income and wealth, food security, social inclusion and inequality, availability of key services such as early childhood education and care, as well as policy and governance, all contribute to health outcomes and in/equity. Because of the significant impacts of immigration, asylum, and humanitarian processes on the health of refugees and migrants, some researchers have argued that immigration should be considered a social determinant of health.[95]

A social determinants of health approach promotes action to change individual behaviours, knowledge, and attitudes, as well as broader cultural, social, economic, and political inequities in order to achieve more equitable health outcomes.[96] For example, improving public transport to provide more affordable and accessible transport options can provide more opportunity for older people to be physically active and independent, improving their physical, mental, and social wellbeing.

In 2020 the United Nations declared 2021-2030 the Decade of Healthy Ageing, outlining four key areas for action to promote healthy ageing:[97]

1. changing how we think, feel and act towards age and ageing
2. ensuring that communities foster the abilities of older people
3. delivering person-centred integrated care and primary health services responsive to older people
4. providing access to long-term care for older people who need it

Several initiatives and recommended programs can assist the Victorian Government to promote healthy ageing and address the social determinants of health for older people from migrant and refugee backgrounds. For example, the Decade of Healthy Ageing plan recommends addressing ageism in significant sectors such as health, employment, and education, promoting age-friendly spaces, improving integration of health care for older people, and engaging civil society organisations.[98]

Recommendation 32.
That the Victorian Government develops a plan to promote healthy ageing and address the social determinants of health of older people from migrant and refugee backgrounds.

COVID-19

As a global public health crisis, COVID-19 has highlighted the social determinants of health inequity. Older people from migrant and refugee backgrounds were highly overrepresented among people who died due to COVID-19. Older people born outside Australia were more than twice as likely to die from COVID-19 compared to people born in Australia.[99] The health inequities and social exclusion outlined above have contributed significantly to this tragic outcome.

These factors have resulted in:

- Limited health literacy to understand and comply with public health directives
- Gaps in provision of information, and provision of inappropriate information e.g., poor quality and inaccurate written translations
- Lack of proactive outreach, engagement, and resourcing with community-based organisations to inform them about COVID-19 and public health impacts
- Lack of accessibility, availability, and cultural safety among mainstream health services e.g., mainstream mental health services which received major increases in resourcing have not improved their rates of access among people from migrant and refugee backgrounds commensurate with their increase in funding
- Uncertainty about eligibility for vaccines and delays with supply that contributed to vaccine hesitancy
- Targeting, scapegoating, stigmatisation, and stereotypes about people from migrant and refugee backgrounds as contributing to transmission of COVID-19
- Difficulties with accessing online information, booking systems, and resources due to limited digital access
- Overcrowded housing or housing circumstances where self-isolation is not possible, resulting in greater transmission of the coronavirus among families
- Greater social isolation, mental health challenges, unemployment, and loss of income
- Circulation of misinformation about COVID vaccinations
- Distribution of culturally relevant groceries, medications and other supplies to families who were required to isolate due to COVID outbreaks has been uneven, with many volunteer-based organisations relying on donations to fill the gap.

More recent engagement of ethno-specific and multicultural community-based organisations through programs such as Working for Victoria, and the Priority Response for Multicultural Communities have been welcome initiatives to promote greater understanding and uptake of COVID public health measures and vaccinations. However, 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.

Managing further stages of the pandemic, as well as community resilience and recovery, will require additional resourcing to truly value the contribution that the multicultural sector has made over the past 2 years of the pandemic, and will be required to continue.

Recommendation 33.
That the Victorian Government increases core resourcing for ethno-specific and multicultural organisations and establishes a multicultural COVID recovery plan for the next 2-3 years.

Recommendation 34.
That palliative care, bereavement and trauma counselling services are enhanced for older people from migrant and refugee backgrounds in recognition of the major impacts of the pandemic.

Health services

Cultural safety and cultural responsiveness

In 2020-2021 ECCV undertook a project commissioned by the North West Melbourne Primary Health Network (NWMPHN) to understand how primary health services can increase their cultural responsiveness. Some of the relevant findings highlight the gaps and barriers to cultural responsiveness in health services:

- Many countries around the world do not have an equivalent of General Practitioners, so recently arrived migrants and refugees may not be aware of how to access the system
- Some people from migrant and refugee backgrounds have their own explanatory models of health and illness, and some prefer to use traditional medicine
- Increased use of telehealth presented a barrier for people without digital access or digital literacy skills
- There are inconsistent approaches to engaging consumers from migrant and refugee backgrounds in design, governance, monitoring and evaluation of health services
- There is inconsistent use of interpreters in health services
- Cultural barriers can inhibit the development of trust between consumers and health services
- Availability of data and evidence is uneven, and many health services do not use cultural and linguistic population data to support health service planning
- Western concepts and approaches in some aspects of health, such as mental health and alcohol and other drug (AOD) treatment, are alienating and exclusionary.[100]

Accessing and navigating health services

People from certain migrant and refugee backgrounds have lower rates of health service utilisation compared to the general population.[101]

Many older people from migrant and refugee backgrounds are find it challenging to navigate the health system due to language and other barriers. In addition to the barriers outlined above, challenges reported to ECCV include:

- Requirements to use English, inconsistent use and gaps in availability of interpreters meant that, at times, people who do not speak English as a first language find it difficult to access health care
- Not all people from migrant and refugee backgrounds are eligible for bulk-billed services or subsidised medicines
- Disaggregated data about uptake of private health insurance among people from migrant and refugee backgrounds is not available, but in some cases, lack of private health insurance and waiting periods for public health services may be a barrier
- Discrimination, stigma, and stereotypes in health services, which make services unwelcoming
- Availability of GPs and specialists in certain geographic regions

Consultation participants also commented on the polarising effect of the increased use of telehealth. People who have digital access and skills have improved access to health care, while people without these resources or skills have reduced access.

