Workplace Equality:

A model for preventing violence against migrant and refugee women
Nurture current + emerging
WOMEN LEADERS
Acknowledgement

Multicultural Centre for Women’s Health (MCWH) acknowledges and pays respect to the Wurundjeri people of the Kulin nation, on whose land this project was conducted. Aboriginal sovereignty was never ceded.

We recognise that as immigrants to this country, we benefit from the ongoing colonisation of the land now called Australia and have a shared responsibility to acknowledge the harm done to its first people and work towards respect and recognition. We recognise that Aboriginal and Torres Strait Islander women are leaders in working to prevent the disproportionate levels of violence enacted against them, their children and their families. We also acknowledge and celebrate that intersectional theory has largely emerged from Black and Indigenous feminist activism and expertise in the United States and around the world, including Australia.

We pay our respects to Aboriginal and Torres Strait Islander peoples, their ancestors and elders, both past and present and acknowledge their continuing connection to land, sea and community. We hope our work contributes to the wider project of respect and recognition in Australia.

MCWH acknowledgements

MCWH acknowledges the financial support provided by the Victorian Government’s Community Partnerships for Primary Prevention (CPPP) program and the Victorian Government’s Free from Violence Fund for the implementation of both iterations of the Equality@Work project. The project would not have been possible without the support of our partner organisation, Mercy Health, and their ongoing commitment to gender equality in the workplace. A special thank you to the Mercy Health staff members who participated in the project. Their leadership in workplace gender equality, commitment to preventing violence against women, and willingness to support their colleagues and share their stories have been essential to the success of Equality@Work.

Thanks to the Mercy Health staff featured in the images in this resource.
About this resource

This resource has been developed by MCWH for anyone who is working to implement gender equality and prevention of violence against women programs in the workplace.

It uses MCWH’s Equality@Work project as a case study to demonstrate how workplace prevention activities can effectively engage migrant and refugee communities, as well as address the intersectional drivers of violence against women. While the project worked with migrant women staff members in aged care, the model can be adapted and tailored to suit other sectors and organisations where migrant women work.

MCWH’s feminist, intersectional approach to primary prevention

MCWH’s feminist, intersectional approach to primary prevention aims to address the underlying gendered and intersectional drivers of violence against women. To do so, the approach acknowledges the complexity of women’s lives and their social locations in the context of social and systemic oppression on the basis of gender, race, ethnicity, religion, ability, socio-economic position, sexuality, age and immigration status. This resource builds on from MCWH’s Intersectionality Matters guide and assumes that readers have a basic understanding about intersectionality theory and approaches. Please see MCWH’s Intersectionality Matters for background information about intersectionality and the prevention of violence against women in migrant and refugee communities.

Primary prevention and intersectionality

*Change the Story*, Australia’s shared framework for the primary prevention of violence against women, reveals that gender inequality is the key driver of violence against women. This means that in order to end violence against women, prevention activities need to employ a systemic, whole-of-community approach to promoting gender equality and respect, across different settings, including workplaces, schools and public spaces.

However, research in the area of violence against migrant and refugee women demonstrates that women’s experiences of gendered inequality and violence are inextricably linked to structural inequality, racism and discrimination.

In order for prevention activities to be effective for migrant and refugee women, they must also challenge racism and other forms of discrimination against women, in addition to sexism.

An intersectional analysis, which is a framework for examining different manifestations of social relations of power at any given time, is integral to understanding the experiences of migrant women aged care workers.
The role of the workplace in promoting gender equality

A recent Victorian survey reported 64 percent of women experience bullying, harassment of violence in their workplace (Victorian Trades Hall Council, 2017).

Our Watch, the national leaders in the primary prevention of violence against women and their children, have found that workplaces and organisations are key settings for primary prevention activities, as they provide significant opportunity to reach large populations and influence organisational culture, working environments and practices, and social norms and relationships. Promoting gender equality in the workplace is one of the key recommendations of the 2016 Royal Commission into Family Violence.

For migrant and refugee women, workplaces might be one of the few places where they have access to information and resources about gender equality and capacity building. Workplace-based gender equality initiatives should address the different inequalities women face in the workplace, including exclusion and discrimination and provide opportunities for leadership, training pathways and recognition of women’s skills and qualifications.

"We leave these sessions with knowledge about gender equality. We can distribute this information to our girlfriends. Spread the word, it’s a domino effect. We do have these conversations outside of work, but forums like these are an opportunity to learn and share, which we then take into our lives outside of work."

