



Office of the High Commissioner for Human Rights: Call for Inputs: General Framework, Architecture and Guiding Principles for a Legally Binding Instrument on the Human Rights of Older Persons

Submission

April 2026

About

The Australian Multicultural Health Collaborative (the Collaborative) is the national multicultural health peak body.

***Vision Statement:** In a truly multicultural Australia, our health and social care system is committed to health equity, and works proactively towards sustained improvement in the physical, mental and spiritual health and wellbeing of our multicultural communities.*

The Collaborative is an initiative of the Federation of Ethnic Communities' Councils of Australia (FECCA). We provide a national voice, leadership and advice on policy, research, data, and practice to improve access and equity, address systemic racism, and achieve better health and wellbeing outcomes for Australians from multicultural backgrounds.

The Collaborative is representative, and membership based. Members include consumers and carers; health services and wellbeing/social care services; practitioners; and researchers. The Collaborative also welcomes as affiliates other national health peak organisations.

Introduction

The Australian Multicultural Health Collaborative welcomes the opportunity to contribute to the development of a legally binding international instrument on the human rights of older persons.

This submission is informed by national-level policy work, consultations with multicultural communities and stakeholders, and applied research into health and ageing systems in Australia.

We strongly support the development of a United Nations convention on the rights of older persons and aligns with the position advanced by a broad coalition of Australian civil society organisations, including the Federation of Ethnic Communities' Councils of Australia, recognising such an instrument as a critical step in strengthening protections and accountability.

From our perspective, the central issue is not whether rights are articulated, but whether they are accessible and actionable in practice, particularly for diverse and marginalised populations.

Outlined below are key messages, background context regarding multicultural communities, human rights and ageing in Australia and answers to the three questions posed by the OHCHR.

Key Messages

1. A legally binding instrument should be grounded in a human rights-based, equity-driven framework that ensures older persons are recognised not only as rights-holders in principle but are able to exercise those rights in practice.
2. The instrument should move beyond formal equality to address structural barriers that limit access to rights, particularly for diverse populations, including those from culturally and linguistically diverse backgrounds.
3. Core principles should include dignity, autonomy, equality and participation, strengthened by explicit recognition of cultural safety, linguistic accessibility and equity in outcomes.
4. The instrument should reaffirm existing human rights while clarifying how they apply in older age, particularly in areas such as access to culturally appropriate care, information, system navigation, and protection from isolation and exclusion.



5. A clear and coherent structure, supported by strong implementation and accountability mechanisms, including data, participation and monitoring, will be critical to ensuring the instrument drives practical and measurable change.

Institutional context and mandate

The AMHC is a national initiative established to improve health equity outcomes for culturally and linguistically diverse populations in Australia. It operates as a collaboration between multicultural community organisations, health sector stakeholders, researchers and government partners.

AMHC is auspiced by FECCA and for nearly 50 years, FECCA has been the national peak body representing people from multicultural backgrounds, with a network spanning more than 1,500 community organisations across metropolitan, regional and rural Australia.

AMHC was established within FECCA to ensure that its work is grounded in community legitimacy while also influencing national policy and system reform. This positioning enables AMHC to operate at the intersection of lived experience and system design, translating community insight into practical improvements across health and ageing systems.

FECCA has a long-standing role in national policy development, government engagement and community consultation and has contributed to major reforms in aged care, multicultural policy and health equity. It also plays an active role in advancing rights-based approaches in Australia, including as a signatory to a joint statement led by the Australian Human Rights Commission calling for stronger legal protections and rights for older persons and supporting the development of a United Nations convention⁵.

Through AMHC, this advocacy is extended into implementation, including identifying structural barriers, supporting culturally responsive models and informing policy development.

Multicultural ageing in Australia

Australia is one of the most culturally diverse countries globally, with more than half of the population either born overseas or with at least one parent born overseas¹. This diversity is increasingly reflected in older age cohorts.

By 2056, it is estimated that around one-third of older Australians will be from non-English speaking backgrounds², reflecting long-term migration and ageing trends and the increasing diversity of older populations.

While many national contexts may not frame ageing explicitly through a multicultural lens, increasing population mobility, migration and demographic change mean that diversity is a growing feature of ageing populations globally. Australia's experience highlights that even within well-developed systems, universal approaches can fail to deliver equitable outcomes when cultural and linguistic diversity is not explicitly considered. This suggests that the relevance of multiculturalism extends beyond countries with large migrant populations and is increasingly applicable across jurisdictions.

Vision 2030 and evidence base

FECCA's Vision 2030: Healthy Ageing in Multicultural Australia³ provides a national roadmap for improving outcomes for older people from culturally and linguistically diverse backgrounds.

