

# Submission to the Multicultural Framework Review

Prepared by the Multicultural Centre for Women's Health

September 2023



Multicultural Centre for Women's Health is a feminist organisation led by migrant and refugee women to achieve equity in women's health and wellbeing.

## Executive Summary

This submission has been developed by the Multicultural Centre for Women's Health (MCWH), a Victorian women's health service established in 1978 that works both nationally and across Victoria to promote the health and wellbeing of migrant and refugee<sup>1</sup> women and gender diverse people across Australia. We do this through research and publication, participation in advisory groups and committees, written submissions, and training and capacity building.

As the national voice for migrant and refugee women's health and wellbeing, we argue that an inclusive and equitable multicultural society cannot be achieved without the full social and economic inclusion of migrant and refugee women (including non-binary, gender diverse and trans people). Advancing a multicultural Australia calls for a gendered intersectional approach that centres the needs of migrant and refugee people who have been historically marginalised and minoritised.

In this submission, we provide recommendations on how policy settings can be reformed to better serve the health and wellbeing needs of migrant and refugee women in Australia. As such, our recommendations address gendered and racial forms of prejudice and discrimination, and how these barriers intersect with migration-related inequalities to prevent migrant and refugee women from experiencing health equity, wellbeing, and safety in Australian society.

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<sup>1</sup> The term 'migrant and refugee' refers to people who have migrated from overseas and their children. It includes people who are part of both newly emerging and longer established communities, and who arrive in Australia on either temporary or permanent visas.

## Terms of Reference response

MCWH welcomes the opportunity to make a submission to the Multicultural Framework Review. Our submission is framed in direct response to the [Multicultural Framework Review's Terms of Reference](#) and is based on our work with migrant and refugee women in advancing sexual and reproductive health and rights; improving mental health and wellbeing; preventing violence against women and children; enhancing workplace health and wellbeing; and supporting COVID-19 recovery.

In this submission, 'women and gender diverse people' is used to include cisgender women, transgender women and non-binary and gender diverse people. Unless specified, where research is cited, we have used the term 'women' as most research does not clarify their understanding of gender. MCWH recognises this approach is limiting and not always inclusive of non-binary and gender diverse people, who may experience significant barriers to accessing support for their health and wellbeing.

**This Review will be guided by three key principles:**

- **Advancing a multicultural Australia**
- **Supporting our cohesive and inclusive multicultural society**
- **Ensuring settings are fit for purpose in harnessing the talents of all Australians**

**And will consider:**

- **The effectiveness of existing federal:**
  - **Legislative and regulatory frameworks and legal settings**
  - **Relevant policy settings and programs**
  - **Strategies to promote multiculturalism, social cohesion and inclusion, and**
  - **Services designed to support multicultural Australia.**

MCWH welcomes the Department of Home Affairs' *Multicultural Framework Review* and acknowledges the leadership in calling for submissions. To date, the federal multicultural policy framework has been given the focus and attention it deserves. The COVID-19 pandemic highlighted the extent of this neglect as governments were unable to reach and support migrant and refugee populations effectively, resulting in poorer economic, social and health outcomes during this period.

Migrant and refugee populations experience structural, institutional, and interpersonal forms of disadvantage that significantly impact their ability to have good health and wellbeing. Migrant and refugee women in particular, experience poorer health outcomes compared with Australian-born women (Sullivan et al, 2020). This disparity has been attributed to key social determinants of health, such as family violence, pre-migration trauma, settlement stress, social isolation, workforce participation, and visa restrictions (Bhugra, 2004; Delara, 2016; Mwanri et al., 2022; Sullivan et al., 2020). These determinants combine with gendered inequalities and intersect with structural forms of inequality, racism, and discrimination to prevent the full civic and economic participation of migrant and refugee women and gender diverse people in Australian society (Aryal, 2017; MCWH et al., 2021; Hach, 2012).

To address some of these challenges, MCWH acknowledges that the Federal *Multicultural Access and Equity Policy* has been a key mechanism in ensuring migrant and refugee communities are able to access government programs and services equitably. However, a renewed commitment to this

policy framework must incorporate an intersectional approach. A gendered, intersectional understanding of the factors that contribute to health and wellbeing is critical to develop the necessary policy reforms required to meet the specific yet diverse needs of migrant and refugee women. A gendered, intersectional lens goes beyond explanations that use single categories, such as ethnicity and gender to describe health issues. Instead, it recognises that migrant women's health and wellbeing is shaped by many factors, including the social and political context in which women live their lives.

