

Pre-budget submission 26/27

Sustaining Impact: Health, safety and leadership for migrant and refugee women



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Always Was, Always Will Be.

Multicultural Centre for Women's Health (MCWH) is proud to acknowledge that the land to which we migrated, and on which we work and live, was and always will be Aboriginal land. We pay our respects to the Elders and Wurundjeri people of the Kulin nation, on whose land our offices are located, and to all First Nations people, cultures, and connections to Country and waterways.

The Multicultural Centre for Women's

Multicultural Centre for Women's Health is a national migrant and refugee women's health and wellbeing organisation, led by migrant and refugee women to promote gender equality, prevent gendered violence, and achieve equity in women's health and wellbeing. Our approach is intersectional feminist, women-led, evidence-based and collaborative.

Vision

Migrant and refugee women are free from all forms of discrimination, have autonomy over their lives, and experience health equity, wellbeing, and safety in society.

Our Purpose

We advocate and educate to strengthen the health, wellbeing, safety and leadership of migrant and refugee women in Australia.

Australia is a culturally diverse country

**more than half
(51.5%)**



**of the population born overseas, or
with at least one parent born overseas**

Australia is also proudly linguistically diverse



**of the
population
speaking a
language other
than English
at home (ABS
2022)**

**2.6
million**



**women living in
Australia are born in
a main non English-
speaking country
(ABS 2022)**

Investing in migrant and refugee women's health equity, safety and leadership is essential to achieving gender equality, creating healthier communities, improving health systems and strengthening economies. Government social strategies call for intersectional and inclusive approaches, and recognise that migrant and refugee women make up a cohort that is specifically disadvantaged and disproportionately impacted by gendered discrimination, gendered violence and health inequity. The [National Women's Health Strategy 2020-2030](#) identifies migrant and refugee women as a priority population which experiences language and cultural barriers accessing health facilities, services and information. The [National Plan to End Violence against Women and Children 2022-2032](#) recognises that migrant and refugee women and children face specific structural challenges, including visa-based exclusions to service eligibility, social isolation as well as linguistic and cultural barriers.

The guiding principles of the [Working for Women Strategy](#) include that efforts to drive gender equality must be inclusive and intersectional. The [Towards Fairness](#) report of the Multicultural framework review (2024) identifies the important principles for a multicultural Australia: connection, identity and belonging, and inclusion. The principle of inclusion emphasises that an intersectional and gender equality lens should be applied to multicultural policy and service. This means that programs for migrant and refugee women should be designed, led and delivered by migrant and refugee women themselves and that their experiences and concerns be central to policy development.

The call for investment in migrant and refugee women's health, safety and leadership

- 1. Improving health equity** for migrant and refugee women and communities: delivering in-language, tailored and accessible health education through the Health in My Language program.
- 2. Promoting migrant and refugee women's health** by delivering evidence-based research, advocacy and policy development through the Multicultural Women's Health Australia program.
- 3. Leading specialist, national capacity-building efforts** to prevent gender based violence in migrant and refugee communities, creating national consistency, reducing duplication and sharing practice wisdom.
- 4. Supporting community-led and intersectional approaches to the prevention of female genital cutting (FGM/C):** Building the capacity of health practitioners to address FGM/C and resourcing community members to advocate for change through the NETFA and SWIFT projects.
- 5. Advancing migrant and refugee women's participation in leadership:** Delivering evidence-based and impactful leadership programs to migrant and refugee women through MCWH's established PACE Leadership program.



Click headings to learn more

The case for sustaining impact:

Why MCWH's programs are needed

Migrant and refugee women make robust contributions to Australia's economic, social, and civic life, bringing valuable skills, filling much needed labour shortages, advancing innovation and enriching community life. However, substantial areas of inequality prevent them from achieving optimum health and wellbeing, safety and equity in society.

Australia is currently negotiating significant social and political challenges. These include entrenched gender inequality, an ongoing gendered violence epidemic, a cost-of-living crisis, compounded by more visible and threatening public racism and xenophobia, resulting in scapegoating and violence directed toward multicultural communities, and women in particular. We know that gendered and racialised disadvantage become even further embedded during difficult economic times and when social fractures deepen. Today, such disadvantages remain a key barrier to the equitable social and economic participation of migrant and refugee women in Australia, and to their safety from gendered violence – in public spaces, workplaces, the health system, education, socially, and in the family.

