



MULTICULTURAL
CENTRE FOR
WOMEN'S HEALTH

Multicultural Centre for Women's Health

Moving Ahead Together Budget Bid 24/25



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Always Was, Always Will Be.

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

The Multicultural Centre for Women's

The Multicultural Centre for Women's Health (MCWH) is a national, community-based organisation committed to the achievement of health and wellbeing for and by migrant and refugee women.

Vision

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

Our Purpose

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

Contents

Preamble	4
What investment is needed in this 24/25 budget?	6
Making the case for equity and wellbeing	8
How the Multicultural Centre for Women’s Health make a difference	10
Keeping up with growth, diversity and complexity.	12
Equitable access to sexual and reproductive health services	15
Tailored mental health programs	18
Gender equality, primary prevention of gendered violence and early intervention programs tailored for migrant communities	20
Workplace safety, equity and fairness	22
The Investment	24
Endnotes	26



Preamble

Victoria continues to lead the nation on several different measures, from gender equality and the prevention of family violence, to truth-telling and treaty processes. Victoria's population has grown and has become more diverse. The Victorian Government's strength-based approach to multiculturalism encourages all people who call Victoria home to actively contribute, to belong, to exercise their equal rights, and to access the services they need.

Victorians also face a world of rapid change and disruption, with financial pressures, climate change, and global instability impacting on health, wellbeing and equity. We now experience more frequent disaster events, from floods to an impending bushfire season. Cost of living pressures bring unprecedented financial challenges. The rapidly expanding influence of digital technologies, along with a host of benefits, also brings the spread of misinformation and a growing digital divide. The COVID-19 pandemic continues to impact on communities

who have not regained losses sustained in employment, wages and job security. While all Victorians face today's challenges, some are harder hit. In difficult economic times, gendered and racialised disadvantage becomes further entrenched. Gendered inequality, and its intersections with other forms of inequality, in workplaces, the health system, education, socially, and in the family, remains a key barrier to the equitable social and economic participation of migrant and refugee women and gender diverse people in Victoria, and to their optimum health and wellbeing.

Not only are Victorians under pressure, but the systems that support them are too. Waiting times for emergency mental healthcare are blowing out, public lists for surgery are growing, primary health services are overstretched, and family violence crisis centres are struggling to meet demand.

The 23/24 Victorian budget provided a welcome and significant investment into key areas impacting women, including women's health and mental health. The twenty women's health clinics, the additional sexual and reproductive health hubs, and

continued investment into the mental health reforms, will help build the resilience and wellbeing of Victorians across the state. Ongoing investment into primary prevention and gender equality has also moved us closer to the equality and safety in the community and in workplaces that we all strive for.

In the face of all this important reform, we must ensure that the most vulnerable people are not left behind. Migrant and refugee women and gender diverse people have lower levels of access to the vital preventative and early intervention health and social services they need. A timely investment into prevention and early intervention will ensure that migrant and refugee women and gender diverse people are empowered to take early action on their health, wellbeing and safety, rather than being pushed to the point of crisis. Prevention and early

intervention alleviate the stress on Victoria's health system, and crucially, makes the health system equitable for migrant and refugee women and gender diverse people at the same time. In fact, these two outcomes are indelibly linked.

As Victorians are called to respond to the economic and environmental challenges that face us ahead, as well as the increasing diversity and complexity of our needs, government must continue to invest into specific programs and initiatives that build equity, safety and wellbeing for migrant and refugee women. Building migrant and refugee women and gender diverse peoples health and wellbeing, and supporting their equitable participation in Victoria's workforce, economy and civic life, will ensure that the whole community is moving ahead together.

5 key areas for investment

- 1. We need to keep up with population growth, diversity and complexity**
- 2. Migrant women and gender diverse people need equitable access to sexual and reproductive health**
- 3. We need increased mental health support and prevention programs tailored for migrant women and gender diverse people**
- 4. Gender equality, primary prevention and early intervention gendered violence programs should be tailored for multicultural communities**
- 5. We need to ensure workplace safety, equity and fairness for migrant and refugee women and gender diverse people**

What investment is needed in this 24/25 budget?