Many older people rely on information they obtain from people they trust in their communities. Participants in recent ECCV consultations with older people from migrant and refugee backgrounds highlighted the following insights about access to health-related information:

- Older people prefer to access information about health services by word of mouth, through friends who have had positive or negative experience of health care or from family members and others who are seen as a trusted source
- Community leaders and contacts within seniors' groups are also trusted sources for information about health services
- Older people sometimes receive more news and information from overseas sources rather than local Australian information.

Many older people from migrant and refugee backgrounds need support to access and navigate this complex system. Many do not have the English language skills, prior life experience of a similar health system, digital access or literacy needed to navigate the available range of health services. These barriers often lead to later presentation and health services seeking with complex conditions such as cancer and dementia. This is also the case with evident deferral in seeking aged care services.

ECCV recommends that the Victorian Government explores the establishment of a program of community health connectors or health advocates.[102] These roles act as facilitators and knowledge brokers for their communities and for health services, supporting community members to access services, engage interpreters, understand health services and terminology, and public health information. These community health advocates can provide secondary consultations and build the capacity of health services to improve their cultural responsiveness.

Recommendation 35.
That the Victorian Government establishes a program of community health connectors to support health consumers from migrant and refugee backgrounds to access health services, understand public health information and build the cultural responsiveness of health services and professionals. The program should commence with trials in selected locations, and roll-out state-wide over the next 3-4 years.

Recommendation 36.
That the Victorian Government develops a strategy to ensure that the health, privacy, and autonomy of older people from migrant backgrounds are protected with the introduction of telehealth and the move to electronic health records.

Health literacy
The Australian Commission on Safety and Quality in Health defines health literacy as:

> *1. Individual health literacy is the skills, knowledge, motivation, and capacity of a person to access, understand, appraise, and apply information to make effective decisions about health and health care and take appropriate action.*

> *2. Health literacy environment is the infrastructure, policies, processes, materials, people, and relationships that make up the health system and have an impact on the way that people access, understand, appraise, and apply health-related information and services.[103]*

People born overseas and people who do not speak English as a first language report lower levels of health literacy than the rest of the population across several domains.[104] This contributes to poorer health outcomes and barriers to accessing health services.

Health literacy is essential for people to obtain and understand health information, understand, and navigate health services and systems, and make informed decisions about their health.

The Victorian Government has recognised the importance of health literacy for migrant and refugee communities and made welcome contributions through commissioning effective community health education projects. Prior to COVID-19 however, funding for these projects was generally short-term and not provided in the systematic manner necessary to improve health literacy in the long term.

Bicultural workers are ideally placed to co-design and facilitate peer-based capacity building projects with their communities to enhance health literacy and improve participation, access, understanding and use of the health system. ECCV proposes an initiative whereby older people from migrant and refugee backgrounds work with bicultural workers to co-design and deliver health literacy projects on their identified priorities. Projects should be locally based, use the skills in the community and develop their capacity to understand the health system. This should include working with community influencers, leaders and supporting the leadership of older people from migrant and refugee backgrounds to promote health literacy in their communities.

Recommendation 37.
That the Victorian Government establishes community- and peer-based health literacy capacity building projects across Victoria with resourcing for 100 full-time bicultural workers and older peer facilitators over three years (including at least four regional or rural locations).

Health policy and service design
The Victorian Government *Delivering for diversity Cultural diversity plan 2016–2019* is the latest health policy document that promotes cultural responsiveness in the health system. This plan is now out of date, with no indication that it will be succeeded by a policy approach that is inclusive, up-to-date and fit for purpose. This policy must be updated to ensure a participatory and evidence-based approach to address health inequity for older people from migrant and refugee backgrounds.

Recommendation 38.
That the Victorian Government updates the *Delivering for diversity Cultural diversity plan 2016–2019* to specify how it will:

- Take action on the social determinants of health of people from migrant and refugee backgrounds
- Ensure participation and representation of people from migrant and refugee backgrounds in policy development, system reform and service design
- Improve provision, availability, and support for language services including training in the use of language services by health professionals
- Identify strategies to ensure that telehealth and digital health services are accessible, inclusive, and equitable for people from migrant and refugee backgrounds

- Set clear expectations for cultural safety and cultural responsiveness of health services
- Incorporate cultural responsiveness into health service planning, including appropriate use of data
- Plan for workforce development to increase cultural responsiveness, including supporting health professionals from migrant and refugee backgrounds
- Establish protocols and procedures for partnership, support and collaboration with multicultural and ethno-specific organisations and health services
- Support initiatives to promote cultural responsiveness, including the establishment of multicultural community health connectors and health literacy programs
- Improve data collection, monitoring, evaluation and reporting to ensure transparency and accountability
- Establish a research agenda on health equity for people from migrant and refugee backgrounds.