~ Forum participant
Equality@work

The Equality@Work project was conducted in partnership between MCWH and Mercy Health between July 2017 and October 2019. It was the first workplace-based primary prevention of violence against women project in Australia to specifically engage migrant women aged care workers.

The project engaged migrant women staff members at four Mercy Health locations through participatory staff forums, Gender Equality Advocates Training, a postcard campaign featuring aged care employees (used in this resource) and a short video that includes powerful testimonials from forum participants.
Why migrant aged care workers?

Characteristics of the workforce

According to The Australian Government Productivity Commission, it is estimated that the number of people requiring care will more than double in the next few decades, which will increase the demand for care labour.

In 2016, women accounted for 87 percent of workers in residential aged care, and 89 percent of workers in home care and support. In residential care, 32 percent of the workforce were born overseas, while 40 percent of recently hired employees were migrant workers. 23 percent of the total home care workforce was born overseas (National Institute of Labour Studies 2017).

"In aged care, we don’t earn much. We have low pay and low super. It is difficult to move up when our qualifications aren’t recognised, or we don’t have time or money for further education."

~ Forum participant
Gender, migration and aged care work

Many of the factors that ‘push’ migrant women into the aged care sector are directly related to structural marginalisation and racial inequality.

These include:

- the lack of recognition of overseas qualifications and experience by Australian workplaces, which exclude migrant and refugee women and men from higher paid and more lucrative roles;

- women’s role as primary caregivers for children and other family members, which often leads to job market discrimination or part-time shift work, limiting women’s opportunities for political and civic engagement, or for pursuing leadership roles or higher education, thus reinforcing men’s control of decision-making;

- the low wages paid in the aged care sector, and the low status ascribed to care work within wider society, limiting women’s economic empowerment and independence relative to men, and making women vulnerable to long-term financial and housing insecurity via reduced opportunities for wealth and superannuation accumulation;

- the stereotypical constructions of masculinity and femininity which position women as being better caregivers, and feminised care work as being less economically valuable than higher paid ‘masculine’ or male-dominated professions (such as mining, banking or software);

- the downward economic pressure on migrant families and labour market exclusion which circumscribe many migrant and refugee women to low paid roles in sectors such as aged care, which are experiencing significant increases in demand due to the ageing Australian population, and are subject to government initiatives to target migrant women to meet such demand; and

- an increasingly restrictive immigration regime which sees many migrant women and men studying and working in Australia for several years before being granted permanent residency or citizenship, effectively excluding them from full civic, political and economic participation, as well as certain services unavailable due to temporary visa holders, while fielding significant costs and pressures associated with education and applications for permanent residency.

Given the growing proportion of migrant women aged care workers, the sector presents a unique opportunity for the development of gender equality programs that address gender, racial and care-related inequality and barriers to leadership and career progression for migrant women. Working in partnership with Mercy Health, the Equality@Work project aimed to articulate and address these issues.
RECOGNISE WORKERS’ OVERSEAS QUALIFICATIONS
The MCWH-Mercy Health Partnership

Since September 2013, MCWH and Mercy Health have been working together on different women’s health and leadership initiatives. These include:

- PACE Program (Participate, Advocate, Communicate, Engage): a migrant women’s leadership program which aimed to build the capacity of migrant women aged care workers to seek out and participate in formal leadership opportunities at work

- MCWH’s Health Promotion Program: MCWH Bilingual Health Educators provided women’s health information sessions on various topics for women staff members across five sites

- Research: our two organisations conducted research in partnership with the University of Adelaide to identify ways to support staff from migrant backgrounds in their careers as aged care workers

- Multicultural Champions Program: a select group of migrant women staff members were trained in MCWH’s nationally accredited course: Multicultural Women’s Health Education for Bilingual Community Educators

Mercy Health’s existing commitment to workplace gender equality provided a strong foundation for strengthening and sustaining the partnership. The success of Equality@Work reflects the ongoing commitment the two organisations have made to work collaboratively in addressing issues affecting staff from migrant backgrounds.

"The training was very informative. It makes me feel stronger in an organisational sense to act."

~ Gender Equality Advocates Training participant
Equality@Work: Intersectionality in Practice

The factors that ‘push’ migrant women into the aged care sector are related to gendered and racial structural inequality and often make migrant and refugee women more vulnerable to violence. The Equality@Work project used a sector-specific and intersectional approach to address the ways in which gender and social inequality disproportionately impacts staff from migrant backgrounds.