- 1.** Ensure MCWH has sufficient core funding to provide a **comprehensive state-wide service** across Victoria through **in-language health education, information and referral, capacity building, research and advocacy**. This includes an investment into intersectional policy analysis with a gendered lens that can provide input into Victorian government policy at all levels, ensuring the health and rights of migrant and refugee women and gender diverse people are protected and improved.
Sufficient core funding includes:
 - a.** A funding uplift to bring MCWH into line with funding needed to deliver services on a statewide level.
 - b.** Continuation of the additional annual funding provided in the 2022-23 Budget to Victorian women's health services from 2024-25 onwards.
- 2.** As a part of the **establishment of the women's health clinics**, provide funding to **MCWH to play a statewide role, providing specialist secondary consultation, capacity building, policy advice, best practice guidelines**, and access to standardised multilingual health and service referral information to the Victorian Department of Health and to the clinics, to ensure cultural safety and accessibility, and to **prevent duplication of effort and resources** at the clinic level.
- 3.** Support a **permanent, state-wide, multilingual, health education infrastructure** to deliver appropriate, **in-language preventative health** and wellbeing education and support programs across Victoria, **including in rural and regional areas**.
- 4.** Provide funding to **MCWH to partner with antenatal care providers**, to increase access to antenatal care in the first trimester for migrant women and gender diverse people, **improve perinatal health and reduce stillbirth and neonatal death**.
- 5.** Establish a **statewide, specialist, gendered, multicultural mental health program** that provides:
 - a.** **In-language mental health education** to migrant and refugee women and gender diverse people focusing on health promotion and prevention.
 - b.** Access to multilingual mental health information resources in **a range of formats and access points**.
 - c.** **Transparent referral pathways** for migrant and refugee women and gender diverse people to Mental Health and Wellbeing Locals and other mental health services.
 - d.** **Secondary consultation**, capacity building and training to mental health services
 - e.** **Specialist intersectional policy and practice advice** to the current mental health reform, including developing best practice guidelines for **accessible, ethical, culturally responsive, and trauma-informed service delivery**.

- 6.** Sustainably fund **MCWH's PACE Leadership Program** to further build the leadership, workforce participation, civic and political inclusion, and mental wellbeing of migrant and refugee women and gender diverse people, and **to build their rights, inclusion and sense of belonging.**
- 7. Build the mental health evidence-base and program evaluation capacity** by commissioning new research on migrant and refugee women and gender diverse peoples' mental health, delivered through equitable research partnerships with migrant women's organisations, **ensuring research is led by migrant and refugee women and gender diverse people.**
- 8.** Provide ongoing funding to MCWH to **continue its specialist statewide role building capacity** across Victoria to adopt a **consistent intersectional approach to prevent family violence** in multicultural communities.
- 9. Support earlier access to family violence support services** for migrant and refugee women and gender diverse people by funding MCWH to **continue to deliver comprehensive, in-language family violence education** to migrant women across Victoria.
- 10.** Provide **on-going investment to prevent gender and race discrimination in workplaces** and promote equity within the Victorian labour force.
- 11.** Provide funding to MCWH to **engage migrant and refugee women and gender diverse workers in the manufacturing and childcare sectors** to build their capacity to promote gender equity and prevent sexual harassment in their industries.

The Investment 2024/2025

Population growth health infrastructure	\$1,319,620
Equitable access to reproductive and sexual health	\$1,303,034
Tailored mental health support and prevention	\$1,593,263
Gender equality, prevention and early response to violence	\$956,956
Workplace safety, equity and fairness	\$744,585
TOTAL INVESTMENT 24/25	\$5,917,458

Making the case for equity and wellbeing

Women and girls born overseas in a main non-English-speaking country (MNESEC) make up 25.8% of Victoria's female population, numbering 810,902 people¹.

Women and girls, and gender diverse people, from migrant and refugee communities make a robust contribution to Victoria's economic, social, and civic life. However, substantial areas of inequality, both in and outside of the health system, prevent them from achieving optimum health and wellbeing, as well as safety and equity in the community and the workplace.

The Victorian Public Health and wellbeing Plan 2023-27 aims to promote the health and wellbeing of all Victorians, targeting action towards those who need it most to advance health equity. Research shows that migrant and refugee women have poorer outcomes than other Victorian women on a range of measures. Due to barriers to health service access, migrant and refugee women are less likely to access sexual health care, contraception, abortion care, and antenatal care when they need it. Rates of dangerous pregnancy health conditions such as pre-eclampsia and

gestational diabetes are higher than in the general population and sadly, migrant women are over-represented in the numbers of Victorian stillbirths.² We know that stillbirth and birth complications can be prevented, and the risks decreased, through timely antenatal care.