Participation and representation

To achieve better health outcomes, health services and professionals must work with communities to collaboratively improve access and equity. Community Advisory Committees represent and advocate for the community, engage with the community to understand their needs, including the consumers and carers who use the health service and advise the board and the health service on consumer, carer and community views on health service development, planning and quality improvement.[105] These and other representative mechanisms in the health system need to be transparent in regard to representation, and take active steps to ensure that membership reflects the diversity of the community. This must include strategies to promote membership, build skills of community members and community leaders, and provide a feedback loop with the community.

Recommendation 39.
That Victorian health services are required to report on the membership of their Community Advisory Committees and other advisory and decision-making bodies, and their recruitment strategies.

Mental health

Mental health inequity and impacts of COVID-19

Access to culturally safe mental health information and services, as well as diagnostic tools, is a fundamental right.

Older people from migrant and refugee backgrounds have a higher risk of mental health concerns than other Australians. However, older people from migrant and refugee backgrounds tend to under-utilise of mental health services.[106]

> *Culture plays a significant role in how people experience their mental health and how it is understood. The current system is informed by and reflects a mental health model that is based on the perspective of a dominant, Eurocentric culture. Accessing and using the mental health system can therefore be a profoundly alienating and unsatisfactory experience for many people from migrant and refugee backgrounds who may have diverse cultural models of health and wellbeing that differ from the dominant culture. These models include how difficulties are conceptualised, where and when to seek help, and how wellbeing, recovery and healing are expressed and understood.[107]*

Factors affecting the mental health of older people from migrant and refugee backgrounds include:

- pre-migration experiences of trauma and traumatic stress

- pre- and post-migration experiences of discrimination based on race, spirituality, faith, gender, sexual orientation and other identity markers or social locations
- language and communication barriers
- economic inequity
- psychosocial stress
- impacts of acculturation
- negative community attitudes towards migration and settlement.

ECCV's recent joint policy paper with Victorian Transcultural Mental Health (VTMH) outlines some of the key challenges with accessibility and responsiveness of mental health services in Victoria:

- The mental health system is fragmented and difficult to navigate

- There is limited consultation with and inclusion of people from migrant and refugee backgrounds in the design and delivery of mental health and wellbeing programs and services intended for them

- Culturally responsive, accessible, and appropriate mental health information is not readily available

- Mental health and wellbeing resources are not readily available, or sufficiently translated into community languages and/or communicated in ways that are reflective of community needs and preferences

- There is limited availability and routine use of qualified mental health interpreters across all service settings

- Contact with the mental health system can often be experienced as coercive and discriminatory for people from migrant and refugee backgrounds

- People from migrant and refugee backgrounds experienced heightened anxiety and depression during the COVID-19 pandemic with limited access to and availability of, culturally safe and inclusive mental health services

- Particular public health responses during the two COVID-19 lockdowns in Victoria in 2020 were experienced as coercive and discriminatory by migrant and refugee communities, exacerbating psychological distress

- Experiences of direct, indirect, institutional and interpersonal discrimination and racism rose during the COVID-19 pandemic, directly impacting on people's mental health and wellbeing and sense of belonging across the Victorian community

- Service providers had limited capacity to provide culturally safe and responsive health services via digital platforms, including telehealth, to meet the needs and preferences of people from migrant and refugee backgrounds[108]

Participants also raised the following considerations in recent ECCV consultations:

- Clinicians need to be better equipped to understand non-verbal communication in mental health assessment
- Information about mental health needs to be tailored and culturally relevant to 'speak' to particular communities, as generic information is less useful
- There needs to be greater support for non-clinical responses to mental health concerns e.g., social contact, physical activity

- Older people from migrant a refugee backgrounds need to be provided with opportunities to share and discuss information with peers and not just rely on younger members of the family
- Clinicians need to be better equipped to support people who have experienced trauma
- People prefer mental health practitioners who speak their language, but they are not readily available
- The mental health system must be more responsive and inclusive of families.

Mental health reforms

With the implementation of recommendations of the Royal Commission into Victoria's Mental Health System, there is a significant opportunity to build a reformed mental health system that meets the needs of our diverse community. However, while the Royal Commission recommendations can be interpreted to support culturally responsive reform within the mental health service system, this direction is not always as clear as it might be. There remains a risk that cultural responsiveness will be overlooked by government agencies, mental health organisations and mental health service providers, who are not viewing the recommendations through a culturally responsive or intersectional lens. It cannot be assumed that improved mainstream services will be accessible, equitable or responsive to older people from migrant and refugee backgrounds.

