

# Submission to the Inquiry into the redevelopment of Melbourne's public housing towers

## Prepared by the Multicultural Centre for Women's Health

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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.

Migrant and refugee women make up a large portion of Victoria's public housing residents, particularly in the 44 towers, with many speaking a language other than English, having additional care needs or being carers themselves. The 44 towers represent important sites for migrant and refugee women, where tight-knit communities provide opportunities for communal care and foster a sense of belonging, both integral to migrant and refugee women's health and wellbeing.

MCWH considers the health and wellbeing of Victoria's public housing residents to be core to our mission. Housing is well established as an important social determinant of health, especially for refugees where housing is a key element of settlement success (VicHealth 2011; Ziersch 2024). Our engagement with public housing towers' residents during the 2020 COVID-19 lockdowns, in which MCWH provided in-language telephone health education directly to public housing residents across the Melbourne metropolitan region, further informs our concern for public housing residents' of the 44 towers, as well as our concern for the future of public housing in Victoria.

As the national voice for migrant and refugee women, our submission highlights that the health and wellbeing of migrant and refugee women, and their communities more generally, has not been adequately considered by the plan. This submission considers the intersecting challenges, conditions and circumstances that migrant and refugee women and gender diverse people face as a result of the combined forces of racial, gender-based and migration-related inequity, while further considering how these forces, in conjunction with the government's planned demolition of the towers and the relocation of residents to community (rather than public) housing, will impact the health and wellbeing of residents. Further, we consider the broader role of public housing in mitigating the discrimination and disadvantage migrant and refugee women face in the private

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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.

housing market. In doing this, we will respond directly to four key aspects of the terms of reference, a) the rationale for the plan, b) the impact of the plan on residents and the net availability of future housing, c) the adequacy of consultation and g) the impacts of the plan on the future of public housing in Victoria.

We provide further recommendations on how the Victorian government can better consider the needs of migrant and refugee women in relation to housing, including by undertaking immediate consultation with residents of the towers in their preferred language, reconsider the plan to demolish public housing, and take an intersectional intergovernmental approach to all housing planning in collaboration and consultation with migrant and refugee organisations.

## **Background: Migrant and Refugee Women and Public Housing**

Public housing residents are more likely to be women and are often born overseas. In Victoria, 55% of public housing residents are women. A third of Victoria's public housing residents were born overseas, with 34% speaking a language other than English at home and almost half (47%) of all migrants in Victoria's public housing being refugees on humanitarian visas especially from Vietnam and Horn of Africa countries (ABS 2021). For the Flemington and North Melbourne towers, around 69% of residents identify as having overseas ancestry, in stark contrast to surrounding dwellings where residents with Australian ancestry dominate, a trend also seen in Local Government Areas (LGAs) like the City of Yarra and Stonnington (OFFICE 2024; ABS 2021). Additionally, older people and people with disability are also more represented in Victoria's public housing, with 28% of residents being over the age of 60, and 20% requiring assistance with core activities. In our own engagement with residents of the towers, we noted many elderly residents, and people with disability were also migrant and refugee women. Census data also reflects this, showing that the vast majority of parents, carers, those with a disability, and those over 60 in Victoria's public housing are women (ABS 2021). As such, the health and wellbeing needs of residents, as well as the impact of displacement must be considered in light of the intersecting challenges and conditions residents may be facing due to the intersecting affects class, race, gender, ability and migration related discrimination and disadvantage.

## **Response to the Terms of Reference**

### **A) The rationale and cost modelling for the decision to demolish and redevelop the 44 high-rise public housing buildings and associated sites ('the plan'), including alternatives to demolition, such as refurbishment and renovation;**

The government has not shared publicly any feasibility, formal rationale or cost modelling for the decision to demolish the 44 towers, nor any documents showing government consultation with residents prior to the decision to demolish the 44 towers (Keogh 2025). While government communications suggest that the rationale for demolition is to re-build housing that meets modern standards, little public evidence has been shared as to why existing towers cannot be refurbished to meet these standards. According to OFFICE (2024), a not-for-profit design and research practice of architects, landscapers, urban designers and researchers, it is feasible to retrofit and infill the Flemington Public Housing Towers estate to meet Homes Victoria's objectives such as energy efficiency, liveability standards, structural integrity, and additional housing capacity, without

displacing residents. While Weijie Hu (2024) has also argued that an adaptive redesign approach is possible for the towers in order to minimise impact on residents. With this in mind, consultation *prior* to the decision to demolish the 44 towers should have taken into account residents' preferences for less intrusive options.

Further, given the significant impacts both demolition and displacement are likely to have on residents, lack of consultation with residents *prior* to the decision to demolish the 44 towers raises significant concerns that the health and wellbeing of migrant and refugee residents has not been taken into account in the making of this decision. Without consulting with residents prior to the decision, the long-term and short-term impacts on the diverse and complex health and wellbeing needs of this mostly migrant and mostly female residential population cannot have been adequately considered.