The gendered pay gap, which remains persistent for all Australian women at 21.1%, is greater for migrant and refugee women, ranging from 33 to 36%.¹ Moreover, while the gender pay gap has improved over time, the discrepancies between the wages of overseas born migrants and the Australian born workforce have worsened. The hourly wage gap between recent migrants and Australian-born workers increased between 2011 and 2021. Recently arrived migrant women who are highly educated have experienced the largest discrepancy, now earning 31.5% less than Australian born women with similar qualifications.²

The vast majority of employed migrant women in Australia (61%)

work as trades, care, sales and clerical workers. Migrant and refugee women are more likely than Australian born women to be employed as community and personal service workers, trades workers, machinery operators, and labourers and are more concentrated in industries like health care, social assistance, accommodation and food services, warehousing, postal and transport work and wholesale trade and manufacturing. Many of these industries where migrant and refugee women are concentrated are known for their high rates of casualisation and have been identified as high-risk industries for occupational health and safety by WorkSafe.³

Rates of gendered violence remain at unacceptable levels across the country, and while there is no evidence that migrant and refugee women experience a higher incidence of domestic and family violence, we do know that migrant and refugee women face significant barriers to accessing the support that they need at an early point, and as a result, experience more prolonged and severe forms of such violence over time.⁴

Migrant and refugee women also experience higher rates of sexual harassment in the workplace.⁵ A recent study found that 46% of migrant women surveyed had experienced sexual harassment in their workplaces, compared with 41% among the general female population.⁶ Race and gender discrimination in workplaces make migrant and refugee women more vulnerable to gendered violence, and leaves them with fewer resources to act on it.

While there is no specific data available about migrant and refugee women's experiences of sexual violence, current national data relating to all women indicates that approximately one in five has experienced sexual violence since the age of 15.⁷ Some groups of migrant women may be more vulnerable to sexual violence due to their precarious

visa status and housing instability.⁸ For example, a research study of 1,491 international students found that 40.2% of respondents had experienced one or more incidents of sexual violence during their stay in Australia.⁹

Migrant and refugee women have lower levels of access, and later access, to the health services they need, with English language proficiency a key factor, along with other barriers such as cost, visa-based exclusions, systemic discrimination, and lack of cultural safety within services. Breast screening and cervical screening rates are lower, leading to later cancer diagnosis. Migrant and refugee women are less likely to attend antenatal care in the first trimester (70% compared with 76% of those born in Australia and other mainly English-speaking countries). Birth outcomes reflect lower levels of timely maternity care, with higher rates of stillbirth, poorer outcomes for gestational diabetes and higher rates of instrumental birth and caesarean.¹⁰

Over the last two years the Government has made significant investments into key areas impacting women, including women's health and responding to gendered violence. With specific reference to the health and wellbeing of migrant and refugee women, the Health in my Language program (HIML), funded in the 2024/25 and 2025/26 budgets, provides much-needed, in-language, tailored sexual and reproductive health education to migrant and refugee women across Australia. HIML has become an essential program for women, providing opportunities for them to make informed decisions about their own health and laying the foundations for bodily autonomy and reproductive choice.

There is an opportunity to keep the momentum going by building on the significant achievements that have been made in the areas of health equity, preventing gender based violence and leadership for migrant and refugee women. We cannot slow down. Sustained investment must continue to ensure that migrant and refugee women have the same opportunities as all Australian women to achieve optimum health, equity and safety.



How Multicultural Centre for Women's Health makes a difference

Multicultural Centre for Women's Health (MCWH) is Australia's most trusted national provider of tailored, responsive, accessible and effective wellbeing and safety programs for migrant and refugee women. We have over 45 years' experience and expertise engaging with migrant and refugee women, communities, and organisations.

A key feature of MCWH is our unique structure which allows for an effective and cohesive organisational approach to research, policy and advocacy, and program delivery. Our work is integrated and strategic: MCWH's community engagement, health education and direct service work with migrant and refugee women inform our research and advocacy priorities and build on the evidence-base for meaningful policy change. MCWH makes a positive difference through three key initiatives: we deliver national programs and projects for migrant and refugee women; we build the capacity of individuals and organisations across Australia to work more effectively with migrant and refugee women and communities; and we conduct research and advocacy to improve health, policy and decision making. All of our programs and projects are informed by community needs, new and emerging evidence and key government priorities.

In 2024/25, MCWH's education programs provided in-language education and information to 10,800 participants through 595 health education outreach sessions across the country. MCWH provided more than 1500 multilingual women's health information items to health educators in 94 languages on 89 health topics, and produced 17 new health videos. In 2024/2025, MCWH made submissions to 2 government inquiries, delivered 10 presentations at national and local conferences and forums, featured in 40 national media pieces and provided specialist advice about migrant and refugee women's health and wellbeing to 45 committees and 33 expert consultations.