There are several opportunities within the implementation of the Royal Commission recommendations to improve cultural responsiveness. Cultural responsiveness must be deliberately addressed in the implementation process. These opportunities include:

- The establishment of The Victorian Collaborative Centre for Mental Health and Wellbeing (Recommendation 1, Interim Report) and within this a new State-wide Trauma Service (Recommendation 23 and 24, Final Report) provides opportunity to include consumers from migrant and refugee backgrounds and ethno-specific organisations in the co-design and implementation of culturally responsive mental health services and programs.

- Extensive investment in the lived experience mental health workforce (Recommendation 28 and 29, Final Report) is an opportunity to increase representation of people from migrant and refugee backgrounds at all levels by prioritising the development of a workforce of people from migrant and refugee backgrounds with lived experience of mental health conditions.

- Collaboration with families and carers across the mental health and wellbeing continuum (Recommendation 30, 31 and 32) to include the needs and preferences, representation, and inclusion of people from diverse backgrounds and experiences, with culturally safe and responsive participatory frameworks and co design models.

- The development of an integrated Community Mental Health and Wellbeing System, with an emphasis on local and community centres for mental health support (Recommendation 5 and 15, Final Report) offers greater opportunity to harness the capacity of the multicultural and ethno-specific sector to create culturally responsive mental health resources and solutions.

- Holding the Secretary of the Department of Health and the Chief Officer for Mental Health and Wellbeing accountable for culturally responsive mental health service delivery and outcomes (Recommendation 34.2, Final Report) is also a very significant mechanism for systemic reforms that promote cultural responsiveness.

- Incorporating cultural responsiveness into the recommended Mental Health and Wellbeing Outcomes Framework (Recommendation 1, Final Report) the Mental Health and Wellbeing

Workforce Capability Framework (Recommendation 58, Final Report) and Workforce Strategy and Implementation Plan (Recommendation 57, Final Report) from the outset will drive transformation in practice.

- The planned introduction of digital platforms, technologies, and data sets (Recommendations 60, 61 and 62, Final Report) offers an opportunity to ensure inclusive and accessible digital systems, which would include access to devices, data and digital literacy support, and interface and integration with language support services.

Promoting greater responsiveness of the mental health system

ECCV and VTMH identified four inter-related areas for action to promote greater cultural responsiveness of the mental health system:

1. Community participation and collaboration
2. Governance and accountability
3. Knowledge, practices, and models
4. Service linkages and connectors

In the long term, the Victorian Government must invest in initiatives to improve cultural responsiveness of the Victorian mental health system, and partner with the multicultural sector to progress this reform.

Increasing culturally responsive support

ECCV members consistently report that people from migrant and refugee backgrounds are seeking mental health support from multicultural, ethno-specific and community organisations, which community members prefer compared to mainstream mental health services. However, very few multicultural and ethno-specific organisations are currently commissioned to deliver programs or services in the mental health system.

The multicultural sector is equipped to play this role, through its existing relationships with diverse communities, its cultural expertise, and governance structures suited to working with multicultural communities. The Royal Commission into Victoria's Mental Health System recommended that mental health service providers collaborate with diverse communities to develop services designed to meet the mental health needs of people from diverse backgrounds. ECCV proposes that implementation of this recommendation focuses investment into multicultural mental health through the multicultural sector, including specialist multicultural mental health agencies, multicultural service providers, ethno-specific community organisations, settlement services, faith-based organisations and community groups. This should include:

- Increasing the number of multicultural and ethno-specific organisations providing mental health services
- Resourcing multicultural and ethno-specific organisations to provide a range of non-clinical early intervention and preventative supports to older people from migrant and refugee backgrounds
- Increasing capacity of existing specialised multicultural mental health organisations to work with older people from migrant and refugee backgrounds
- Building the capacity of multicultural, ethno-specific, settlement and community organisations to deliver mental health support
- Partnerships with mainstream mental health services, as well as agencies such as the Collaborative Centre for Mental Health and Wellbeing
- Coordination to support the multicultural sector to work collaboratively and integrate with the broader mental health system

• Resources to build the evidence base, and contribute to policy development and system design.

Recommendation 40.
That the Victorian Government commits $10 million per year over 4 years to increase the capacity of the multicultural sector to provide culturally responsive mental health support.

Promote opportunities for people from migrant & refugee backgrounds with lived experience
Older people from migrant and refugee backgrounds with lived experience of the mental health system, and their families, carers, community leaders and advocates, also face significant barriers to participating in the redevelopment of the mental health system. The majority of initiatives to reform the governance and structure of the mental health system have not included measures to address these barriers and create pathways for older people from migrant and refugee backgrounds to participate in governance mechanisms, co-design processes or decision-making. ECCV recommends that the Victorian Government invests in initiatives to build the capacity of older mental health consumers from migrant and refugee backgrounds to participate in decision-making, research and service system design.

Recommendation 41.
That the Victorian Government supports older people from migrant and refugee backgrounds with lived experience to contribute to the reform process with $4 million over 4 years for initiatives to build capabilities and increase opportunities.

Conclusion

Many older people from migrant and refugee backgrounds face adverse circumstances, exclusion, inequality, and challenges in many life domains. They are more likely to face isolation, tend to have lower incomes and poorer health outcomes than the general population.