To support the policy reforms that are needed to improve the health and wellbeing of migrant and refugee women, data collection and linkages need to be improved. Especially in the areas of mental health and wellbeing, policies at both Federal and state and territory levels contain positive intentions to reform the system to meet the needs of CALD populations yet, there is little reporting from all levels of government regarding the actual impacts of programming upon migrant and refugee populations (Minas et al., 2013). Failure to collect outcomes data means that it is 'impossible to evaluate the effectiveness of mental health services received by immigrant and refugee communities, care utilisation and continuity of care' (Minas et al 2013., p.21).

#### **Recommendations:**

- Invest in and strengthen intersectional policy development and analysis to ensure that government policy at all levels impacts positively on the health and wellbeing of migrant and refugee women, and non-binary, gender diverse and trans people.
  - Embed a social determinants and gender equity framework in approaches towards national policies that impact on migrant and refugee women's health and wellbeing. Health policy development and reform should be guided by the lived experience of migrant and refugee women, and non-binary, gender diverse and trans people.
  - Implement gender responsive budgeting using an intersectional approach, to address how policies interact to create financial inequities.
- Remove visa restrictions and ensure support services, including Medicare, NDIS, and social security payments, are available regardless of visa status to avoid a multi-tiered discriminatory system.
- Abolish waiting periods and visa restrictions for all migrants, including in relation to temporary migrants on the Pacific Australia Labour Mobility (PALM) scheme, and overseas student health cover (OSHC) deed which is due to expire in June 2024.
- Implement Recommendation 30 (4.111) of the Senate Inquiry into Universal Access to Reproductive Healthcare: 'The committee recommends that the Australian Government, in consultation with state and territory governments, consider options for ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.'
  - Extend the above recommendation to all forms of government-funded social services and healthcare in Australia.
- Promote equitable research by developing a national framework for collecting disaggregated health data and outcomes data relevant to migrant and refugee populations, and ensure medical research reflects the principles of racial and gender equity.
  - MCWH endorses the following recommendation made by the Victorian Refugee Health Network: 'The Australian Government, through the Council of Australian

Governments, lead a process of data linkage to understand access to health services and health outcomes of people who enter Australia through the Refugee and Humanitarian Program. This may be led by the Department of Social Services, Department of Health, and/or Department of Home Affairs, in consultation with the Australian Bureau of Statistics (Victorian Refugee Health Network 2022, p. 6).

- **How the above existing federal arrangements interact with state and local government settings, identifying potential areas of duplication and gaps, and opportunities for further intergovernmental collaboration**

## **Health**

The planning and coordination of health services and supports for migrant and refugee women is an area that would highly benefit from intergovernmental collaboration. A coordinated, integrated approach between all three levels of government is needed to ensure that healthcare providers and social services in regional areas are prepared, upskilled, and appropriately resourced to deliver support to migrants and refugees.

Migrant and refugee women living in regional and rural areas face significant challenges in accessing support for their health and wellbeing. These issues include the lack of transport options and a lack of access to interpreters. For women experiencing family violence, there is also poor availability of migration legal services (Vaughan et al, 2016). Intergovernmental collaboration is particularly important in healthcare, given the increased federal commitment towards settlement in regional areas, which has been an 'explicit policy agenda since 2004 as part of a broader aim to distribute Australia's migration outside of Australia's largest cities' (Boese & Moran 2023, p.1).

We recommend implementing a National Migration and Refugee Health and Wellbeing Framework, including a Strategy and Action Plan, to improve coordination and planning at the national and state levels. Similar refugee health and wellbeing strategies exist and operate in some states (currently in Victoria, NSW, and Queensland), signifying a vision for improved health outcomes and investment in specialised refugee health services. However, nothing exists at a Commonwealth level to guide the efforts of states and territories. A National Migrant and Refugee Health and Wellbeing Framework would help identify gaps in service accessibility, promote continuity of care, and meet the changing needs of migrant and refugee groups who are increasingly moving to regional and rural areas due to migration and settlement policies. A National Framework would also assist in the collection of relevant health data, support the development of resources that support best practice in migrant and refugee health, and policies relating to the health and settlement outcomes of humanitarian entrants.

## **Housing**

The housing crisis, including low affordability, low rental vacancy rates, and taxation policies which advantage existing property owners and investors, is creating significant socio-economic inequality in Australia. Migrant and refugee people are further impacted by racial discrimination in the tight housing market. This is especially the case for humanitarian entrants, for whom secure housing is central to the settlement process and forms a key social determinant of health (Flatau et al., 2015; and Ziersch et al., 2023). Housing policy is an important area of intergovernmental collaboration, and we recommend all levels of government implement policy levers and responses to promote

affordable housing for migrant and refugee people, including taxation reform, nationally consistent rent controls, and stronger regulation of the private rental market.