Data from our Stakeholder and Partner survey 2024 shows that:

★ **94%**



of 50 respondents rated the quality of MCWH's work as high or very high

90%

of 50 respondents strongly agreed that MCWH demonstrates

expertise & leadership

in migrant and refugee women's health



92%

of partners indicated a desire to continue working with MCWH, reflecting a strong mandate from the sector for sustained investment and collaboration.

over three-quarters

reported increased personal capacity to work in migrant and refugee women's health.

more than half

reported increased organisational capacity to embed intersectional practice.

MCWH capacity building has contributed to **moderate to major improvements in**

- the implementation of evidence-informed gender-equitable policies;
- respectful workplace initiatives;
- inclusive recruitment practices;
- and workforce training.



1. Improving health equity through in-language health education: Health in my Language

For migrant and refugee communities, access to in-language and culturally tailored health information can change lives. Health in My Language (HIML), a national initiative led by Multicultural Centre for Women's Health (MCWH) in partnership around Australia, is a clear example of this.

HIML began in 2022 as a national response to address barriers to vaccine hesitancy and uptake during the COVID-19 pandemic. Today it is a thriving program that delivers in-language sexual and reproductive health, mental health and cancer screening education to migrant and refugee communities in every state and territory in Australia. HIML's outreach model ensures that migrant and refugee women can access information and support where it works best for them: where they work, live, study and play. Sessions are delivered by accredited Bilingual Health Educators to women who are least likely to access mainstream services, such as migrant women workers, those who are newly arrived or parenting in the early years, on precarious visas, who have low or no proficiency in English and need additional information and assistance to navigate Australian health and support systems.

Since 2022, HIML has delivered health education to over 65,000 migrant and refugee women and community members in 30+ languages. During this same period, almost 100 Bilingual Health Educators have been trained to be part of the workforce. The Senate Committee, in response to the Inquiry into Universal Access to Reproductive Health in 2023, identified the HIML Program as an important national platform for advancing sexual and reproductive health equity.

The HIML Program, with its existing infrastructure of highly trained and skilled Bilingual Health Educators, Program Managers, Coordinators and support staff, is perfectly positioned to expand its brief to include additional health topics and increase reach. HIML exists to

make sure migrant and refugee communities have access to clear, accurate and culturally relevant health information – in their own language.

With ongoing funding, the program would continue to deliver a broad range of topics, reaching migrant and refugee women across Australia with key health education and messaging. With additional funding, the HIML program has the potential to play a broader role within the health system. Some options for building on the existing infrastructure include:

- increase HIML specific targeting strategies and reach to additional groups that have significant needs for in-language education, such as PALM scheme workers, young women, international students and more newly arrived communities;
- increase the breadth of topics covered by HIML to deliver on government priorities, potentially adding domestic, family and sexual violence, workplace sexual harassment, preventing stillbirth, and heart health;
- further investigate the options for formalising and accrediting the national bilingual health educator workforce;
- extend the scope of HIML to address the health of migrant and refugee men and boys.

How do we know Health in my Language works?

The HIML Evaluation Report shows that



91% said that the sessions were clear and easy to understand.

90% said that the sessions met their language and cultural needs.



In the 2025-26 year, a total of



8,152 people participated in the HIML program nationwide.

Evaluation showed that in the 2024-25 year



98% said they would share the information they learnt with others

94% said they would talk to their healthcare provider about sexual and reproductive health



In 2026-27 MCWH calls upon the Australian Government to:

Provide sustainable, multi-year funding to Health in my Language.

Option 1: \$21,600,000 (lapsed funding amount)

Continue to deliver HIML in each state and territory, with the same breadth of topics and a reduced reach in each jurisdiction.

Silver option 2: \$26,127,400

Continue to deliver HIML in each state and territory, with the same breadth of topics and the same reach in each jurisdiction. In addition, investigate and develop options to formalise and extend the national Bilingual Health Educator workforce.

Gold option 3: \$30,981,000

Continue to deliver HIML in each state and territory, with an increased breadth of topics and increased reach in each jurisdiction, including migrant and refugee men, PALM scheme workers, young women, international students, and more newly arrived communities. In addition, investigate and develop options to formalise and extend the national Bilingual Health Educator workforce.

Hear directly from women and community members who have experienced the impact of Health in My Language.

CLICK TO PLAY →



2. Promoting migrant and refugee women's health through evidence-based research and policy: Multicultural Women's Health Australia

In 2026-27 MCWH calls upon the Australian Government to:

Provide ongoing, sustainable multiyear funding to MCWH for the continuation of the MWA program.

Over 4 years \$2,800,000.