Mental health is a significant concern, with migrant women experiencing higher rates of anxiety and depression, and perinatal mental health issues which are accentuated by settlement stress, financial hardship, and social isolation.³ As the Royal Commission into Mental Health Services has shown, access to Victorian mental health services is not equitable due to language barriers, cultural barriers and information barriers, and services are not culturally safe.

With respect to economic and workforce equity, gender and race-based discrimination and sexual harassment remain significant barriers to safety, equity at work, and to workplace advancement for migrant and refugee women. The gendered pay gap, which remains persistent for all women,⁴ is 33-36% for migrant and refugee women, double the national average⁵. Migrant and

refugee women also experience higher levels of workplace exploitation⁶, unemployment and under-employment⁷, along with higher rates of sexual harassment⁸. In addition, despite much reform, family violence incidence remains at unacceptable levels, and migrant and refugee women are particularly impacted due to lower levels of service access. Despite significant family violence reform in Victoria, migrant women continue to face barriers to accessing the support that they need at an early point, and as a result, experience more prolonged and severe forms of family violence.⁹

It is important that migrant women and gender diverse people have equitable access to mental health and women's health care to ensure they can take informed and timely action on their health and wellbeing, choices, and to give them the best chance of having

healthy pregnancy and birth outcomes. Providing access to reproductive and sexual health education and information a range of community languages, ensures that migrant and refugee women and gender diverse people can make informed choices about their own bodies and sexual and reproductive healthcare.

Targeted investment in services and programs that enable migrant and refugee women and gender diverse people to attain their optimum wellbeing, and actively participate in all aspects of society, is crucial to progressing the government's agenda with respect to gender equity in health and wellbeing. Such investment will provide a positive return on investment, with reduced acute health care costs and positive social and economic impacts.¹⁰



How the Multicultural Centre for Women's Health makes a difference

The Multicultural Centre for Women's Health (MCWH) is Victoria's state-wide migrant and refugee women's health service, in operation since 1978. MCWH provides tailored, responsive, accessible, and equitable health and wellbeing programs for migrant and refugee women across Victoria.

MCWH breaks down access barriers by offering in-language outreach programs delivered by trained peer educators, to ensure migrant women can access information and support where it works best for them: where they work, live, study and play.

MCWH works with women and gender diverse people who are least likely to easily access mainstream services, such as migrant women workers, those who are newly arrived or parenting in the early years, people on precarious visas, those who have low or no proficiency in English and need additional information and assistance to navigate Australian health and support systems.

MCWH delivers the only specifically tailored gendered and multicultural leadership program that is based on international best practice. The PACE leadership program builds capacity or migrant and refugee women and gender diverse people to actively participate in the social, political, and civic life of their communities, valuing and recognising their extraordinary leadership, and through their own advocacy, encouraging others in their community to do so too. In 2022/23, 79 migrant and refugee women and gender diverse people graduated from a PACE program, joining our 280 strong PACE network.

MCWH delivers training for service providers, provides input into policy and builds capacity of employers, community service organisations, local councils, and health services to adapt their programs to better respond to migrant women's needs. In 2022/23, MCWH made submissions to 3 government inquiries, and provided specialist advice about migrant and refugee women's health and wellbeing to 48 committees and 31 expert consultations.

MCWH is responsive to the needs of our community, tailoring and adapting its service delivery to suit changing needs. MCWH employs flexible ways to reach communities with the women’s health and COVID-19 information they need, by outreach in-person group sessions in workplaces, schools, community centres, religious centres, parks and other public places and through in-language radio segments, telephone calls, video messaging and social media. In 2022/23, MCWH’s Victorian women’s health bilingual education program provided in-language education and information to 7,978 women from 53 cultural backgrounds.

Since 2021, MCWH has led the Workforce of Multilingual Health Educators (‘WOMHEn’) project, in collaboration with Victorian women’s health services, establishing a women’s

health education infrastructure across the state. The WOMHEn project placed and trained 50 bilingual health educators in regional women’s health services, enabling them to reach migrant women across the state with in-language health education. A total of 1,800 migrant women across Victoria were provided through vital health education sessions and engagement, including about COVID-19 vaccination. The WOMHEn project has continued to operate across seven Victorian regions in partnership with local women’s health services.

The state-wide infrastructure of women’s health services, led by MCWH, provides an optimal opportunity to ensure that migrant and refugee women, no matter where they live, have access to the information they need to improve their health and wellbeing.