### **Emergency and disaster preparedness and response**

Disasters such as floods, bushfires, droughts, cyclones, and pandemics are occurring with increasing frequency and intensity across the country. It has been well-documented in Australian literature that disasters have a gendered face (Alston 2017). The gendered impacts of a disaster multiply when women also live with other inequalities which increase their risk of being affected, whether resulting from Aboriginality, age, disability, sexuality and gender diversity, and being of migrant and refugee background.

For example, the Disaster Recovery Allowance that is delivered through Centrelink can leave women on temporary visas or those who have newly arrived without any financial help in the wake of disasters. This is a significant gap in the context of the government's increased focus on regional migration leading to increased numbers of migrants settling in regional areas. The National Women's Alliance has noted that, 'migrants in regional areas have regional residency requirements which means that they cannot move out of or away from high-risk zones and areas in preparation for disasters, or to re-establish themselves post-disaster' (2020, p.13). These challenges are compounded by factors, such as lack of social networks and community support for migrants in regional areas, and ineligibility for government financial support.

The Joint Report prepared by the Ethnic Communities' Council of Victoria (ECCV), Neighbourhood Collective Australia, and Regional Victorians of Colour on the experiences of multicultural communities during the 2022 Victorian floods found that newly arrived communities were not prepared for the floods and faced significant and unique hardships when the disaster broke out (2023). For example, new arrivals reported 'being evacuated from caravan accommodation to an unused factory... rather than to an evacuation centre, so that their employer wouldn't have reduced staffing during the floods' (ECCV et al., 2023, pp.10-11). Additionally, those on temporary protection and temporary working visas were 'asked to ignore road closures and to continue working on farms and orchards, leading at times, to being stranded in isolated areas when conditions changed suddenly' (ECCV et al., 2023, pp. 10-11). Those who were newly arrived and those on temporary visas not only faced greater exposure to the floods, but experienced inadequate support from their employers pre, during and post-disaster. Our own consultations with emergency housing providers in Victoria indicate that during natural disasters, homeowners are prioritised for emergency accommodation rather than renters, compounding disadvantage for those who are housing-insecure and those who are newly arrived (who are more likely to be renting).

During the COVID-19 pandemic, migrant and refugee women and visa-holders who were excluded from disaster relief and social security payments were disproportionately impacted. They not only missed out on timely and accurate multilingual information, but also faced increased risk of infection, accentuated social isolation due to the digital divide, and increased risk of family violence (MCWH et. al. 2021). Nonetheless, the work of temporary migrants in essential industries from horticulture, agriculture, transport, food processing, retail, aged care, healthcare, and cleaning enabled the safety of permanent residents and citizens who could access social security payments and isolate at home. The unequal gendered and racialised impacts of Australia's response to the COVID-19 pandemic highlight the importance of migrant inclusive emergency and disaster preparedness and response measures across all levels of government.

## Recommendations:

- Establish a National Migrant and Refugee Health and Wellbeing Framework that would support a consistent, equitable and integrated approach to migrant and refugee healthcare delivery across Australia.
  - Improve coordination efforts between the Commonwealth Department of Health and state-based resources through the objectives of the National Framework.
  - Collaborate with state, territory, and local governments to promote the health and wellbeing of migrant and refugee populations living in rural, regional and remote areas.
  - Ensure funding for all preventative and clinical health programs are proportionately linked to the yearly migration intake, and account for the specialised needs of migrant and refugee people in rural and regional areas, humanitarian entrants, and forcibly displaced LGBTIQ+ people.
- Promote affordable housing and equitable access to housing:
  - MCWH endorses the recommendations made by the Australian Council of Social Service in its submission to the *Inquiry into worsening rental crisis in Australia*. In the submission, ACOSS recommends the forthcoming National Housing and Homelessness Plan to include ongoing, substantial investment in social housing, boosting and indexing Rent Assistance payments, setting national minimum standards to improve security and conditions for tenants, developing a First Nations National Housing Strategy, and property tax reforms (2023).
  - In addition, we recommend developing a new Migrant and Refugee Housing Strategy to ensure a coordinated response to meeting the housing and settlement needs of humanitarian entrants and temporary visa-holders, in metropolitan, regional, and remote areas.
- Coordinate migrant inclusive responses to emergencies and disasters which emphasise equity in preparedness and response.
  - Ensure government emergency relief payments and services are available to all migrants, irrespective of visa status.
  - Ensure emergency housing is available to renters as well as homeowners.
  - Sustainably fund multilingual preparedness and recovery programs which are led by migrant and refugee women, and non-binary, gender diverse and trans people; including seasonal workers in regional and rural areas.
  - Regulate, monitor, and hold to account employers who compromise the safety of migrant workers during emergencies and disasters.