Migrant and refugee women in Australia have poorer health outcomes, and lower levels of access to health services than the general population. Research shows that migration is a key determinant of health, and migrant and refugee women in particular are more vulnerable to health deterioration because of gender-specific barriers and challenges.¹¹ To address this health inequity, we need to better understand the specific barriers to healthcare impacting on migrant and refugee women, and how to systemically improve health outcomes. A better understanding will be achieved by bringing together migrant and refugee women's concerns, service sector and policy knowledge with the latest research, and translating the available evidence into tangible program, service and policy development.

The Multicultural Women's Health Australia (MWA) program, which operated across Australia until 2023, did just that. Coordinated by Multicultural Centre for Women's Health (MCWH), the program facilitated a national network of specialist organisations in each state and territory that worked to promote the health and wellbeing of migrant and refugee women. The Network provided up to date data and information to enable a comprehensive national picture to be drawn about migrant and refugee women's sexual and reproductive health status and access to local health services. This local knowledge was complemented by MCWH's coordinating function, which provided research, evidence, expert advice and advocacy on a range of key issues impacting migrant and refugee women's sexual and reproductive health.

MWA has been regularly sought out by government and key health and welfare organisations to provide robust evidence-based policy advice that centres the needs of migrant and refugee women, even two years after the end of the funded project. What makes MWA's work different is that it provides up to date, nationally focused, evidence-based resources and advice, based on the latest research combined with the voices of migrant and refugee women themselves. All of this is made possible by MWA's access, and translation into policy, to the real-time feedback received from migrant and refugee women who participate in MCWH programs, enabled by the expertise of a highly trained and accredited bilingual health workforce. This is a unique capability unrivalled by any other organisation across Australia.

MWA has worked collaboratively with other women's advocacy

and policy organisations, such as the Australian Women’s Health Alliance (AWHA), and the Australian Multicultural Women’s Alliance (AMWA), ensuring that their advocacy has a robust, intersectional research evidence base with a strong and real time connection to the lived experience of migrant and refugee women. There is no overlap between MWAH and the work of these alliances: The AWHA maintains a focus on all Australian women’s health and relies on MWAH to provide them with robust advice in relation to migrant and refugee women. The AMWA has a broad scope, of which health is one small component. To date, the AMWA’s policy-related output has not produced any health-related material and remains focused on migrant and refugee women’s economic and employment issues.

Key outputs of MWAH include the Sexual and Reproductive Health Data Report, and the Advancing the Evidence Conference. Funded by the Department of Health for over 20 years, this work strengthened organisational linkages and communications between the health system, community organisations, consumers and the Australian government. MWAH was pivotal in ensuring that migrant and refugee women’s voices, concerns and lived experience was considered in policy, service and program development across Australia. 2,000 subscribers, and up to 870 readers each issue.

Over the 2019-2023 funding period, **MWAH was recognised as a leader in the field**, and was regularly invited to **support health and welfare organisations, health professionals and policy makers** to deliver evidence-based and tailored programs and policy to migrant and refugee women.



and published **four peer-reviewed research papers** on emerging topics such as reproductive coercion and family violence.

How do we know MWAH works?

- MWAH provides **effective, evidence-based policy analysis and advice to government**. Since 2011, when the Federal Government signed a deed with private overseas student health companies allowing a 12-month waiting period to be placed on claims for pregnancy-related care, MWAH raised awareness about the detrimental impacts of the deed on international students and their families. **MWCH and MWAH Network partners developed submissions, position papers, contributed to public forums and hearings, advocated for change and published papers**. In 2025, the Federal government reviewed the Deed and has now removed the 12-month waiting period for pregnancy related claims for insurance policies that are for 2 years or more, enabling more international students to access affordable pregnancy care in a timely manner.
- The **WRAP monthly e-newsletter** is an essential resource for policy makers, academics and health professionals. Over the 2019-2023 funding period, **the WRAP became recognised as a go-to source of information**, having been opened a total of 20,595 unique times, and with an open rate that grew from under 30% to 55% by the end of the period, well over the Australian NFP open average at that time which was 28%. Discussing key advocacy and policy issues related to migrant and refugee women’s health and wellbeing, it now has **over 2,000 subscribers**, and up to 870 readers each issue.

3. Leading national capacity building efforts to prevent gendered violence in migrant and refugee communities

While the Albanese Government has made significant strides in gender equality, primary prevention and response, MCWH's proposed targeted investment seeks to ensure that migrant and refugee women and their communities do not get left behind.