Promoting better health, wellbeing, inclusion, belonging and connection for older people from migrant and refugee backgrounds requires their active involvement and equal representation. Inclusive co-design, participatory and peer-based methods offer solutions across many program and policy areas. Participatory approaches can promote more effective and responsive services, as well as promoting human rights, social inclusion, and prevention of abuse.

The active participation of older people in establishing, governing, and operating ethnic seniors' clubs, community organisations and other community-based initiatives demonstrates some of the strengths and capabilities of older people.

Victoria is the most culturally diverse State in Australia. With an ageing population, and growing diversity in the older population, Victoria has an opportunity to promote the strengths and capabilities of older people from migrant and refugee backgrounds. In this submission ECCV has highlighted several opportunities for older people to contribute to health promotion, preventing elder abuse, civic and democratic processes, and policy development.

Emerging groups of ageing people from migrant and refugee backgrounds must have an equal opportunity to benefit from multiculturalism and social inclusion. ECCV encourages the Victorian Government to collaborate effectively with multicultural and ethno-specific community and seniors' organisations to consolidate and build on their strengths.

ECCV appreciates the opportunity to contribute to this Inquiry, and looks forward to working with the Victorian Government to progress its recommendations.

References

[1] Victorian Multicultural Commission (2018) *Victoria's Diverse Population*, Melbourne, available at: https://www.vic.gov.au/discover-victorias-diverse-population

[2] ABS (2021) *COVID-19 Mortality*, released 28 October 2021, available at: https://www.abs.gov.au/articles/covid-19-mortality-1#covid-19-mortality-by-country-of-birth

[3] Australian Bureau of Statistics (2018) *Census of population and housing: nature and content*, Australia, 2016

[4] ABS (2021) *COVID-19 Mortality*, released 28 October 2021, available at: https://www.abs.gov.au/articles/covid-19-mortality-1#covid-19-mortality-by-country-of-birth

[5] Victorian Multicultural Commission (2018) *Victoria's Diverse Population*, Melbourne, available at: https://www.vic.gov.au/discover-victorias-diverse-population

[6] Australian Bureau of Statistics (2018) *Census of population and housing: nature and content*, Australia, 2016

[7] Victorian Government (2018) *Multicultural community profiles*, produced by Multicultural Affairs Victoria, available at: https://www.vic.gov.au/multicultural-community-profiles

[8] Walsh, Kieran et al. (2016) 'Social exclusion of older persons: a scoping review and conceptual framework' in *European Journal of Ageing,* Vol. 14, 1, 11 October 2016, pp. 81-98.

[9] Ibid.

[10] Ibid.

[11] FECCA & EveryAGE Counts (2019) *Ageism in Culturally Diverse Communities: A scoping study in Arabic, Greek, Mandarin and Vietnamese speaking communities*, Canberra, available at: https://www.everyagecounts.org.au/research

[12] Pnina Dolberg, Sigurveig H. Sigurðardóttir, and Ursula Trummer (2018) *Contemporary Perspectives on Ageism*, SpringerOpen, Switzerland, p. 179.

[13] See definition in Merriam-Webster dictionary at: https://www.merriam-webster.com/dictionary/intersectionality

[14] Syed, M. (2021) 'An intersectional theoretical framework for exploring racialized older immigrant women's subjectivities' in *Journal of Social Work*, June 2021.

[15] FECCA & EveryAGE Counts (2019), Op. Cit.

[16] Goncalves, Ricardo (2018) 'Superannuation gap: are Australian migrants risking their retirements?' in *SBS News*, available at: https://www.sbs.com.au/news/superannuation-gap-are-australian-migrants-risking-their-retirements/82ebbf39-127e-483e-9384-ae141d8dd76d

[17] Harmony Alliance (2020) Submission to the Retirement Income Review, Canberra, available at: http://harmonyalliance.org.au/wp-content/uploads/2020/04/Retirement-Income-Review-Submission.pdf

[18] ECCV (2017) *Life in Retirement: The Age Pension from the Experience of Culturally Diverse Pensioners*, Discussion Paper, Melbourne, p.10.

[19] AIHW (2021) *Older Australians, Culturally and linguistically diverse older people*, Web report, Canberra, available at: https://www.aihw.gov.au/reports/older-people/older-australians/contents/feature-articles/culturally-and-linguistically-diverse-older-people

[20] ABS (2021) *Labour Force, Australia, Detailed*, table 1, LM5, Labour force status by Age, Major country group (subcontinent) of birth (SACC), and Sex, January 1991 onwards, available at: https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/latest-release#data-download.

[21] Foundation House, *Australian Refugee Health Practice Guide,* online resource, available at: https://refugeehealthguide.org.au/older-people/

[22] Li, Wendy (2016) 'Comparative study on social-economic status, trauma and mental health disorders among older and younger refugees in Australia' in *Journal of Tropical Psychology*, 6 (e3). pp. 1-9.

[23] Foundation House, Op. Cit.