## • Roles and functions of government and non-government organisations respectively

Collaborations between government and non-government organisations (NGOs) are vital in implementing and improving strategies to advance the health and wellbeing of migrant and refugee women. NGOs are grounded in local communities and social movements, providing trusted relationships, infrastructure and networks for independent advice, advocacy, leadership, service delivery and emergency response.

However, we note some challenges which arise from the existing roles and functions of government and non-government organisations respectively:

- The ongoing marketisation and outsourcing of human services financially and politically advantages large for-profit and not-for-profit providers (for instance, religious institutions and charities with business-like practices and structures), while crowding out smaller NGOs who advocate for more democratised and empowering models of service-delivery (Goodwin & Phillips, 2015).
- Such marketisation and outsourcing has reduced the capacity of the public sector itself to deliver essential human services, with detrimental outcomes for marginalised people (for instance, for jobseekers who are mandated to access outsourced, privatised employment services as part of their mutual obligation requirements) (Goodwin & Phillips, 2015).
- The short-term and competitive funding environment impedes the ability of various NGOs to work collaboratively, and to sustainably deliver and improve programs which are known to have good outcomes for migrant and refugee women and non-binary, gender diverse and trans people.

#### **Recommendations:**

- Centre, strengthen and leverage the voices and expertise of NGOs who are led by and for the people they represent.
  - Sustainably fund NGOs to provide evidence-based and independent services, research, and advocacy.
  - Invest in and strengthen public sector capacity to deliver human services, particularly in areas where outsourcing and privatisation have resulted in detrimental outcomes for marginalised and minoritised people.
- **Identifying areas for reform to address any systemic barriers that prevent people from multicultural communities from fully participating in Australian society, including those barriers that exist due to racism and discrimination**

#### **Migration**

One key area for reform is Australia's migration program. As it currently stands, the migration system prevents people of migrant and refugee background from participating in Australian society. As noted by FECCA, 'the balance between pathway to permanency and citizenship has become inconsistent, unfair, lengthy, and in some cases, indefinite, resulting in major consequences for individuals and missed opportunities for the nation' (2022, p. 9). The prolonged uncertainty and ever-changing requirements have resulted in key issues, such as:

- Asylum seekers being blocked from gaining permanency indefinitely;
- Temporary visas creating additional reliance upon sponsoring partners resulting in vulnerability to domestic and family violence (Vaughan et al., 2016); and
- Temporary visas creating additional reliance upon sponsoring employers resulting in vulnerability to workplace exploitation (Boese et al., 2013). This includes underpayment, excessively short or long shifts, overwork, harassment at work and a limited awareness of work rights and avenues to report grievances (Ziersch et al., 2022). Women on temporary visas, especially international students with restricted working hours, are more susceptible to exploitation and violence in the workplace (Forbes-Mewett & McCullouch, 2016).

## Social Security

Medicare and the social security system also require reform to promote gender and racial equity. The COVID-19 pandemic has highlighted the significant social and economic contribution of migrant communities, and the disproportionate health and economic burden borne by them due to their concentration in underpaid, precarious, and essential frontline roles. The exclusion of visa-holders – many of whom work and pay tax – from Medicare, social security payments and the childcare subsidy is unfair and discriminatory.

## Workforce participation

When it comes to workforce participation, the jobs performed by migrant and refugee women are more likely to be under-paid, low-skilled and performed under casual, contract and high-injury conditions with few opportunities for career development. While Australia's skilled migration program has continued to grow during the last decade, evidence suggests that the number of migrant women in highly skilled and/or decision-making positions is disproportionately low (FECCA 2013).

Echoing the Panel on the *Review of the Migration System*, supporting migrant women and their economic potential has been 'a neglected area of policy thinking' (2023, p.155). For example, the *Towards 2025: An Australian Government Strategy to Boost Women's Workforce Participation* report had little focus on migrant women. Challenges in Australia's migration program can no longer be addressed in isolation through piecemeal reforms. We urge the Federal Government to consider how the migrant system intersects with barriers, such as sexism and racism, to actively prevent the full participation of migrant and refugee women.