**B) The impact of the plan, including the compulsory relocation and displacement of public housing residents on the future net availability of public community housing and the existing decanting plans and the department estimates on the number of people who will permanently leave the area being developed.**

**Impact of displacement on health and wellbeing of migrant and refugee and women residents**

Several publications have documented the role of Melbourne's public housing towers as unique hubs where diverse residents develop strong social bonds, a sense of belonging and a tight-knit community (Carrasco et. al 2023; Button & Szego 2020; Hu 2024). This has also been reflected in Homes Victoria's own survey of public housing residents (2022).

The mutual support networks developed in the towers are important protective factors for migrants who may face barriers to belonging and social inclusion due to racism and other structural barriers including lack of access to local support networks, employment networks, or language barriers (Tran et al. 2023). For many residents, including those of refugee background who may have experienced the trauma of displacement, conflict and war, this displacement is likely to have significant, protracted and ongoing mental health impacts (Hu 2024).

The community networks fostered within the towers also provide support for those who rely on others for care, while also allowing for care to be distributed more evenly throughout the network as opposed to in isolated units. As such, carers, parents, older people, and those with a disability are likely to be particularly impacted by this displacement, majority of whom are very low-income women (Morris 2013; ABS 2021). In displacing residents across Victoria, residents will lose these connections and networks of care, exacerbating the strain felt by many low-income migrant and refugee women and girls.

**Impact of displacement on access to health, education and social services**

Victoria's social support services and health services are concentrated in inner Melbourne, while public housing residents are among some of the most disadvantaged people in Victoria and benefit significantly from access to these services. Details about where residents will be relocated have been

scarce, raising concerns and uncertainty about residents' access to the vital inner-city services, schools, and health services they rely on.

Already, displaced residents have been temporarily located in suburbs far away from their local networks, families, workplaces and schools, placing considerable strain on migrant and refugee mothers and carers to travel long distances or lose access to services (Yussuf 2021). More generally, we know that migrant and refugee women already face significant barriers to accessing health services, including lack of transport options and a lack of access to interpreters (MCWH 2022). For women experiencing family violence, there is also poor availability of migration legal services (Vaughan et al, 2016). Displacement will likely exacerbate these issues and increase barriers to support and health services currently experienced by migrant and refugee women.

This displacement will likely also change the character of several Australian inner-suburbs that, due to the tower's historic presence, have become community hubs for refugee and migrant communities (Easthope 2018; Hu 2024). Loss of these community hubs will have flow on affects for migrants and refugees outside the towers who rely on these hubs for community support and services.

### **Lack of commensurately adequate community housing**

Evidence suggests that suitability (including housing space, location and place), affordability, and security of tenure are key elements of housing that have an impact on health (VicHealth 2011) and women's safety (Homelessness Australia 2024). While conditions could certainly be improved for the residents in the 44 towers, at present, there are serious concerns as to whether proposed relocation to community housing will provide commensurately adequate conditions for residents, while exposure to systemic discrimination and unfair treatment may also be higher in community housing.

### ***Affordability***

Public housing is fixed at 25% of a resident's income, assuring residents that they will not face rental stress. Under the new plan, many residents will be forced to move from public housing to community housing where affordability varies widely and sometimes approaches market rates (AHURI 2023). Income lost to more unaffordable housing may impact a family's ability to buy food, pay for care, and other essential goods and services, while the stress of housing affordability has well known mental health impacts (VicHealth 2011; Ziersch 2024). For women, who tend to earn less than men, rental stress is both more common and likely to have a disproportionate effect given many women, including single women, tend to have greater care and financial responsibilities for children and other dependants.

### ***Security***

In a Victorian review of Social Housing Regulation, it was found that the general view among participants was that community housing tenants had less security of tenure than public housing tenants, attributed in part due to the financial imperatives faced by community housing providers, given that community housing is funded predominantly by residents' rent (State Government of Victoria 2021). Insecurity of housing tenure can lead to higher levels of stress, and exacerbates the risk of homelessness (2011, VicHealth p. 7), particularly for women who experience violence (Homelessness Australia 2024).

### *Suitability*

The 44 towers currently provide residents with community suitability, with residents being able to live close to family and friends, draw on community networks for support and care, and access key services as explained above. At the same time, public housing providers have a responsibility to modify homes to fit a resident's needs which is particularly important for large families and those with a disability. Conversely, community housing providers have no responsibility to modify a home to fit the needs of a resident (Bell et. al 2022).

Many new community housing builds have already been found to be unsuitable for migrant and refugee communities that have already been displaced by the plan, having been offered units that are too small for their families, lack privacy, or space for cultural practices (Yussuf 2021; Dexter 2024; Flemington Kensington News 2024).

### *Discrimination*

The outsourcing of social housing services to non-government organisation exposes migrants and refugees, including women, gender diverse people, LGBTQI+ people, people of faith, and older people to discrimination given the discretionary power community housing providers hold when selecting tenants, which community housing applicants have already raised as a key issue with community housing providers (Hurren, 2020). We know that exposure to discrimination is a significant mental health stressor for migrants and refugees, and on top of this, discrimination impacts access to vital housing (Ziersch et. al 2020).