The Vision is grounded in consultation with older people, carers, service providers and researchers across Australia, and reflects consistent evidence that multicultural communities experience structural barriers in accessing and benefiting from existing systems. These include language and communication challenges, limited culturally appropriate services, system complexity and gaps in data and accountability.

Across this evidence base, there is a consistent finding that there is a gap between the formal recognition of rights and their practical realisation. These barriers limit not only access to services, but also the ability of individuals to understand their rights, make informed decisions and participate fully in society.

System reform and implementation

This demographic shift is occurring alongside ongoing reforms in the Australian aged care system, including a shift towards more rights-based approaches⁴.



However, evidence from national consultations, including those undertaken through FECCA's Vision 2030³, and broader health system analysis indicates that many older persons from culturally and linguistically diverse backgrounds continue to experience barriers in accessing and exercising their rights. These barriers are not limited to service delivery but reflect broader challenges in how systems are designed, communicated and navigated.

Toward implementation in the Australian context

Australia's experience provides a useful case study in how a legally binding instrument on the human rights of older persons might operate in practice. It suggests that such an instrument would be both feasible and valuable, but that its effectiveness would depend not only on the articulation of rights, but on how those rights are embedded in law and implemented across complex systems, particularly health and aged care.

A central feature of the Australian context is the absence of a comprehensive, national Human Rights Act. FECCA has consistently advocated for the establishment of a national Human Rights Act and broader Human Rights Framework to strengthen the protection, consistency and enforceability of rights across the country. In the current system, protections are distributed across federal legislation, common law principles and policy frameworks, alongside statutory human rights charters in three out of eight states and territories, including the Australian Capital Territory, Victoria and Queensland. While these subnational frameworks provide important protections, the absence of a national, overarching legislative framework results in variability in how rights are interpreted, applied and enforced.

Experience from state and territory human rights charters demonstrates the value of embedding human rights obligations directly into decision-making processes. Where public authorities are required to consider human rights, this has led to tangible improvements in outcomes. Evidence from Australian state and territory human rights frameworks, including case studies relating to interpreter access in tribunal proceedings and the recognition of cultural and religious rights in planning decisions, demonstrates the practical impact of embedding human rights obligations in decision-making⁶. These examples reinforce FECCA's position that rights are most effective when supported by clear legislative obligations, accessible pathways for redress, and mechanisms that ensure accountability across systems.

This has direct relevance for the development of an international instrument. Australia's experience shows that the presence of a clear, overarching framework is critical to ensuring that rights are applied consistently and can be enforced in practice. Without this, there is a risk that rights remain fragmented, unevenly applied and difficult for individuals to access.

These issues are particularly evident within Australia's health and aged care systems. Australia operates a mixed public-private health system, with responsibilities shared between federal and state and territory governments. While this system delivers high-quality care overall, it is also characterised by fragmentation, multiple entry points and varying levels of accessibility. For older persons, navigating this system can be complex, particularly for those from culturally and linguistically diverse backgrounds.

Barriers such as language, health literacy, digital access and system complexity can limit the ability to understand entitlements, access services and participate in decision-making. In this context, rights cannot be assumed to be self-executing. They must be actively operationalised through practical measures such as consistent access to interpreters, culturally responsive models of care, effective system navigation support and robust data collection to monitor outcomes and inequities.

Australia's experience therefore reinforces a broader lesson for the development of an international instrument. Rights-based frameworks are necessary, but not sufficient on their own. Their impact depends on clear legislative foundations, coordinated system reform, workforce capability, accessible communication, and sustained engagement with communities. Without these elements, there is a risk that rights remain formally recognised but unevenly realised in practice.

Response to the consultation questions posed by the OHCHR

Question 1: Overarching framework

The international legally binding instrument should be guided by a human rights-based, equity-driven and implementation-focused framework. It should clearly affirm that older persons are full rights-holders, entitled to the same universal human rights and fundamental freedoms as all others.

At the same time, it should recognise that the realisation of those rights is uneven in practice. Structural and systemic barriers often prevent older persons from accessing and exercising their rights, particularly in diverse populations.



The framework should therefore move beyond formal equality and explicitly embed equity. This includes recognising cultural and linguistic diversity as a central dimension of human rights realisation and acknowledging that accessibility, cultural responsiveness and system navigation are fundamental to the exercise of rights.

Question 2: Core principles and normative gaps

The instrument should be underpinned by core principles including dignity, autonomy, equality and non-discrimination, participation, independence and inclusion. These should be strengthened through explicit recognition of cultural safety, linguistic accessibility and equity in outcomes. These elements reflect the conditions required for rights to be exercised in practice.

The instrument should reaffirm that all existing human rights apply fully to older persons, while clarifying how those rights apply in older age and identifying key gaps. These include access to culturally appropriate care, clear and accessible information, support for system navigation, protection from social isolation and improved data for accountability.