## Recommendations:

- MCWH endorses all 'measures supporting possible reform directions' proposed by the Panel in the *Review of the Migration System*, in particular:
  - Measure 18: Require all employers of temporary visa holders to register that employment through a light-touch process; those with a history of serious workplace breaches would be deregistered and ineligible to employ visa holders.
  - Measure 22: Review the drivers that have created a continuing 'permanently temporary' cohort with a view to ensuring future cohorts do not emerge.
  - Measure 34: Invest in social enterprises and others that focus on the drivers of migrant economic integration, including for cohorts who face particular barriers in the labour market (e.g. migrant women and humanitarian entrants).
  - Measure 35: Lead alongside states and territories a strategy to oversee efforts to streamline skills recognition, particularly for those occupations that can deliver the most benefit to Australia.
- Prioritise permanent residency and expediate pathways to permanent settlement and family reunion.
- End the mandatory detention of asylum seekers and other visa applicants, enabling applicants to live and work in the community while awaiting their status determination.
- Address the exploitation of migrant workers:
  - Measure and monitor precarious and informal employment situations.



- Hold to account employers who perpetrate wage theft.
- Remove restrictions on working hours for all visa-holders, including international students and their dependents.
- Provide in-language education, information and support about their rights in the workplace to migrant and refugee women as they enter the workforce.
- Enable migrant and refugee people low-cost, timely pathways to have their overseas qualifications recognised and utilised in the labour market.
- Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Australian labour force.
- Form partnerships with relevant women’s organisations and community groups to develop and implement schemes to empower women most affected by workplace discrimination and exploitation.
- Address migration-related and gender pay gaps:
  - Support wage increases for workers in health care, aged care, early childhood education and primary and secondary education, commensurate with male-dominated professions which require equivalent qualifications.
  - Introduce universal parental leave with additional superannuation contributions, regardless of visa status.
- Reform the social security system:
  - Make payments available to all residents, including all visa-holders. We support the Australian Council of Social Service’s recommendation to increase the rate of JobSeeker to \$76 a day, and to revoke the proposed Stage 3 tax cuts, which would disadvantage migrant and refugee women and other low income-earners.
  - Remove mutual obligation requirements on all social security and parenting payments, as these adversely impact women and single mothers, many of whom have survived family violence.
- Prioritise the safety of migrant and refugee women:
  - Fund population-based prevention of violence against women programming and research, which addresses the intersectional drivers of violence against women such as race, disability, LGBTIQ+ status, housing and income insecurity, migrant status, and age.
  - Continue and strengthen reforms to make the family violence provision more accessible to all visa holders.
  - Invest in integrated support for victim survivors of family violence and sexual assault on temporary visas, including access to free health services, legal aid, and accommodation.
- **The effectiveness of current federal diversity, equity and inclusion strategies, including the promotion of people from CALD backgrounds into leadership roles**

Discrimination relating to gender, sexuality, race and ethnicity prevent migrant and refugee women’s participation in leadership roles. In 2022, Women on Boards conducted a desktop audit of the boards of 232 (non-corporate) organisations across 5 sectors and found that:

- While women comprised 46% of board directors across the sectors, culturally diverse women (defined as women with non-Anglo Celtic origins) accounted for 5.7%.

- Federal Government was the sector with the largest cultural diversity representation but still only had 7.5% of culturally diverse women directors compared to 48.5% of women directors overall.

These findings indicate that while gender equality strategies have resulted in more women occupying leadership roles, initiatives have failed to consider the profound effects race and ethnicity have on migrant and refugee women's abilities to access leadership roles. This is supported by a dearth of sex disaggregated data on migrant and refugee women and gender diverse people's experiences of leadership and access to opportunities (Mapedzahama et al., 2023; FECCA, 2013). The lack of data means the enormous contributions of migrant women go unrecognised.

Traditional models and understandings of leadership do not reflect the many diverse forms of leadership that exist in migrant and refugee communities, which then impact on the voices we hear and whose issues we address as a society (Nguyen, 2023). Diversity, equity, and inclusion strategies should recognise that leadership takes on many different forms and relevant programs should be tailored to meet the specific needs of people from CALD backgrounds. In practice, this means implementing a strengths-based approach in strategies and building upon the existing knowledge and skills of migrant and refugee people.