The project was guided by Our Watch’s Workplace Equality and Respect Standards and Implementation Guide. Through MCWH’s workplace-based model of primary prevention, we undertook various initiatives that aimed to work towards achieving the five standards (Commitment, Conditions, Culture, Support and Our Business). We viewed the standards as long-term, sustainable goals that could be achieved through a sector-specific and intersectional approach.

"Residents can discriminate. Sometimes I have to swap because they want a non-migrant nurse. It's hard because it's person centred care and that's what the client wants."

~ Forum participant
A model for workplace equality

The Equality@Work Model was guided by Our Watch’s five workplace equality and respect Standards and their associated Elements. It is divided into three mutually constitutive levels, radiating from the inner circle to the outer circle.

Migrant women’s leadership is at the core of the model because the only way to ensure that the project would be meaningful for migrant women aged care workers was to centre their expertise and leadership.

The strong partnership centred migrant women’s leadership, with MCWH engaging Mercy Health’s culturally diverse workforce, and Mercy Health providing advice on organisational culture and project logistics. The outer circle identifies key areas for action, and will be described on the next page.
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<tr>
<td>01</td>
<td><strong>ESTABLISH</strong> organisational commitment to workplace equality</td>
<td>Established a Steering Committee which consisted of Mercy Health executive management, senior management, team leaders, migrant women staff members and MCWH staff.</td>
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<td>02</td>
<td><strong>ENGAGE</strong> migrant women staff members</td>
<td>Engaged migrant women employees in all phases of the project from steering committee meetings, to the development of key questions for staff surveys, and participation in staff forums and project evaluation.</td>
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<td>03</td>
<td><strong>BUILD UNDERSTANDING</strong> about the links between structural inequality and violence against women</td>
<td>Conducted staff forums which engaged migrant women staff members in conversations about the link between structural inequality and violence against women, and designing strategies to promote gender equality and respect at work.</td>
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<td>04</td>
<td><strong>BUILD CAPACITY</strong> to plan and deliver tailored workplace prevention activities</td>
<td>Designed and delivered Gender Equality Advocates Training to staff in leadership and mentoring roles, improving participants’ capacity to understand, communicate and advocate on issues of structural inequality within the workplace.</td>
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<td>05</td>
<td><strong>EVALUATE</strong> outcomes and continually improve activities and processes</td>
<td>Evaluated all forums and training sessions which demonstrated that 100 percent of participants had improved understanding about the links between gender inequality and family violence. 94 percent of training participants developed their skills in advocating for structural inequality within their spheres of influence, with many participants committing to implement gender equality initiatives such as peer groups and action plans.</td>
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<td>06</td>
<td><strong>SUSTAIN</strong> systems-level change through internal monitoring and integration into strategic priorities</td>
<td>Allocated funding for a project officer at both MCWH and Mercy Health. Having a project officer employed at Mercy Health was crucial to organisational capacity building and to integrating activities into Mercy Health’s strategic priorities. Ensured sustainability by structurally embedding advocacy skills amongst team leaders, mentors and managers. The Gender Equality Advocates Training and the co-designed Equality@Work postcard series fostered migrant women’s advocacy at the interpersonal and organisational levels. The participants also developed an Action Plan which recommended future actions for Mercy Health workplaces. By adapting and following steps in the model, the recommended actions can be integrated into a program of activities led by migrant women workers, in collaboration with a suitable specialist organisation.</td>
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## Implementing the model

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<th>Area for action (adapted from Our Watch's WER Standards)</th>
<th>What is required?</th>
<th>Intended impact</th>
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<td><strong>Organisational leadership</strong></td>
<td>• Leaders actively support and model equality in their workplace relationships and partnerships with other organisations, and ensure the necessary resources to support organisational change. Examples include: recognising migrant women's qualifications and skills, providing training to leaders on intersecting forms of inequality and disadvantage, prioritising migrant women's leadership in prevention programs.</td>
<td>• Leaders improve their understanding of the links between structural inequality, workplace inequality and violence against women, and increase their capacity to redress intersectional disadvantage in the workplace through training and integration into strategic priorities. • Migrant women’s leadership is recognised and nurtured within the organisation, with a focus on removing barriers to leadership opportunities and career progression that arise from structural racism and sexism. • Tailored prevention activities led by migrant women staff members improve understanding, capacity and self-reflection across all levels of management and staff about intersectional disadvantage and privilege, and the organisational change required to achieve substantive equality.</td>
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<td><strong>Organisational culture, norms and practices</strong></td>
<td>• Willingness to centre the leadership of migrant women staff members. • Willingness to question existing organisational norms and practices which reinforce structural inequality and disadvantage women and migrant workers. • Understanding of the strengths of existing organisational practices in promoting equality, and knowledge of how they can be strengthened.</td>
<td>• Participant attitudes and behaviours reflect their understanding of the structural inequality in the workplace, including race and sex discrimination. • Participants are able to self-reflect on their own sites of privilege and disadvantage, and their spheres of influence in advocating for change. • Participants feel empowered to discuss gender equality in the workplace and suggest solutions. • Through the advocacy of participants, workplace norms and practices challenge the racial and gendered stereotypes which reinforce structural inequality and violence against women.</td>
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### Organisational culture, norms and practices (cont.)