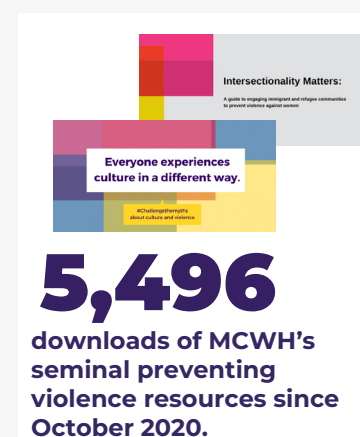
The domestic and family violence system remains inaccessible to many migrant and refugee women. Research has shown that domestic, family and sexual violence reporting remains low among migrant and refugee women compared to the general population, even when there is high profile government activity to address the problem.¹² This data is particularly concerning given that for migrant and refugee women, violence can be more severe and prolonged, due to service access barriers.¹³

With respect to workplace sexual harassment, even though rates are higher among migrant and refugee women, reporting is low. A recent study showed that only 15% of migrant and refugee women who experienced sexual harassment reported the abuse to an authority outside of the workplace, and 37% told no one about their experiences. In one third of cases, the women had been threatened or warned not to report the abuse.¹⁴

More investment must be made into community-led programs that build awareness about domestic, family and sexual violence and facilitate earlier access to the system, including tailored, in-language, community-based, outreach programs.¹⁵ Research has shown that the multicultural sector and multicultural communities play an essential role in preventing gendered violence and supporting migrant and refugee women to respond to gendered violence at an earlier point. However, there is a need to ensure that multicultural and settlement organisations are adequately supported with the skills, resources and frameworks they need to provide a consistent and effective, rather than an ad hoc and potentially harmful, response.¹⁶

It is essential that, alongside response programs, there is a long-term investment into the primary prevention of violence, recognising that migrant and refugee women and

How do we know MCWH's capacity building works?



For the last **10 years**, MCWH has been a key partner in **research on gendered violence in migrant and refugee communities**, working closely with community organisations, academics and other research institutions. With **over 15 peer reviewed journal articles and reports**, this research has been impactful and influential, totalling

495 citations
over this time.

their representative organisations have a central, leading role to play. Migrant and refugee women's organisations should be provided with ongoing and secure funding to enable them to share their specialist expertise, to build capacity within multicultural organisations and communities, and to ensure that effort is coordinated, thereby reducing the current duplication of effort and loss of practice wisdom that is occurring nationally.

The multicultural sector and multicultural communities need to be supported to do this work in a consistent and coordinated way. Investment in national consistency and capacity building is crucial to ensuring the health and safety of migrant and refugee women and is essential in progressing the government's agenda with respect to gender equity and gendered violence prevention.

MCWH has played a central, specialist, national role preventing gendered violence since 2014 – providing evidence-based guidance and resources to the domestic, family and sexual violence and multicultural sectors, conducting ground-breaking research, and delivering gendered violence prevention programs, with a specific focus on migrant and refugee women and their communities. MCWH is uniquely placed to lead national capacity building efforts, having robust theoretical expertise, practice experience and sustained relationships with migrant organisations, women and communities fostered through over 45 years of experience working in women's health and the multicultural sector.

Testimonial from Our Watch:

In 2025, Our Watch began a **two-year partnership** with Multicultural Centre for Women's Health (MCWH) on a project which aims to ensure **primary prevention approaches are responsive to the needs of people from migrant and refugee backgrounds**, building on the strong foundation of collaborative work undertaken together over many years. **Our partnership with MCWH is pivotal to this work, as they bring over 46 years of expertise in feminist, intersectional approaches to primary prevention in multicultural contexts across research, policy, advocacy, and capacity building.** As a community-led organisation, **MCWH is expertly positioned to guide a national, coordinated approach that centres the voices and experiences of migrant and refugee women.**

In 2026-27 MCWH calls upon the Australian Government to:

Provide ongoing funding to MCWH to:

- a.** extend its specialist capacity building role nationally to facilitate consistency, reduction of duplication, and the sharing of practice wisdom, among key stakeholders, including multicultural organisations and communities delivering gendered domestic, family and sexual violence prevention programs and activity.
- b.** engage men and boys from multicultural communities in a specific program to prevent gendered violence, and develop a national guide for the multicultural sector, the domestic, family and sexual violence sector and multicultural communities.
- c.** deliver in-language education about gendered violence, including domestic, family and sexual violence, and workplace sexual harassment across Australia, utilising the existing infrastructure of the national Health in my Language program.

Over 4 years \$2,170,300.