#### **Recommendations:**

- Promote tailored leadership programs by funding and supporting migrant women's organisations to build the capacity of women to participate in the workforce and in civic and political settings, ensuring such programs are developed alongside, and build upon, existing feminist activities conducted by communities themselves.
  - Place greater emphasis and investment in the collection of robust, disaggregated data that will fill knowledge gaps and monitor the measurement of gender equality across a range of indicators, including ethnicity, cultural background, and visa status.
- **How the Federal Government can more strategically communicate and engage multicultural Australia, including in languages other than English**

The current approaches used by the Federal Government in communicating and engaging with multicultural Australia shows a lack of understanding of the diversity that exists amongst migrant and refugee populations and the various ways that people find and respond to information.

Especially during the height of the COVID-19 pandemic, FECCA identified 'the tendency for government agencies and departments to consider their role in communicating with migrant and refugee populations begins and ends with translated materials' (2020, p.19). Although documents containing government information about COVID-19 were translated, migrant and refugee populations face multiple barriers when it comes to accessing health information, including limited access to digital technologies, little or no digital literacy skills, and low levels of literacy in mother languages. By not having access to the same level and quality of COVID-19 information in their languages and level of English proficiency, migrant and refugee populations across the country were disproportionately impacted by the pandemic.

Bilingual and bicultural health workers have played a critical role in information provision to migrant and refugee populations across the country. Bilingual health educators who speak the same language and share similar experiences of culture, gender and migration are more effective because

they can draw on culturally relevant examples, understand cultural contexts, and navigate nuanced group dynamics. Especially in preventing violence against women, bilingual health education creates a space for women to discuss gender equality in a culturally safe and meaningful way. In some languages there is no direct translation for terms such as gender equality, so health education in the preferred language of the participants enables discussion of key concepts within the context of their daily lives (MCWH, 2022).

When it comes to strategically communicating and engaging with a multicultural Australia in languages other than English, the Federal Government should recognise the importance of this workforce and provide additional support. Federal funding for the *Health in My Language* Bilingual Health Education program is a step in the right direction. However, continued investment is needed ensure all migrant and refugee people across Australia can continue to access important information about their health and wellbeing through bilingual health education.

### **Recommendations:**

- Leverage the successes of the *Health in My Language* program and build a national infrastructure for a bilingual health education program.
  - Implement Recommendation 25 (4.96) of the Senate Inquiry into Universal Access to Reproductive Healthcare: ‘The committee recommends that the Australian Government consider options and incentives to expand the culturally and linguistically diverse (CALD) sexual and reproductive health workforce including leveraging the success of the ‘Health in My Language’ program.’
  - Provide continued funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive health information that meets the needs of migrant and refugee women and non-binary, gender diverse and trans people in Australia.
- Promote secure, permanent work for the national bilingual health workforce and the translating and interpreting (TIS) workforce.
- Invest in equitable and accessible healthcare by engaging migrant and refugee women in the co-design of service options through active outreach by bicultural staff.
- Provide English language and digital-literacy support programs that meet the needs of all migrant women, including those on temporary visas.
  
- **Opportunities to define a modern shared Australian identity and strengthen public understanding of multiculturalism as a collective responsibility through education and public awareness raising.**

A modern, shared Australian identity based in racial and gender equity starts with acknowledging the harmful impacts of colonisation on First Nations people, and committing to the processes of Voice, Treaty and Truth-telling across state, territory, and federal governments.

At MCWH, we acknowledge that Aboriginal sovereignty of the land now called Australia was never ceded. As migrants to a settler-colony, we benefit from the colonisation of this land. We have a shared responsibility to acknowledge the harm done to its First Peoples and work towards respect and recognition.

We endorse the Uluru Statement from the Heart (Referendum Council, 2017).

Education and public awareness strategies to strengthen public understanding of multiculturalism as a collective responsibility need to centre intersectional, anti-racist frameworks, and consider the impacts of historical policy approaches on First Nations people, migrant and refugee people, and people of colour. These strategies and campaigns need to be properly resourced to meaningfully engage migrant and refugee people in Australia through tailored and multilingual communication strategies.

**Recommendations:**

- Resource and fund processes of Voice, Treaty and Truth-telling, centring the leadership and diverse voices of First Nations people.
- Strengthen public understanding of multiculturalism as a collective responsibility through tailored, multilingual education and public awareness strategies which centre anti-racism, equity, and the impacts of colonisation on First Nations people, migrant and refugee people, and people of colour in Australia.