[24] FECCA (2019) *New and Emerging Communities in Australia: Enhancing Capacity for Advocacy*, report, Canberra, available at: https://fecca.org.au/wp-content/uploads/2019/05/New-Emerging-Communities-in-Australia-Enhancing-Capacity-for-Advocacy.pdf

[25] ECCV & Per Capita (2017) *Literature Review: Emerging Ageing Project*, Melbourne, available at: https://eccv.org.au/lit-review-final-compressed/

[26] ECCV & Per Capita (2018) *Emerging Ageing report*, Melbourne, available at: https://eccv.org.au/wp-content/uploads/2018/09/Emerging-Ageing-final-19042018-compressed-1.pdf

[27] ECCV & Per Capita (2017), Op. Cit.

[28] Ibid.

[29] Ibid., p. 5

[30] Dementia Centre for Research Collaboration (publication date unknown) *LGBTI Fact Sheet – Culturally & Linguistically Diverse Groups*, available at: https://dementiaresearch.org.au/resources/lgbti-factsheets/

[31] E.g. see Pallotta-Chiarolli, M; Sudarto, B; Tang, J. (2021) *Navigating Intersectionality: Multicultural and Multifaith LGBTIQ+ Victorians Talk about Discrimination and Affirmation.* Melbourne: AGMC/MASC/DPC

[32] Dementia Centre for Research Collaboration, Op. Cit.

[33] Ibid.

[34] FECCA (2015) *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, Canberra, March 2015 FECCA p.5.

[35] Ibid., p. 25.

[36] Ibid, p. 28.

[37] FECCA (2020) *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, Canberra: FECCA (Available at: https://fecca.org.au/if-we-dont-count-it-it-doesnt-count/), p. 13.

[38] FECCA (2020) *Multicultural Access and Equity Report 2020*, Canberra, available at: https://fecca.org.au/publications/multicultural-access-and-equity-reports/ (last accessed: 31/12/2021)

[39] Ibid, p. 16.

[40] FECCA (2015) Op. Cit., p. 14.

[41] This applies to cultural identity in the broadest sense of a full range of diversity of personal and group identifications and status including (but not limited to) disability, ethnicity, gender, LGBTQIA+ status, religious affiliation, socio-economic status.

[42] Kerry Taylor and Pauline Guerin (2010) *Health care and Indigenous Australians: Cultural Safety in Practice*, 2nd ed. South Yarra: Palgrave Macmillan.

[43] See FECCA (2016) *Australia's Growing Linguistic Diversity: An opportunity for a strategic approach to language services policy and practice*, Report, Canberra: FECCA, available at: https://fecca.org.au/wp-content/uploads/2016/09/feccalanguagesreport.pdf

[44] CEH (2007), quoted in FECCA (2017) *Australia's Bilingual and Bicultural Workforce*, Canberra, available at: http://fecca.org.au/wp-content/uploads/2017/12/Australias-bilingual-and-bicultural-workforce-Report-2017.pdf, p. 4.

[45] E.g. for discussion about how these factors affect experiences with the justice system see Prakash, Neha (2019) *Access to justice for people from refugee and migrant backgrounds in Australia*, for Settlement Council of Australia, Canberra, available at: https://scoa.org.au/scoa-policy-focus-access-justice/

[46] FECCA (2015) Op. Cit., p5.

[47] ECCV (2019) *Digital Inclusion of Multicultural Seniors*, Policy Position Paper, Melbourne, available at: https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A3c72c8cc-d417-4982-9caa-88889277740c

[48] Good Things Foundation (2021) *Digital Nation Australia*, Report, available at: https://www.goodthingsfoundation.org.au/news/digital-nation-australia-2021/

[49] Settlement Council of Australia & Good Things Foundation (2020) *Supporting the digital inclusion of new migrants and refugees*, report, available at: https://www.goodthingsfoundation.org.au/news/supporting-the-digital-inclusion-of-new-migrants-and-refugees/, p. 16.

[50] Victorian Government (2020) *Ageing Well in a Changing World: A report by the Commissioner for Senior Victorians*, Melbourne, p. 32.

[51] FECCA (2017) *Digital Access and Equity for Multicultural Communities*, report, Canberra, available at: https://fecca.org.au/wp-content/uploads/2017/01/feccadigitalconsultationreport.pdf

[52] Productivity Commission (2021) *Report on Government Services: Chapter 14 Aged Care Services*, Attachment Table 14A.17 'Representation of older people from Culturally and Linguistically Diverse (CALD) backgrounds in the aged care target population and in aged care recipients (per cent)' available at: https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2021/February/Report-on-Government-Services-2021-part-f,-chapter

[53] ECCV (2018) *Sustainability of small ethno-specific aged care providers*, Position Paper, available at: https://eccv.org.au/wp-content/uploads/2018/08/ECCV-Position-Paper_Sustainibility-of-small-ethno-specific-aged-care-providers.V2..pdf

[54] ECCV & FECCA (2020) *Systems Navigation for CALD Communities: From prevention to active participation*, draft position paper, Melbourne & Canberra, available at: https://fecca.org.au/eccv-fecca-position-paper-navigation-for-cald-communities/

[55] Ibid., pp. 21-23.

[56] Ibid., p. 15.

