

Multicultural Centre for Women's Health

Submission to the Public Accounts and Estimates Committee Inquiry
into the Victorian Government's response to the COVID-19 Pandemic

31 July 2020



Multicultural Centre for Women's Health is a national organisation run by immigrant and refugee women and dedicated to immigrant and refugee women's health.

Introduction

The Multicultural Centre for Women's Health (MCWH) welcomes the opportunity to make a submission to comment on the Victorian Government's response to the COVID-19 pandemic as it relates to Victorian migrant women. MCWH recognises the enormous challenges faced by the Victorian Government and the community in responding to the global pandemic, and acknowledges the enormous effort and leadership that has been demonstrated in managing the impacts of this public health crisis.

MCWH is Victoria's multicultural women's health services, providing outreach, in-language health education to migrant women across Victoria. Since the beginning of the COVID19 pandemic, MCWH has adapted its service delivery to be provided via a range of platforms. Activity includes:

- In place of face-to-face education sessions, MCWH's team of 20 trained health educators have delivered in-language radio segments and Zoom sessions with women. More information available [here](#).
- An in-language phone call program was launched on 12 July 2020, targeted toward migrant women living in public housing estates. A total of 960 in-language conversations were conducted with residents on COVID-19, with 83% of people agreeing to take a test.
- Social media platforms (Twitter, Facebook, Instagram) have been utilised for promotion and communication.
- A series of in-language women's health video resources are being developed and distributed for Victorian organisations working with migrant women.
- Communities of practice and training programs have transitioned online via Zoom.
- Advocacy has been conducted in partnership with other organisations to ensure that migrant women have been included in government and other strategies.

Issues faced by Victorian migrant women

The COVID-19 pandemic has highlighted and accentuated the gendered inequalities that exist in the Victorian community and in the health system. Migrant women, already disadvantaged, have now been disproportionately impacted by the virus, not only missing out on timely multilingual information about COVID-19, but also facing increased risk of infection, accentuated social isolation due to the digital divide, significant financial disadvantage and an increased risk of family violence.

Looking ahead, these persisting circumstances will likely set the scene for entrenched, gendered inequalities in the post-pandemic landscape.

Migrant women have been affected in particular ways, including an increased risk of COVID-19 transmission.

Key issues that migrant women have experienced:

- A continued need to work in low paid but essential jobs, like aged care, food manufacturing, food service (take away) and cleaning.
- Inaccessible multilingual information on preventing transmission in the course of work or at home.
- Residence in high density housing and in suburbs disproportionately impacted by the virus.
- Lower likelihood of the capacity to:
 - work from home
 - avoid public transport
 - have decision-making power or autonomy at work
 - socially distance in the course of their work
 - take time off when sick.
- May not have access to PPE at work, eg. In aged care
- High levels of job loss due to precarious employment
- Ineligibility for Federal government support, specifically for newly arrived women and those on temporary visas
- Increased financial hardship
- Increased financial dependency on family members, spouses and community.
- Increased difficulty accessing healthcare, including reproductive health services.
- Increased social isolation
- Increased vulnerability to family violence
- Increased home-based responsibility for children and older people.
- Lower likelihood of being connected digitally, due to the 'digital divide'.
- Higher likelihood of mental health impacts due to all the above issues.

The impact of the Victorian Government's COVID-19 response on migrant women

Specific issues for migrant women

MCWH provided information to the Department of Health and Human Services, in correspondence dated 26 March 2020, about our concerns for migrant women, anticipating that they would become increasingly more isolated and vulnerable as the COVID-19 situation developed. We highlighted, concerns about increased family violence, mental health challenges related to isolation, the triple burden and financial pressure, particularly for women in precarious employment and for women on temporary visas.

The Victorian Government response to the COVID-19 pandemic has not adequately taken account of the specific issues facing migrant women, or the potential for the disproportionate impact that COVID-19 has had on migrant women and their families. While some additional resources have been allocated, these have been insufficient and ad-hoc.