- Understanding of the role of workplaces in primary prevention and the long-term nature of the change required.
- Project fosters a healthy workplace where migrant women are supported to pursue leadership roles and workers’ existing skills are recognised, improving staff recruitment and retention.
- Managers and workers are more willing to follow equitable and inclusive policies, for example, providing equal access to parental leave and flexible work arrangements for both female and male staff, and to all levels of the organisation.
- Improved support from staff across the organisation for workplace gender equality programs, and readiness to engage in and lead such programs.

### Inclusive and equitable policies, processes and systems (strategy)

- Organisational project policies and processes facilitate inclusive and equitable engagement of staff involved. Examples include: paying staff wages for participating in project activities such as forums and meetings; providing transport or childcare support; offering mentoring and guidance by managers and supervisors; ensuring that staff across all levels are involved in project planning and implementation.
- Participants are equipped with the skills to review organisational policies and procedures with an intersectional gendered lens and advocate for change to ensure all policies and procedures are accountable to women and support the structural and cultural changes necessary to achieve and sustain workplace equality.
- Organisational processes enable participants to confidentially voice their concerns, without feeling insecure about their positions.
- Participants and leaders improve their understanding of how organisational policies and procedures can reinforce or redress structural inequality for migrant women staff members.
- Achieving equality for migrant women staff members becomes part of core business, as reflected in the organisation’s policies, procedures and strategic plan.

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One crucial aspect of the project is that we paid all participants for their time on project activities, including Steering Committee meetings and staff forums. Contributing to staff salaries (which was built into project funding), successfully engaged migrant women shift workers. Asking women to volunteer for the project would have reinforced dominant structural inequalities which devalue women’s work and expertise, and see women taking up a disproportionate share of unpaid and underpaid caring work.
No two workplaces are the same. An effective approach to preventing violence against migrant women in the workplace should:

- Focus on intersecting forms of structural inequality and discrimination impacting upon migrant women staff members
- Be tailored according to the workplaces’ resources and capacity to address them
- Be owned and led by migrant women in the workplace
- Support long term commitment and strategy to achieving organisational equality through migrant women’s leadership in the workplace
- Be evidence based and informed by research relating violence against migrant and refugee women such as *The ASPIRE Project: Key Findings and Future Directions and Intersectionality Matters*
- Focus on organisational change through workplace policies and practices

Adapted from *Workplace Equality and Respect Standards*, Our Watch, page 20.

"The postcards are great for starting conversation, but staff need to be able to carry these conversations. That’s why the advocates training is so important. So staff know that there is a team leader on each shift who understands these issues, and so they can feel equipped to carry the conversation."

~ Training participant
VALUE ME, MY CULTURE, MY LANGUAGE and MY STRENGTHS
References


Multicultural Centre for Women’s Health

MCWH is a national, community-based organisation led by and for women from migrant and refugee backgrounds. Established in 1978, MCWH’s mission is to promote the health and wellbeing of migrant and refugee women across Australia through advocacy, social action, multilingual education, research and capacity building.

Suite 207, Level 2, Carringbush Building, 134 Cambridge Street, Collingwood 3066
Telephone (03) 9418 0999 or FREE CALL 1800 656 421
ABN 48 188 616 970
www.mcwh.com.au
reception@mcwh.com.au

This resource was written by Maria Hach and Rosi Aryal-Lees for the Multicultural Centre for Women’s Health.


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Mercy Health

Mercy Health is a Catholic provider of care for people at every age and stage of life. Mercy Health offers health, community and aged care services across Australia and has been recognised as an employer of choice by the Workplace Gender Equality Agency (WGEA) each consecutive year since 2008.

Mercy Health Corporate Office
12 Shelley St, Richmond VIC 3121
Telephone (03) 8416 7777
www.mercyhealth.com.au
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