[57] See https://fecca.org.au/encompass/

[58] AIHW (2021) *Australia's Welfare 2021: Social isolation and loneliness*, snapshot report, available at: https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness-covid-pandemic

[59] Warr, Deb, Cox, Jennfer & Redshaw, Sarah (2020) *A review of associations between social isolation, loneliness and poor mental health among five population groups*, Charles Sturt University, available at: https://researchoutput.csu.edu.au/en/publications/a-review-of-associations-between-social-isolation-loneliness-and- p. 23.

[60] Duncan, Alan et al. (2021) *Stronger Together: Loneliness And Social Connectedness In Australia*, report Bankwest Curtin Economics Centre, available at: https://bcec.edu.au/publications/stronger-together-loneliness-and-social-connectedness-in-australia/

[61] Ibid.

[62] See ECCV (2021) *Our Voices, Our Struggles, Our Views: Will you choose to hear us?*, Report, Melbourne, available at: https://eccv.org.au/report-covid-19-recovery/

[63] ABS (2020) *General Social Survey: Summary Results, Australia – Voluntary work and unpaid work/support*, available at: https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/2019#voluntary-work-and-unpaid-work-support

[64] Cultural and Indigenous Research Centre Australia (2016) *Giving and volunteering in culturally and linguistically diverse and Indigenous communities: Final Report*, for the Department of Social Services, Commonwealth of Australia.

[65] See https://www.volunteer.vic.gov.au/victorian-volunteer-strategy

[66] Municipal Association of Victoria (2016) *New Futures for Senior Citizen Centres and Clubs: A Report for Local Government*, MAV, Melbourne, pp.33-34.

[67] E.g. see ECCV submissions to the 2008 Inquiry into Voter Participation and Informal Voting, the *Scoping Paper to the Victorian Electoral Commission about the notion of 'Democracy Ambassadors'* (2009), the Inquiry into the Functions and Administration of Voting Centres (2010), the 2013 Inquiry into the future of Victoria's electoral administration, and the 2017 Inquiry into Civics and Electoral Participation.

[68] See https://www.vec.vic.gov.au/about-us/what-we-stand-for/multicultural-communities

[69] Opera (2019) Community co-design of digital interventions for primary prevention of ageism and elder abuse. Retrieved from https://opera.eclc.org.au/uploads/general/OPERA-Report_Swinburne_PhaseII_FINAL.pdf

[70] NARI (2019) *Elder abuse: context, concepts and challenges* available at: https://www.aihw.gov.au/getmedia/affc65d3-22fd-41a9-9564-6d42e948e195/Australias-Welfare-Chapter-7-summary-18Sept2019.pdf.aspx

[71] Respect Victoria (2019) *Respect Older People: 'Call It Out'* available at: https://www.respectvictoria.vic.gov.au/campaigns/respect-older-people-call-it-out#what-is-elder-abuse

[72] W.L. Lai, D., Daoust G., & Li L. (2014) 'Understanding elder abuse and neglect in aging Chinese immigrants in Canada' in *The Journal of Adult Protection*, 16(5), 322-334.

[73] Wainer J, Owada K, Lowndes G, Darzins P. (2011) *Diversity and financial elder abuse in Victoria: Protecting elders' assets study*, Melbourne, Australia: Faculty of Medicine, Nursing and Health Sciences, Monash University

Office of the Public Advocate (2006) *Care and Respect, Project to Research Elder Abuse in Culturally and Linguistically Diverse Communities*, available at: https://www.publicadvocate.wa.gov.au/_files/Report_on_Elder_Abuse_in_CALD_communities.pdf

[74] Rabiner D, O'Keefe J, Brown D. (2004). A conceptual framework of financial exploitation of older persons. *Journal of Elder Abuse and Neglect*, 16(2):53-73.

[75] World Health Organization (2021) 'Elder abuse' Retrieved from https://www.who.int/news-room/fact-sheets/detail/elder-abuse

[76] Older Women's Network NSW (2020) *Older Women in Australia: Housing Insecurity and Homelessness*, Policy brief.

[77] National Seniors Productive Ageing Centre. (2011) *The Ageing Experience of Australians from Migrant Backgrounds*, ACT, National Seniors Australia

Wainer J, Owada K, Lowndes G, Darzins P. (2011) *Diversity and financial elder abuse in Victoria: Protecting elders' assets study*, Melbourne, Australia: Faculty of Medicine, Nursing and Health Sciences, Monash University.

[78] Zannettino L, Bagshaw D, Wendt S, Adams V. (2015) 'The role of emotional vulnerability and abuse in the financial exploitation of older people from culturally and linguistically diverse communities in Australia' in *Journal of Elder Abuse & Neglect*, 27(1):74-89.

[79] Ibid.

[80] Wainer J, Owada K, Lowndes G, Darzins P. (2011) *Diversity and financial elder abuse in Victoria: Protecting elders' assets study* Melbourne, Australia: Faculty of Medicine, Nursing and Health Sciences, Monash University.

[81] Zannettino L, et al. (2015)Op Cit.

[82] Sav, A., Kendall, E., McMillan, S. S., Kelly, F., Whitty, J. A., King, M. A., & Wheeler, A. J. (2013) '"You say treatment, I say hard work": treatment burden among people with chronic illness and their carers in Australia' *Health & Social Care in the Community*, 21(6), 665–674.