We go wherever migrant and refugee women work, live & play



7978

participants in our in-language health education sessions

1800

migrant women provided vital COVID-19 information through the WOMHEn project

280

graduates from our PACE leadership program

50

migrant and refugee women employed across Victoria’s Women’s Health Services

MCWH expertise provided on

48

committees

31

expert consultations

3

submissions

Keeping up with growth, diversity and complexity.

The population of Victoria has boomed over the last 15 years, including a significant increase in numbers due to migration. At the 2021 census, there were 3.3 million women living in Victoria of whom 30% (988,369) were born in a MNEESC. This is a significant increase from the 2006 census when the number of women born in a MNEESC was 435,521. In effect the population of women born in a MNEESC doubled in the 15-year period between census years.

These numbers will continue to grow. Victorian government projections show that the population will grow by a net increase of 2.5 million additional migrants planned by 2051. Each year until 2026 a net increase of at least 48,000 women born in a MNEESC will be added. Estimations indicate that by 2026 over 1.2 million women from migrant and refugee communities will call Victoria home.¹¹ This group, together with their daughters and granddaughters, will number more than 2.2 million, or 61% of the projected 3.6 million female population.¹²

Despite the population increase, Victorian government funding for the only Victorian dedicated migrant and refugee women's health service, the Multicultural Centre for Women's Health, has been left behind. Taking the population increase into account, MCWH's core funding rate per MNEESC-born woman has plummeted from \$1.62 in 2006 to 81c per MNEESC-born woman today. While MCWH delivers a service across the whole of the state, it remains funded at similar levels, and in some cases, lower than, regional women's health services. If there is no base rate increase to MCWH core funding going forward, even without accounting for

“Taking the population increase into account, MCWH's core funding rate per MNEESC-born woman has plummeted from \$1.62 in 2006 to 81c per MNEESC-born woman today”

inflation, the funding rate per NMESC woman will continue to decline to make delivery of MCWH's crucial and unique services unsustainable. At the same time, research shows that migrant and refugee women have poorer health outcomes than the general population and they experience significant inequities in access to health services. Key inequities are found in the areas of SRH, mental health and workplace safety and wellbeing. Health literacy is low, especially for women with low proficiency in English, in-language information is difficult to access, and the infrastructure to engage with migrant women on their health is

severely lacking. Migrant and refugee women need a vibrant, sustainable statewide health service that works actively with the regional women's health services across the state, and that complements and provides effective referral and systemic capacity building to mainstream health services.

Modelling has shown that preventing long term mental ill-health would have annual benefits of approximately \$100,000 per person, and that even a small reduction in the number of migrant and refugee women and gender diverse people suffering long term mental ill-health would have significant economic benefits.¹³

In 2024-25 MCWH calls upon the government to

- 1. Ensure MCWH has sufficient core funding to provide a comprehensive state-wide service across Victoria through in-language health education, information and referral, capacity building, research and advocacy. This includes an investment into intersectional policy analysis with a gendered lens that can provide input into Victorian government policy at all levels, ensuring the health and rights of migrant and refugee women and gender diverse people are protected and improved.**

Sufficient core funding includes:

- a. A funding uplift to bring MCWH into line with funding needed to deliver services on a statewide level.**
- b. Continuation of the additional annual funding provided in the 2022-23 Budget to Victorian women's health services from 2024-25 onwards.**



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Equitable access to sexual and reproductive health services

Due to systemic race and gender discrimination in the health system, migrant and refugee women and gender diverse people in Victoria have lower levels of access to SRH programs and services, including for sexual health, contraception, abortion care and antenatal care. Only 60% of migrant women use contraception, a rate that is 9% lower than among the Australian born.¹⁴ Barriers to early identification of pregnancy and access to abortion care, result in less than optimum levels of informed choice and access to much needed abortion care services.