The instrument should be grounded in core human rights principles, including dignity, autonomy, equality and non-discrimination, participation, independence and inclusion. These should be strengthened through explicit recognition of cultural sensitivity, linguistic accessibility and equity in outcomes as essential conditions for the effective enjoyment of rights in older age. It should reaffirm that all existing human rights apply equally to older persons, while clarifying their application in older age and addressing key normative gaps. These include access to culturally appropriate care, accessible information, supported system navigation, protection from social isolation, and improved collection of disaggregated data for accountability. The instrument should explicitly prohibit age discrimination, including intersectional discrimination on the basis of race, ethnicity, language, migration status and disability.

Question 3: Structure and architecture

The instrument should adopt a clear and coherent structure that supports both legal clarity and practical implementation. This should include a preamble affirming the dignity and rights of older persons, a definitions section, articulation of general principles and obligations, and a clear outline of specific rights. Strong implementation and accountability provisions will be critical, including mechanisms for participation, monitoring and reporting, disaggregated data collection and access to remedies. The meaningful participation of older persons, including those from diverse backgrounds, should be embedded across all aspects of the instrument, including design, implementation and monitoring.

The instrument should adopt a clear and coherent structure that supports both legal clarity and practical implementation. This should include a preamble affirming the dignity, autonomy and rights of older persons, followed by a definitions section to ensure consistent interpretation. It should set out guiding principles, including equality, non-discrimination, participation and accountability, and clearly articulate substantive rights alongside corresponding State obligations. Strong implementation and accountability mechanisms are essential, including monitoring and reporting requirements, disaggregated data collection, and accessible remedies for rights violations. Meaningful participation of older persons must be embedded throughout the instrument, including in its design, implementation and monitoring, with particular attention to diverse and marginalised older persons.

Conclusion

The Australian Multicultural Health Collaborative strongly supports the development of a legally binding international instrument on the human rights of older persons. The establishment of such an instrument represents an important opportunity to strengthen global protections, provide clarity in the application of existing rights, and drive more consistent and accountable approaches across national systems.

To be effective, the instrument must move beyond universal principles to ensure equitable implementation. It must recognise that the realisation of rights is shaped by the systems through which they are delivered, and that without deliberate attention to accessibility, cultural responsiveness and system design, many older persons will continue to face barriers in exercising their rights. Diversity should therefore be understood not as a peripheral consideration, but as a central element of how rights are realised in practice.

Australia's experience highlights that the challenge is not only defining rights, but ensuring they are understood, accessible and actionable within complex health and aged care systems. Issues such as language access, system navigation, cultural safety and data visibility are not ancillary concerns. They are fundamental to whether rights can be exercised in meaningful ways. Addressing these factors requires practical mechanisms, clear expectations and sustained investment in implementation.



This underscores the importance of an instrument that is not only principled, but operational. Strong guiding principles, a clear structure and robust accountability mechanisms will be essential, but so too will a focus on how these translate into real-world outcomes. The effectiveness of the instrument will ultimately be measured by the extent to which it improves the lived experience of older persons across diverse contexts.

We would welcome the opportunity to contribute further to the development of the instrument, including through sharing evidence from multicultural communities, supporting engagement processes, and contributing to approaches that strengthen implementation at system level.

A legally binding instrument has the potential to be a significant step forward. The opportunity now is to ensure that it not only affirms the rights of older persons, but enables those rights to be realised in practice, for all people, in all contexts.

A legally binding instrument presents a critical opportunity to move beyond recognition of rights towards their consistent and equitable realisation in practice for all older persons.

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Endnotes

1. Australian Bureau of Statistics (ABS), *Census of Population and Housing: Cultural Diversity Data Summary, 2021*, Canberra, 2022.
2. This estimate reflects long-term demographic trends based on Australian Bureau of Statistics population projections and is referenced in national policy work, including Federation of Ethnic Communities' Councils of Australia (FECCA), *Vision 2030: Healthy Ageing in Multicultural Australia, 2024*.
3. Federation of Ethnic Communities' Councils of Australia (FECCA), *Vision 2030: Healthy Ageing in Multicultural Australia, 2024*.
4. Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, Commonwealth of Australia, 2021.
5. Australian Human Rights Commission et al., *Joint Statement on the Human Rights of Older Persons in Australia, 2024*, available at: <https://humanrights.gov.au/about-us/media-centre/media-releases/older-peoples-rights/joint-statement-on-the-human-rights-of-older-persons-in-australia>
6. Federation of Ethnic Communities' Councils of Australia (FECCA), *Submission – Inquiry into Australia's Human Rights Framework, 2024*, including case studies on interpreter access in tribunal proceedings and the application of human rights in planning decisions (e.g. ACT Human Rights Commission Annual Report 2017-18; Victorian Charter of Human Rights case law).



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