### **C) The findings and adequacy of consultations with (i) public housing tower residents and their representatives; (ii) relevant local stakeholders, such as health, community and education service providers, residents and councils; (iii) state and federal government departments and agencies;**

At present, the government has provided no public evidence that residents were consulted *prior* to the decision to demolish their homes, including migrant and refugee residents. This is despite residents, particularly from the African diaspora, raising significant concerns with Homes Victoria about the significant impact of the plan on their health and wellbeing (Flemington Kensington News 2024).

MCWH is also not aware of any consultation with relevant local stakeholders, especially migrant and refugee services and advocacy bodies. Given the cultural, historic and present significance of the 44 towers to migrant and refugee communities, this oversight raises serious concerns about the adequacy of consultation.

### **G) The likely impacts of the plan on: the future of public housing in Victoria; and any other related matters**

The plan to demolish the 44 towers and replace them with community housing and market housing unfortunately reflects what appears to be a general shift by governments away from public housing, reducing the net availability of public housing in Victoria (Morris 2013). This shift significantly impacts migrant and refugee women's access to safe, affordable and secure housing. As Victoria

experiences a protracted housing crisis, divestment from and destruction of public housing, in exchange for a reliance on the private market to address social issues exacerbates already existing social, economic and health inequity in Australia.

Public housing plays a key role in providing an alternative source of housing to the private market, where migrant and refugee women often face significant discrimination and disadvantage.

Experiences of housing discrimination concentrate migrants and refugee in poorer housing stock in areas with low access to amenities, transport and services, exacerbating social isolation and poor health access (Easthope 2018; Ziersch et al. 2024). This, in combination with a more general housing crisis, has created a situation in which migrants and refugees are more likely to live in unsuitable, overcrowded housing, posing significant risks to their health and overall wellbeing (Brackertz et al. 2019)

The gendered impact of the housing crisis has also been well established, with women facing significant inequity in accessing private housing, especially if they are single parents, carers, or people with a disability, or elderly themselves. Women tend to earn less than men and have greater caring responsibilities, creating barriers to saving for a deposit or accruing superannuation, while increasing their need for multi bedroom housing (AHURI, 2024). For migrant and refugee women who are more represented in brackets under the poverty line (Census 2021) and face additional barriers to employment including lack of overseas qualification recognition and lack of local employment networks, these gendered barriers can be exacerbated by racialised and migration-based disadvantage (Hach 2019).

Additionally, investment in public housing is also a crucial to improve women's safety in Victoria. At present, domestic and family violence is the leading cause of homelessness for women (Homelessness Australia 2024). For migrant and refugee women, who face barriers to accessing mainstream support for family violence (MCWH 2022) and compounding disadvantage in the private rental market, access to safe and secure public housing is crucial for assuring safety and wellbeing.

Historically, Australian governments have taken a more proactive role at addressing the disadvantage faced by migrants and refugee women through public housing, ensuring they can also access affordable, safe and secure homes near employment centres, support services and transport corridors, allowing communities to thrive and develop a sense of belonging (Hu 2025; Easthope 2018; Nygaard 2022). This not only provides support to migrant and refugee women but also provides migrants and refugees more generally with a better chance for settlement success, which can benefit the whole community.

## Recommendations

1. Consult directly with public housing residents on how the plan will, or already has, impact their health and wellbeing. Consultations should be facilitated by trusted migrant and refugee organisations and offered to be undertaken verbally and in the preferred language of residents, noting that many speak a language other than English at home.
2. Consult directly with multicultural, community health and women's organisations on the potential health and wellbeing impacts of the plan on residents and the wider multicultural community in Melbourne.

3. Publicly release rationale and feasibility reports regarding the plan that directly weigh options for improving social housing (including refurbishment, infilling and retrofitting), against the impact of displacement or intrusion on resident health, wellbeing and access to support.
4. Produce and publish a detailed Social Impact Assessment regarding the impact any proposed plans for the 44 towers will have on resident health and wellbeing, including intersectional analysis on if these impacts will disproportionately impact groups such as women, migrants and refugees, older people, and people with a disability or health condition.
5. Consult with migrant and refugee communities, and organisations that represent them, on their housing needs, taking an intersectional approach to all housing planning.
6. Advocate to the Federal Government regarding the need for intergovernmental collaboration on migration and housing, and support MCWH's recommendation for the development of a new Migrant and Refugee Housing strategy to ensure a coordinate response to meeting the housing and settlement needs of humanitarian entrants and temporary visa-holders, in metropolitan, regional, and remote areas.
7. Build and acquire new public housing prior to the redevelopment of any existing public housing sites to ensure that the net availability of public housing in Victoria does not reduce, noting the importance of public housing to migrant and refugee women, and the whole community.

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