## Summary of Recommendations

1. Invest in and strengthen intersectional policy development and analysis to ensure that government policy at all levels impacts positively on the health and wellbeing of migrant and refugee women, and non-binary, gender diverse and trans people.
  - i. Embed a social determinants and gender equity framework in approaches towards national policies that impact on migrant and refugee women's health and wellbeing. Health policy development and reform should be guided by the lived experience of migrant and refugee women, and non-binary, gender diverse and trans people.
  - ii. Implement gender responsive budgeting using an intersectional approach, to address how policies interact to create financial inequities.
2. Remove visa restrictions and ensure support services, including Medicare, NDIS, and social security payments, are available regardless of visa status to avoid a multi-tiered discriminatory system.
3. Abolish waiting periods and visa restrictions for all migrants, including in relation to temporary migrants on the Pacific Australia Labour Mobility (PALM) scheme, and overseas student health cover (OSHC) deed which is due to expire in June 2024.
4. Implement Recommendation 30 (4.111) of the Senate Inquiry into Universal Access to Reproductive Healthcare: 'The committee recommends that the Australian Government, in consultation with state and territory governments, consider options for ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.'
  - i. Extend the above recommendation to all forms of government-funded social services and healthcare in Australia.
5. Promote equitable research by developing a national framework for collecting disaggregated health data and outcomes data relevant to migrant and refugee populations, and ensure medical research reflects the principles of racial and gender equity.
  - i. MCWH endorses the following recommendation made by the Victorian Refugee Health Network: 'The Australian Government, through the Council of Australian Governments, lead a process of data linkage to understand access to health services and health outcomes of people who enter Australia through the Refugee and Humanitarian Program. This may be led by the Department of Social Services, Department of Health, and/or Department of Home Affairs, in consultation with the Australian Bureau of Statistics (Victorian Refugee Health Network 2022, p. 6).
6. Establish a National Migrant and Refugee Health and Wellbeing Framework that would support a consistent, equitable and integrated approach to migrant and refugee healthcare delivery across Australia.
  - i. Improve coordination efforts between the Commonwealth Department of Health and state-based resources through the objectives of the National Framework.
  - ii. Collaborate with state, territory, and local governments to promote the health and wellbeing of migrant and refugee populations living in rural, regional, and remote areas.
  - iii. Ensure funding for all preventative and clinical health programs are proportionately linked to the yearly migration intake, and account for the specialised needs of

migrant and refugee people in rural and regional areas, humanitarian entrants, and forcibly displaced LGBTIQ+ people.

7. Promote affordable housing and equitable access to housing:
  - i. MCWH endorses the recommendations made by the Australian Council of Social Service in its submission to the *Inquiry into worsening rental crisis in Australia*. In the submission, ACOSS recommends the forthcoming National Housing and Homelessness Plan to include ongoing, substantial investment in social housing, boosting and indexing Rent Assistance payments, setting national minimum standards to improve security and conditions for tenants, developing a First Nations National Housing Strategy, and property tax reforms (2023).
8. In addition, we recommend developing a new Migrant and Refugee Housing Strategy to ensure a coordinated response to meeting the housing and settlement needs of humanitarian entrants and temporary visa-holders, in metropolitan, regional, and remote areas.
9. Coordinate migrant inclusive responses to emergencies and disasters which emphasise equity in preparedness and response.
  - i. Ensure government emergency relief payments and services are available to all migrants, irrespective of visa status.
  - ii. Ensure emergency housing is available to renters as well as homeowners.
  - iii. Sustainably fund multilingual preparedness and recovery programs which are led by migrant and refugee women, and non-binary, gender diverse and trans people, including seasonal workers in regional and rural areas.
  - iv. Regulate, monitor, and hold to account employers who compromise the safety of migrant workers during emergencies and disasters.
10. Centre, strengthen and leverage the voices and expertise of NGOs who are led by and for the people they represent.
11. Sustainably fund NGOs to provide evidence-based and independent services, research, and advocacy.
12. Invest in and strengthen public sector capacity to deliver human services, particularly in areas where outsourcing and privatisation have resulted in detrimental outcomes for marginalised and minoritised people.
13. MCWH endorses all 'measures supporting possible reform directions' proposed by the Panel in the Review of the Migration System, in particular:
  - i. Measure 18: Require all employers of temporary visa holders to register that employment through a light-touch process; those with a history of serious workplace breaches would be deregistered and ineligible to employ visa holders.
  - ii. Measure 22: Review the drivers that have created a continuing 'permanently temporary' cohort with a view to ensuring future cohorts do not emerge.
  - iii. Measure 34: Invest in social enterprises and others that focus on the drivers of migrant economic integration, including for cohorts who face particular barriers in the labour market (e.g. migrant women and humanitarian entrants).
  - iv. Measure 35: Lead alongside states and territories a strategy to oversee efforts to streamline skills recognition, particularly for those occupations that can deliver the most benefit to Australia.