4. National FGM/C prevention and support

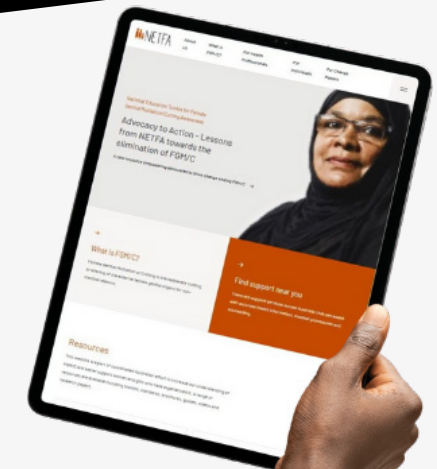
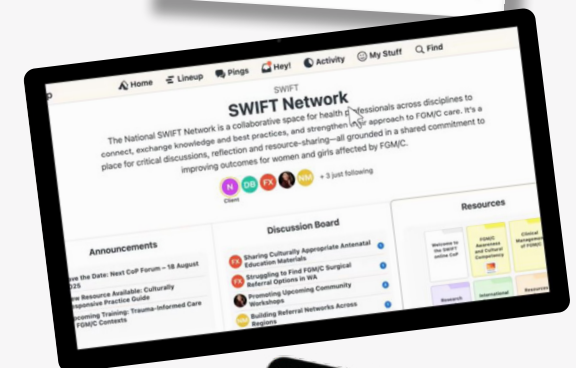
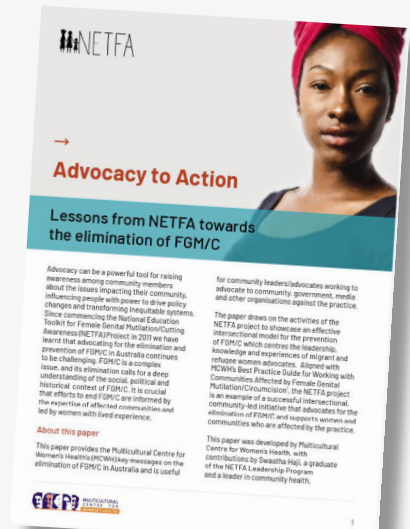
According to the most recent estimate in 2019, there are approximately 53,000 women and girls living in Australia who have undergone FGM/C.¹⁷ Since 1998, MCWH has been working with communities affected by Female Genital Mutilation/Cutting (FGM/C). In 2013, that work extended to a national level, collaborating with community advocates and health professionals and services to prevent and address FGM/C in Australia through two the delivery of two key projects.

The National Education Toolkit for FGM/C Awareness (NETFA), funded by the Commonwealth Government from 2013 to 2025, was developed by MCWH to provide a community voice for women affected by FGM/C. The NETFA program built the capacity, skills and confidence of women with lived experience of FGM/C to advocate and take leadership in their communities and in health systems to prevent and address FGM/C in Australia.

The SWIFT Project: Supporting Workers in FGM/C Training supports health workers across Australia to effectively prevent and respond to FGM/C through culturally responsive, trauma-informed training, practical resources, and a national Community of Practice. SWIFT, funded by the Commonwealth Government until 30 June 2026, has developed a range of vital resources, including a map of all FGM/C services across Australia, an analysis of national workforce gaps, in-language resources, webinars and podcasts, as well as a National Community of Practice and online network for health workers across disciplines.

Much has been achieved through the NETFA and SWIFT projects to date. However, there is an ongoing need to continue to engage with affected communities to prevent FGM/C and to work with health professionals to ensure that women and girls who have experienced FGM/C are treated equitably and safely in the health system. The SWIFT national workforce analysis found that expertise is fragmented across jurisdictions and disciplines, with limited opportunities for health professionals to learn from each other, share practice-based insights, or access consistent, up-to-date information. GPs are often the first point of contact for migrant and refugee communities, yet many report limited knowledge and confidence in responding to FGM/C.

Continued funding would ensure that the national momentum that has been established since 2013 is not lost, and that communities and health practitioners are supported to address the issue of FGM/C in an evidence-based, consistent and cohesive way.




How do we know SWIFT/NETFA works?

MCWH's resource
'Advocacy to Action:
Lessons from
NETFA towards the
elimination of FGM/C'
has been viewed

 **661**

times on the website
since February 2025.

The NETFA website is an
important resource for health
professionals, community
members and anyone supporting
prevention efforts in Australia.

323,195 
website views
since October 2020



The SWIFT Community of Practice currently
has **79 members** made up of health
professionals from nursing, midwifery
and maternal health, allied health, health
promotion and education, and general
practice in every state and territory.