With respect to antenatal care, only 70% of women born in main non-English speaking countries access antenatal care in the first trimester, compared with 77% among non-migrant women.¹⁵ Victorian antenatal care rates are lower than national rates, with some geographical areas showing persistently low rates over time. In Northwest Melbourne, where there are high numbers of migrant communities, the antenatal care rate has ranged from 46.6% to 61.8% over the five years from 2014-19, well below national figures.¹⁶

Delayed and inadequate access to SRH services result in a diminished capacity among migrant women and gender diverse people and their health practitioners to take preventative and early action on their health and can result in poorer health and wellbeing outcomes. We see poorer outcomes among migrant women in sexual health conditions such as congenital syphilis, leading to low birth weight, premature birth, miscarriage, and stillbirth.¹⁷ We also see higher rates of pregnancy related conditions, such as pre-eclampsia and gestational diabetes.¹⁸ In 2019, for example, postpartum haemorrhage and pre-eclampsia made up almost half of clinical reasons for ICU admissions of Victorian birthing mothers, and migrant women made up almost 40% of mothers admitted.¹⁹

Concerningly, migrant women also experience higher rates of stillbirth and neonatal deaths, making up 42.3% of all perinatal deaths, compared with 39.9% of births. Some groups have significantly higher rates of perinatal death, namely those born in North Africa and the Middle East and South-Central Asia, with rates up to 14.6 per 1,000 births compared with 8.3 among Australian-born women.²⁰

Migrant and refugee women and gender diverse people experience a range of systemic barriers to accessing SRH care. The Victorian Women's Sexual and Reproductive Health Plan 2022-30 aims to empower women, girls and gender diverse people to make decisions about their sexual and reproductive health, and to ensure that they have equitable access to high-quality, safe and respectful services that are free from stigma, racism and discrimination.

Victoria's 20 planned women's health clinics, that will deliver free, comprehensive, world class women's health care and support, have significant potential to improve migrant and refugee women's access to SRH, and ultimately, to equalise their health outcomes. There is a need to systemically embed equitable access and care into the women's health clinics from the beginning, and on a statewide basis, in order to ensure that the women's health clinics deliver equitable, culturally and linguistically

responsive and safe care for migrant and refugee women. As Victoria's statewide migrant and refugee women's health service, MCWH could play a vital specialist role in providing secondary consultation, capacity building, policy advice, best practice guidelines, and access to standardised multilingual health and service referral information, preventing duplication of effort and resources at the clinic level.

In addition, models of SRH care that utilise bilingual health educators to work alongside the clinical health system show increased engagement with, and easier navigation of, the system among migrant women and gender diverse people. Such programs have been shown to reduce access barriers for migrant women and their families, improve the healthcare experience, and improve perinatal outcomes. In-language health education to prospective mothers can increase understanding about their health in pregnancy and birth and can increase earlier access to antenatal care.²¹



"MCWH could play a vital specialist role in providing secondary consultation, capacity building, policy advice, best practice guidelines, and access to standardised multilingual health and service referral information, preventing duplication of effort and resources at the clinic level."



In 2024-25 MCWH calls upon the government to

- 2.** As a part of the establishment of the women's health clinics, provide funding to MCWH to play a statewide role, providing specialist secondary consultation, capacity building, policy advice, best practice guidelines, and access to standardised multilingual health and service referral information to the Victorian Department of Health and to the clinics, to ensure cultural safety and accessibility, and to prevent duplication of effort and resources at the clinic level.
- 3.** Support a permanent, state-wide, multilingual, health education infrastructure to deliver appropriate, in-language preventative health and wellbeing education and support programs across Victoria, including in rural and regional areas.
- 4.** Provide funding to MCWH to partner with antenatal care providers, to increase access to antenatal care in the first trimester for migrant women and gender diverse people, improve perinatal health and reduce stillbirth and neonatal death.



Tailored mental health programs

Migrant and refugee women and gender diverse people are impacted by intersecting race and gender inequality which in turn affects their mental wellbeing. There is evidence that migrant and refugee women have higher rates of depression and anxiety, including in the perinatal period, which are accentuated by settlement stress, financial hardship, and social isolation.²² In this regard, it is concerning that migrant women and gender diverse people do not have equitable access to perinatal mental health services. Research shows that perinatal mental health services do not have the required resources, capacity, and expertise to overcome language and other barriers and to provide a tailored service to migrant women.²³

Violence against women and gender diverse people also leads to poor mental health, with intimate partner violence contributing significantly to the gendered burden of disease. Some groups are more vulnerable, with new migrant mothers for example, being more likely to experience intimate partner violence in the post-partum period, showing rates of 22.5%

compared with 16.9% among Australian born women.²⁴

Challenging times heavily impact migrant women and gender diverse peoples' mental health in particular. As the 2021 Left Behind report showed, 90% of the migrant women interviewed experienced significant hardship during COVID-19 lockdowns, which adversely affected their mental health. Hardships included financial strain, family separation, social isolation, reduced employment, and income, and increased unpaid care work.²⁵

We also know from MCWH's 2023 Building Bridges report²⁶ that migrant and refugee women are engaged and proactive about maintaining their mental health and wellbeing, and that the challenges they face are exacerbated by inequitable access to the mental health system which has not been systematically responsive or inclusive of their needs and lived experience.