14. Prioritise permanent residency and expediate pathways to permanent settlement and family reunion.
15. End the mandatory detention of asylum seekers and other visa applicants, enabling applicants to live and work in the community while awaiting their status determination.
16. Address the exploitation of migrant workers:
  - i. Measure and monitor precarious and informal employment situations.
  - ii. Hold to account employers who perpetrate wage theft.
  - iii. Remove restrictions on working hours for all visa-holders, including international students and their dependents.
  - iv. Provide in-language education, information, and support about their rights in the workplace to migrant and refugee women as they enter the workforce.
  - v. Enable migrant and refugee people low-cost, timely pathways to have their overseas qualifications recognised and utilised in the labour market.
  - vi. Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Australian labour force.
  - vii. Form partnerships with relevant women's organisations and community groups to develop and implement schemes to empower women most affected by workplace discrimination and exploitation.
17. Address migration-related and gender pay gaps:
  - i. Support wage increases for workers in health care, aged care, early childhood education and primary and secondary education, commensurate with male-dominated professions which require equivalent qualifications.
  - ii. Introduce universal parental leave with additional superannuation contributions, regardless of visa status.
18. Reform the social security system:
  - i. Make payments available to all residents, including all visa-holders. We support the Australian Council of Social Service's recommendation to increase the rate of JobSeeker to \$76 a day, and to revoke the proposed Stage 3 tax cuts, which would disadvantage migrant and refugee women and other low income-earners.
  - ii. Remove mutual obligation requirements on all social security and parenting payments, as these adversely impact women and single mothers, many of whom have survived family violence.
19. Prioritise the safety of migrant and refugee women, gender diverse and nonbinary people.
  - i. Fund population-based prevention of violence against women programming and research, which addresses the intersectional drivers of violence against women such as race, disability, LGBTIQ+ status, housing and income insecurity, migrant status, and age.
  - ii. Continue and strengthen reforms to make the family violence provision more accessible to all visa-holders.
  - iii. Invest in integrated support for victim survivors of family violence and sexual assault on temporary visas, including access to free health services, legal aid, and accommodation.
20. Promote tailored leadership programs by funding and supporting migrant women's organisations to build the capacity of women to participate in the workforce and in civic and

political settings, ensuring such programs are developed alongside, and build upon, existing feminist activities conducted by communities themselves.

21. Place greater emphasis and investment in the collection of robust, disaggregated data that will fill knowledge gaps and monitor the measurement of gender equality across a range of indicators, including ethnicity, cultural background, and visa status.
22. Leverage the successes of the 'Health in My Language' program and build a national infrastructure for a bilingual health education program.
  - i. Implement Recommendation 25 (4.96) of the Senate Inquiry into Universal Access to Reproductive Healthcare: 'The committee recommends that the Australian Government consider options and incentives to expand the culturally and linguistically diverse (CALD) sexual and reproductive health workforce including leveraging the success of the 'Health in My Language' program.'
  - ii. Provide continued funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive health information that meets the needs of migrant and refugee women and non-binary, gender diverse and trans people in Australia.
23. Promote secure, permanent work for the national bilingual health workforce and the translating and interpreting (TIS) workforce.
24. Invest in equitable and accessible healthcare by engaging migrant and refugee women in the co-design of service options through active outreach by bicultural staff.
25. Provide English language and digital-literacy support programs that meet the needs of all migrant women, including those on temporary visas.
26. Resource and fund processes of Voice, Treaty and Truth-telling, centring the leadership and diverse voices of First Nations people.
27. Strengthen public understanding of multiculturalism as a collective responsibility through tailored, multilingual education and public awareness strategies which centre anti-racism, equity, and the impacts of colonisation on First Nations people, migrant and refugee people, and people of colour in Australia.



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**MCWH – Multicultural Centre for Women’s Health** ○ [www.mcwh.com.au](http://www.mcwh.com.au) ○ **T (03) 9418 0999**  
reception@mcwh.com.au ○ **FREE CALL 1800 656 421 for multilingual health information** ○ **ABN 48 188**  
**616 970** ○ **Suite 207, Level 2, Carringbush Building, 134 Cambridge Street, Collingwood VIC 3066**