Testimonials from participants:

- " *Previous knowledge on FGM/C was further strengthened by the clinical aspects of the presentation*
- " *This space is very important for us to come together to share thought into practice*
- " *This content has helped me on how to approach the FGM/C discussions with my patients*
- " *It was great to have access to resources and up-to-date information on current practices*

In 2026-27 MCWH calls upon the Australian Government to:

Provide ongoing funding to MCWH to continue to work with communities and health practitioners to prevent and address FGM/C in Australia by:

- delivering the SWIFT Community of Practice and online Network of health professionals;
- co-designing and developing evidence-based resources for health professionals and communities;
- addressing key issues relevant to lived experience of FGM/C, including stigma, mental health, sexual health and sexuality;
- supporting community-led advocacy by women with lived experience through delivery of the NETFA leadership program
- updating national data collection and research to enable more targeted and effective service planning across Australia.

Over 4 years \$2,047,400.



5. PACE Grassroots Gender Equality Leadership Program



The PACE Leadership program is an evidence-based, grassroots, inclusive, community-led initiative developed by MCWH in 2009. PACE, which stands for Participate, Advocate, Communicate and Engage, strengthens the way migrant and refugee women and gender diverse leaders take the lead within their workplaces, communities and everyday lives.

Distinct from other gender equality leadership programs, PACE defines leadership through the lived experience of migrant and refugee women, and is guided by what leadership means to them. The program does not limit itself to training participants for Boards or senior leadership positions. Rather, it is tailored to meet a broader definition of leadership, which is more collective and expansive than individual advancement.

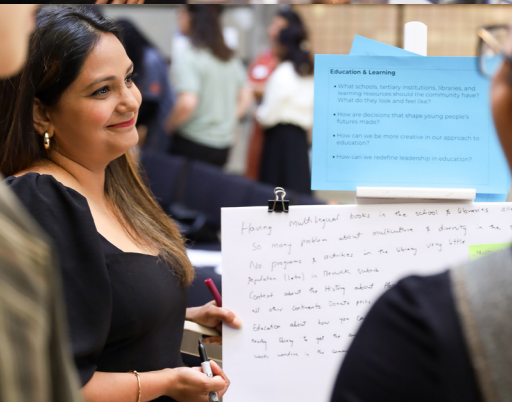
By redefining the idea of leadership, PACE opens spaces for migrant and refugee women and gender diverse people to participate within their own spheres of influence and feel empowered to create lasting change in their lives and communities.



The PACE program builds migrant and refugee women and gender diverse people's capacity to:

- Participate in the workforce, civic and community life
- Advocate on issues that concern them to make positive change
- Communicate leadership qualities and skills, and
- Engage with issues and others in the community for the purposes of providing ongoing support to other migrant women and gender diverse people

To date, PACE has been delivered across Victoria, to almost 500 program graduates. All participants of PACE Leadership are linked into the PACE network, a community of migrant and refugee women and gender diverse people who are leaders, advocates and change makers in their communities. There are almost 400 migrant and refugee women and gender diverse people in our PACE network which provides a platform for ongoing connection, professional development, engagement and other leadership opportunities.



PACE can be delivered in a range of tailored formats that increase access for participants who would otherwise be prevented from attending leadership programs. This includes a mix of remote and in-person sessions, including outreach locations. There is potential to deliver PACE across a broader demographic, reaching migrant and refugee women and gender diverse people in each state and territory.

How do we know PACE works?



500

migrant and refugee women
and gender diverse people
trained through PACE



400

people are part
of the PACE
network

100%

of participants reported

**improved
confidence
and increased
advocacy skills**

100%

of participants stated that
they were

**satisfied with
the training
program**

In 2026-27 MCWH calls upon the Australian Government to:

Provide ongoing funding to MCWH to deliver PACE
Leadership nationally and to resource and sustain the
PACE Leadership network.

Over 4 years \$3,617,800.

After joining PACE, I felt more empowered to connect with my local council to seek some support to meet the needs of my own community. We started the Arabic playgroup every fortnight and we started to have Arabic books in our local library."

- PACE participant

Being part of the PACE network helped me reconnect with my sense of purpose and community. Each conversation made me feel seen, heard, and empowered, reminding me that mental wellbeing is rooted in support, trust and collective growth"

- PACE Participant

PACE leadership program is helping to challenge gender norms, make workplaces safer and more equal by supporting women and gender diverse Victorians to reach their leadership potential."

- Natalie Hutchins MP, Former Victorian Minister for Women

Migrant and refugee women face additional barriers and are very underrepresented in leadership. I'm so delighted that we (Victorian Government) were able to fund PACE (until June 2025). It takes a group of people who haven't been traditionally invested in, and really helps to build their capability, and provide them with engagement opportunities to think about they can help their community. Having bespoke courses that are really designed to meet the wonderful women where they are [...] makes the investment in PACE uplifts the entire community."