The Royal Commission into Mental Health Services called for a mental health and wellbeing system that is safe, responsive, and inclusive, and that meets the needs of the whole community, including migrant and refugee women. Migrant and refugee women and gender diverse people should be actively engaged in the planning and implementation of the mental health reform, utilising

a strength-based approach which empowers and supports the self-determination of migrant and refugee women and promotes the leadership

of those with lived and living experience of mental illness and psychological distress in the system reform and service delivery.

In 2024-25 MCWH calls upon the government to

- 5. Establish a statewide, specialist, gendered, multicultural mental health program that provides:**
 - a. In-language mental health education to migrant and refugee women and gender diverse people focusing on health promotion and prevention.**
 - b. Access to multilingual mental health information resources in a range of formats and access points.**
 - c. Transparent referral pathways for migrant and refugee women and gender diverse people to Mental Health and Wellbeing Locals and other mental health services.**
 - d. Secondary consultation, capacity building and training to mental health services.**
 - e. Specialist intersectional policy and practice advice to the current mental health reform, including developing best practice guidelines for accessible, ethical, culturally responsive, and trauma-informed service delivery.**
- 6. Sustainably fund MCWH's PACE Leadership Program to further build the leadership, workforce participation, civic and political inclusion, and mental wellbeing of migrant and refugee women and gender diverse people, and to build their rights, inclusion and sense of belonging.**
- 7. Build the mental health evidence-base and program evaluation capacity by commissioning new research on migrant and refugee women and gender diverse peoples' mental health, delivered through equitable research partnerships with migrant women's organisations, ensuring research is led by migrant and refugee women and gender diverse people.**

Gender equality, primary prevention of gendered violence and early intervention programs tailored for migrant communities

The Victorian Government's Free from Violence strategy and investment in primary prevention, along with the Gender Equality Act 2020, have contributed to significant changes to formalise gender equality and to effect the cultural change that is needed to achieve sustainable gender equality in the long term. In addition, following the Royal Commission into Family Violence (RCFV), the Victorian Government committed to developing a family violence system that is responsive, timely, accessible, and inclusive.

While we have made great strides in gender equality, primary prevention and response, there is still a long way to go when it comes to migrant and refugee women. The family violence system remains inaccessible to many migrant women. Research has shown that despite the RCFV, family violence

reporting remains low among migrant and refugee women, compared with the general population in which reporting significantly increased.²⁷ This data is particularly concerning given that for migrant and refugee women, research has shown that prevalence rates may be even higher than in the general population, and that violence can be more severe and prolonged, due to service access barriers.²⁸

More investment must be made into community-led programs that build awareness about family violence and facilitate earlier access to the system, including tailored, in-language, community-based, outreach programs.²⁹

There must be a long-term investment into the primary prevention of violence, along with the recognition that multicultural communities have a central role to play, particularly via the leadership of migrant and refugee women. Migrant and refugee women's organisations should be provided with ongoing and secure funding to enable

them to share their specialist expertise, to build capacity within multicultural communities and to foster the

leadership of Victorian migrant women in violence prevention activity across the state.

In 2024-25 MCWH calls upon the government to

- 8.** Provide ongoing funding to MCWH to continue its specialist statewide role building capacity across Victoria to adopt a consistent intersectional approach to prevent family violence in multicultural communities.
- 9.** Support earlier access to family violence support services for migrant and refugee women and gender diverse people by funding MCWH to continue to deliver comprehensive, in-language family violence education to migrant women across Victoria.