[83] Bray, J. (2018) 'Scope of Current Elder Abuse Awareness: Prevention Strategies targeted to CALD Communities' Conference Paper, 5th National Elder Abuse Conference – Together Making Change, Sydney.

[84] Thomas, Trang (2003) 'Older migrants and their families in Australia' in *Family Matters*, No. 66 Spring/Summer 2003, Australian Institute of Family Studies, pp. 40-45.

[85] Seniors Rights Victoria (2016) Submission to the Australian Law Reform Commission Inquiry into Elder Abuse, available at: https://seniorsrights.org.au/wp-content/uploads/2021/03/2016August1PolicyALRCElderAbuseSubmission.pdf

[86] Ibid.

[87] Chan, Y. C., Chun, P. K. R., & Chung, K. W. (2008) 'Public perception and reporting of different kinds of family abuse in Hong Kong' in *Journal of Family Violence*, 23(4), 253–263.

[88] Respect Victoria (2020) *The impact of the COVID-19 pandemic response on older people: Final Report*, Melbourne, available at: https://www.respectvictoria.vic.gov.au/sites/default/files/documents/202102/COVID-19%20and%20older%20people%20full%20report.PDF pp. 60-61.

[89] Department of Health and Human Services (2018) *Integrated model of care for responding to suspected elder abuse: A Victorian Government initiative*, available at: https://www.bouverie.org.au/images/uploads/Integrated_model_of_care_-_description_and_diagram_-_February_2018.pdf

[90] NARI (2019). Ibid., p.154.

[91] World Health Organization (2017) *Global strategy and action plan on ageing and health*, Geneva: WHO, available at: https://www.who.int/publications/i/item/9789241513500 (last accessed: 31/12/2021) p. 28.

[92] Jatrana, S., Richardson, K., & Pasupuleti, S. (2017) 'Investigating the Dynamics of Migration and Health in Australia: A Longitudinal Study' in *European journal of population*, 34(4), 519–565.

[93] FECCA (2015) Op. Cit., p. 15.

[94] See WHO (2010) *A Conceptual Framework for Action on the Social Determinants of Health*, Geneva, available at: https://www.who.int/publications/i/item/9789241500852

[95] Heide Castañeda, Seth M. Holmes, Daniel S. Madrigal, Maria-Elena DeTrinidad Young, Naomi Beyeler, James Quesada (2015) 'Immigration as a Social Determinant of Health' in *Annual Review of Public Health*, 36:1, pp. 375-392 available at: https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032013-182419

[96] See VicHealth (2012) *Fair Foundations: The VicHealth framework for health equity*, Melbourne, Victorian Foundation for Health Promotion, available at: https://www.vichealth.vic.gov.au/search/the-vichealth-framework-for-health-equity#

[97] See https://www.who.int/initiatives/decade-of-healthy-ageing/decade-development

[98] United Nations General Assembly (2020) *Decade of Healthy Ageing Plan of Action*, available at: https://www.who.int/initiatives/decade-of-healthy-ageing

[99] ABS (2021) *COVID-19 Mortality*, released 28 October 2021, available at: https://www.abs.gov.au/articles/covid-19-mortality-1#covid-19-mortality-by-country-of-birth

[100] ECCV & COPHE (2021) *Bridging the Health Gap: Improving access to culturally safe primary health care services during the after hours period for culturally and linguistically diverse communities*, Melbourne, commissioned by North West Melbourne Primary Health Network, available at: https://nwmphn.org.au/wp-content/uploads/2021/11/Bridging-the-Health-Gap_ECCV-NWMPHN-Report-FINAL-2021.pdf

[101] For example, see Scanlon, B., Brough, M., Wyld, D. *et al.* (2021) 'Equity across the cancer care continuum for culturally and linguistically diverse migrants living in Australia: a scoping review' in *Global Health* Vol 17, Article no. 87.

[102] See Henderson Saras, Kendall Elizabeth (2011) '"Community navigators": making a difference by promoting health in culturally and linguistically diverse (CALD) communities in Logan, Queensland' *Australian Journal of Primary Health*, Vol. 17 No. 4, pp. 347-354.

[103] Australian Commission on Safety and Quality in Health Care (2014) *National Statement on Health Literacy: Taking action to improve safety and quality*, Canberra, available at: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-statement-health-literacy-taking-action-improve-safety-and-quality

[104] ABS (2019) *National Health Survey: Health Literacy*, released 29/04/2019, available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/latest-release

[105] Better Safer Care Victoria (2020) *Building your healthy community A guide for health service community advisory committees*, Melbourne, available at: https://www.bettersafercare.vic.gov.au/sites/default/files/2020-10/Building%20your%20healthy%20community%20-%20a%20guide%20for%20health%20service%20community%20advisory%20committees.pdf

[106] FECCA (2015) Op. Cit., p. 5

[107] ECCV & VTMH (2021) *Recommendations for a culturally responsive mental health system*, Melbourne, available at: https://eccv.org.au/recommendations-for-culturally-responsive-mental-health-system/, p. 4.

[108] Ibid., pp. 4-5.