- Michelle Clark, Director, Office for Women Victoria

The Investment 2026-27

To build on the significant strides that government has made in gender equality and women's health, the following investment is needed to ensure that migrant and refugee women have the same opportunities as everyone to achieve optimum health, equity and safety in society.

Program	Impact and Outcome	Investment over 4 years
Health in my Language (HIML)	Promoting migrant and refugee women's health by delivering evidence-based research, advocacy and policy development across Australia.	Option 1: \$21,600,000
		Option 2: \$26,127,400
		Option 3: \$30,981,000
Multicultural Women's Health Australia (MWhA)	Promoting migrant and refugee women's health by delivering evidence-based research, advocacy and policy development across Australia.	\$2,800,000
Leading specialist, national capacity building efforts in prevention of gender based violence in migrant and refugee communities	Promoting migrant and refugee women's health by delivering evidence-based research, advocacy and policy development across Australia.	\$2,170,300
The National Education Toolkit for FGM/C Awareness (NETFA) and Supporting Workers in FGM/C Training (SWIFT)	Promoting migrant and refugee women's health by delivering evidence-based research, advocacy and policy development across Australia.	\$2,047,400
Participate, Advocate, Communicate, Engage (PACE) grassroots gender equality leadership program and network	Promoting migrant and refugee women's health by delivering evidence-based research, advocacy and policy development across Australia.	\$3,617,800



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References

- 1** Victorian Government, Our Equal State: Victoria's gender equality strategy and action plan 2023-2027, p. 19.
- 2** The Committee for Economic Development of Australia (2024). Making better use of migrants' skills, CEDA 2024, p. 24.
- 3** WorkSafe Victoria 2025. Statement of Regulatory Intent 2025-2026. www.worksafe.vic.gov.au/statement-regulatory-intent-2025-26.
- 4** Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Quiazon, R., Block, K., & Warr, D. (2016). Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. The ASPIRE Project: Research report (ANROWS Horizons 07/2016). Sydney: ANROWS.
- 5** Segrave, M., Wickes, R., Keel, C., & Tan, S. J. (2023). Migrant and refugee women in Australia: A study of sexual harassment in the workplace (Research report, 06/2023). ANROWS.
- 6** Australian Human Rights Commission, Time for Respect: Fifth National Survey on Sexual Harassment in Australian Workplaces, 2021.
- 7** Australian Bureau of Statistics (2022). Personal safety 2021-22, Australia.
- 8** Vasil, S. (2023). Understanding the Nature of Family Violence Against Women With Insecure Migration Status in Australia. Violence Against Women, 29(15-16), 3158-3181.
- 9** Tarzia, L., Navarro Medel, C., McLindon, E., Ezer, P., Forbes-Mewett, H., Tran, L. T., Murdolo, A., & Hegarty, K. (2025). Experiences of Sexual and Intimate Partner Violence Among Women International Students in Australia. Violence Against Women, 0(0).
- 10** Multicultural Centre for Women's Health (2021), Data Report: Sexual and Reproductive Health 2021. Melbourne.
- 11** Satyen, L., Toumbourou, J., Heerde, J., Supol, M., Ranganathan, A. (2021) The Royal Commission into Family Violence: Trends in Help-seeking behaviour among migrant and non-migrant women, presented at the Deakin Research on Violence Against Women Inaugural Conference: Interdisciplinary Research on Family Violence, 22 October.
- 12** Satyen, L., Toumbourou, J., Heerde, J., Supol, M., Ranganathan, A. (2021) The Royal Commission into Family Violence: Trends in Help-seeking behaviour among migrant and non-migrant women, presented at the Deakin Research on Violence Against Women Inaugural Conference: Interdisciplinary Research on Family Violence, 22 October.
- 13** Lum On, M. et. al. (2016). Examination of the health outcomes of intimate partner violence against women: State of knowledge paper (ANROWS Landscapes, 03/2016).
- 14** Segrave, M., Wickes, R., Keel, C., & Tan, S. J. (2023). Migrant and refugee women in Australia: A study of sexual harassment in the workplace (Research report, 06/2023). ANROWS.
- 15** Vaughan, C. et. al. (2016). Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. (ANROWS Horizons 07/2016).
- 16** Vaughan, C., Chen, J., Sullivan, C., Suha, M., Sandhu, M., Hourani, J., Murdolo, A. (2020). Multicultural and Settlement services Supporting women experiencing violence: The MuSeS project (Research report, 11/2020). Sydney: ANROWS.
- 17** Australian Institute of Health and Welfare 2019. Towards estimating the prevalence of female genital mutilation/cutting in Australia. Cat. no. PHE 230. Canberra: AIHW.