Workplace safety, equity and fairness

Gender and race-based discrimination in the workforce remain significant barriers to workplace advancement for migrant women and gender diverse people. While 40% of migrant women are employed in management or professional occupations in Victoria – only 2.5% of Victoria’s senior decision-making roles are filled by migrant women.³⁰ The majority of employed migrant women (55%) work as sales assistants, community or personal service workers, clerical and administration workers, or as labourers and machinery operators, in occupations and industries that have high casualisation rates.³¹

Migrant and refugee women, particularly those who are recently arrived, also experience higher levels of workplace exploitation; concerningly, up to 16% of recent migrants are paid less than the national minimum wage, compared with 9% among the general population.³² In addition, compared with the general population, migrant and refugee women have higher rates of unemployment and underemployment.³³ With respect to sexual harassment, a recent study found that 46% of migrant women surveyed had experienced sexual harassment in their workplaces, compared with 41% among the general female population.³⁴ Reporting is low – only 15% reported the abuse to an authority outside of the workplace, and 37% told no one about their experiences. In one third of cases, the women had been threatened or

warned not to report the abuse.³⁵ The gendered pay gap is 33-36% for migrant and refugee women, double the national average.³⁶ During these times of financial crisis, migrant and refugee women's low wages makes it even more difficult for women and their families to keep up with the rising cost of living.

Victoria's gender equality strategy and action plan 2023-27 takes an intersectional approach to achieving gender equality in Victoria, centring inclusion, diversity and accessibility. Our Equal State targets industries in which migrant and refugee women are concentrated, including manufacturing and early childhood education and care. The key role migrant women

and gender diverse people play in caring for our community should be recognised and valued. More broadly and in the longer term, the prevention of entrenched gender and race discrimination in the workplace would significantly improve employment outcomes for migrant and refugee women and gender diverse people.

MCWH's specialist expertise and strong networks with migrant and refugee women and gender diverse people in the community will be critical to support implementation of these actions. There remains a need to invest in sexual harassment prevention programs that address a wide variety of workplaces to reach migrant and refugee women and gender diverse people in the Victorian workforce.

In 2024-25 MCWH calls upon the government to

- 1. Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Victorian labour force.**
- 2. Provide funding to MCWH to engage migrant and refugee women and gender diverse workers in the manufacturing and childcare sectors to build their capacity to promote gender equity and prevent sexual harassment in their industries.**

The Investment

To ensure that disadvantaged communities remain front and centre of government investment, and that migrant and refugee women and gender diverse people don't fall further behind, the following investment is needed.

<p>Population growth health infrastructure</p> <p>a. \$535,620 to bring MCWH into line with funding needed to deliver services on a statewide level, based on growth of the migrant and refugee population.</p> <p>b. \$784,000 for a continuation of the additional annual funding provided in the 2022-23 Budget to Victorian women's health services from 2024-25 onwards.</p>	\$1,319,620
<p>Equitable access to reproductive and sexual health</p> <p>c. \$713,971 for MCWH to provide specialist secondary consultation, capacity building, policy advice, best practice guidelines, and access to standardised multilingual health and service referral information for the women's health clinics.</p> <p>d. \$285,522 for a state-wide, multilingual, health education infrastructure to deliver appropriate, in-language preventative women's health and wellbeing education and support programs across Victoria.</p> <p>e. \$303,541 for MCWH to partner with antenatal care providers to increase migrant women's access to antenatal care in the first trimester and improve migrant women's perinatal health and reduce stillbirth and neonatal death.</p>	\$1,303,034
<p>Tailored mental health support and prevention</p> <p>f. \$973,567 for a statewide, specialist, multicultural women's mental health program that provides in language mental health education and information, transparent referral pathways as well as secondary consultation, capacity building and intersectional policy and practice advice.</p> <p>g. \$415,501 for MCWH to deliver the PACE Leadership Program for mental wellbeing outcomes.</p> <p>h. \$204,196 to build the mental health evidence-base and program evaluation capacity by commissioning new research on migrant and refugee women's mental health.</p>	\$1,593,263

<p>Gender equality, prevention and early response to violence</p> <p>i. \$468,223 for MCWH to continue its specialist statewide role building capacity across Victoria to adopt a consistent intersectional approach to prevent family violence in multicultural communities.</p> <p>j. \$488,734 for dedicated in-language education with migrant women about family violence to boost timely access to support services.</p>	<p>\$956,956</p>
<p>Workplace safety, equity and fairness</p> <p>k. \$224,596 to prevent gender and race discrimination in workplaces and promote equity within the Victorian labour force.</p> <p>l. \$519,990 for MCWH to engage migrant and refugee women workers in the manufacturing and childcare sectors to build their capacity to promote gender equity and prevent sexual harassment in their industries.</p>	<p>\$744,585</p>
<p>TOTAL INVESTMENT 24/25</p>	<p>\$5,917,458</p>

Contact

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Endnotes

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