Multilingual information distribution

The COVID-19 Pandemic Plan for the Victorian Health Sector, 10 March 2020, which outlines key Stage One community engagement actions for containment, states that messaging about the virus should be conducted:

- in local languages through trusted channels of communication;
- via the optimal channels and in culturally appropriate way;
- via the engagement of community networks to help disseminate important or urgent messages.

However, the above three actions were not implemented in a timely fashion, nor was in-language COVID-19 information systematically distributed via established community service infrastructure. The response improved in the second wave of the pandemic, when it was apparent that Melbourne suburbs with high proportions of culturally diversity were disproportionately impacted.

MCWH communicated our growing concern to the Department of Health and Human Services, in correspondence dated 26 March 2020, about the limited availability and accessibility of multilingual information about COVID-19, and associated health issues, for migrant women and their families. We noted that while there was some multilingual information available, both on the Victorian and Australian health department websites, it was very brief, only available in selected languages, and some was out of date and inaccurate.

Our correspondence also noted that none of the available information was tailored for women. We were particularly concerned about the lack of multilingual information relating to COVID-19 and pregnancy, breastfeeding, and information for those who were at home caring for children and the elderly. The lack of information was creating a great deal of uncertainty and anxiety, especially for pregnant and parenting women.

Recovery

In order to ‘build back better’, recovery from the COVID-19 pandemic and its social, economic and health impacts must be equitable and include all members of the Victorian community. For migrant women, this will mean being supported to actively participate in economic recovery, and being enabled to work in meaningful, stable and appropriately valued and remunerated jobs.

Women who work in industries that have been shut down through the pandemic such as hospitality and retail will need support to re-engage and re-train. Those who have worked throughout the pandemic in manufacturing, aged care, childcare or health care, must be valued as essential service workers. Our community is re-evaluating the value of care-based work, which should lead to the acknowledgement, and adequate compensation of, ‘essential’ workers and industries for the central role they play in keeping Victorians health and well. The important role that migrant women play in caring for our community should be recognised and valued.

Migrant women make valuable leaders, of their communities and their workplaces, and their leadership will be particularly important during COVID-19 recovery. Women’s leadership programs that are specifically tailored to cater for migrant women’s needs, and that build on migrant women’s existing capabilities, should be developed and delivered.

The COVID-19 pandemic, and the second wave in Victoria, highlighted the multilingual health information gaps that migrant women face. During recovery, it is more important than ever that migrant women have the health information they need, in their language, to take preventative action on their health and wellbeing.

Recommendations

1. Support the post-COVID-19 recovery of Victorian industries and jobs in which migrant women are concentrated.
2. Specifically target migrant women for post-COVID-19 recovery support programs.
3. Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Victorian labour force.
4. Support tailored migrant women’s leadership programs to be delivered across Victoria.
5. Develop a state-wide, multilingual, information infrastructure to deliver appropriate, in-language preventative women’s health and wellbeing education and support programs across Victoria.
6. Build a bilingual health educator workforce that has capacity to provide education to women across Victoria, including in public housing and in regional and rural areas.

References

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Un Women, UN Women Guidance Note, Addressing the impacts of the covid-19 pandemic on women migrant workers. ND. <https://reliefweb.int/sites/reliefweb.int/files/resources/guidance-note-impacts-of-the-covid-19-pandemic-on-women-migrant-workers-en.pdf>

Victorian Government, COVID-19 Pandemic Plan for the Victorian Health Sector, Version 1, 10 March 2020. <https://www2.health.vic.gov.au/about/publications/ResearchAndReports/covid-19-pandemic-plan-for-vic>

Appendix

MCWH, Public Housing COVID-19 Information Program Update, 24 July 2020

Alignment with other Submissions

Please note, MCWH endorses the Gender Equity Victoria Submission to the PAEC Inquiry into the Victorian Government's Response to the COVID-19 Pandemic.

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