



Making the Links Project Learnings

Report: June 2022



MULTICULTURAL
CENTRE FOR
WOMEN'S HEALTH

Making
the Links



Australian Government
Department of Social Services

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For further information, please contact:

Multicultural Centre for Women's Health
Suite 207, Level 2, 134 Cambridge St
Collingwood, Victoria
Australia 3066

www.mcwh.com.au

info@mcwh.com.au

ABN: 48 188 616 970

Acknowledgement of Country

MCWH is proud to acknowledge that the land on which we work and live always was and always will be Aboriginal land. This report was written on Wurundjeri land. The Report documents the Making the Links Project, which was conducted on the lands of the Wurundjeri, Wemba Wemba, Boonwurrung, Wathaurong and Dja Dja Wurrung lands. We pay our respects to traditional owners of country and to all Aboriginal and Torres Strait Islander peoples, their culture, their connection to country and their ancestors and elders past and present.

About Multicultural Centre for Women's Health

MCWH is a community-based, not-for-profit organisation led by and for women from migrant and refugee backgrounds. We exist to empower migrant women living in Australia with information to support and promote their health and well-being.

MCWH works to prevent violence against immigrant and refugee women in a number of ways, including bilingual community education, cross-cultural and intersectionality training, promoting gender equality in workplaces, providing input into policy and building the evidence-base. All our programs, projects and partnerships are designed to increase gender equality and to strengthen and promote migrant women's leadership in all aspects of public and private life.

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Introduction

Women living in rural and regional Australia face significant barriers to accessing services to support their health and wellbeing, including services that specifically relate to domestic and family violence and sexual assault. A 2017 report from the Australian Human Rights Commission found that gender inequalities are amplified in rural and regional communities, where “isolation gives women less support and fewer options to escape violence and discrimination”.

For migrant women who live in rural and regional Australia, intersecting inequalities and additional barriers to accessing services make it even more difficult for them to make the links to the support they need, especially if they are in Australia without family and community supports, if there are no resources available in their language and/or if they have insecure immigration status.

The Making the Links Project was funded by the Commonwealth Department of Social Services through the Safer Pathways for Culturally and Linguistically Diverse Women Program to address this issue and facilitate more effective communication and engagement between services and migrant women and their children who may be experiencing family violence.

This report draws on project learnings from the past three years and the expertise of the many service providers, advocates and migrant and refugee women we worked with across regional Victoria. It aims to share the significant learnings of the project, including challenges, strategies and recommendations when working with multicultural communities in regional and rural areas.

In the process of sharing what we have learned, we also hope to increase knowledge of the current systems in place and possible inequities within these systems. In this report when we refer to services in general, we mean family violence services, sexual assault services as well as health, social, multicultural and community services. When we speak specifically about the ‘family violence service system’, this encapsulates family violence specialist services, Victoria Police and Legal/Court services.

Despite taking an inclusive and intersectional approach to Making the Links, neither migrant and refugee women with a disability nor migrants from LGBTIQ communities were specifically engaged in the project. Consequently, this report is unable to reflect the specific experiences or barriers these groups face when accessing services in regional Victoria, which remain largely undocumented. This limitation highlights the need for further and specific investment in specialist organisations and pathways for migrant women experiencing a broad range of intersecting forms of inequity, stigma and disadvantage.

The Making the Links Project

Making the Links – Building Safer Pathways for Culturally and Linguistically Diverse Women in Regional Victoria (Making the Links) began in October 2017 as a two-year project, which was subsequently extended with additional funding for five years. In that time, the project has delivered training, education sessions and consultations to support women from migrant and refugee backgrounds living in regional Victoria (Ballarat, Bendigo, Geelong, Mildura and Swan Hill) to access mainstream family and domestic violence and sexual assault services.

The project adapted MCWH’s existing cross-cultural training, in-language education model, and resources, to take a two-pronged approach to the issue:

- a) engaging relevant service providers and building their capacity to deliver more culturally appropriate services; and simultaneously,
- b) building migrant women’s understanding of domestic and family violence and sexual assault and linking them to the local services in regional Victoria.

Group activities, service visits and tailored education sessions were initially conducted by a bilingual peer educator team that travelled to accessible, local venues, and conducted sessions in women’s preferred languages. Later, during the height of the COVID-19 pandemic and since, the project has adopted new ways to engage with community members and services providers by producing and publishing podcasts and videos.

Objectives

The specific objectives of the Making the Links Project have been to:

- Build the capacity of mainstream family violence, sexual assault services and multicultural services by improving culturally appropriate practices within the ‘family violence service system’¹.
- Identify migrant and refugee women communities and relevant family violence, sexual assault and multicultural services in Geelong, Ballarat, Bendigo, Swan Hill and Mildura (the five Local Government Areas (LGAs) covered by the project).
- Build and /or strengthen partnerships between multicultural services and family violence sexual assault services.
- Collaborate with services and develop a map that identifies migrant and refugee communities and relevant services in each of the targeted LGAs, illustrating service pathways for migrant and refugee women.
- Improve access to family violence or sexual assault services for women from migrant and refugee backgrounds living in the five LGAs.

¹ In this document we would like to highlight that when discussing the ‘family violence service system’, this encapsulates family violence specialist services, Victoria Police services and Legal/Court services. We acknowledge that there are more mainstream services that interact and are embedded within this system such as Child Protection, schools/centre-based education and care services, Maternal and Child Health services, Aged Care services and other services.

Implementation

Collaboration and capacity building

Making the Links established a virtual advisory group, made up of service providers in four regional areas who work closely with migrant and refugee communities. The project sought support, advice and feedback from Advisory Group members to identify and explore facilitators and barriers to working with migrant and refugee communities on an individual, organisational and structural level. The project also conducted a needs analysis with key services and partners in each region. These needs analysis informed service provider capacity to build activities for the project.

Once the project was established, regular meetings and consultation sessions were conducted with community leaders and family violence services system providers as well as multicultural and settlement services and the project advisory group.

Improving access through health education

A key component of the project was to run community education activities in regional areas with women from migrant and refugee backgrounds, facilitated by MCWH's accredited bilingual health educators in languages other than English and/or plain English.

Most groups were invited to attend a series of three weekly sessions that covered the themes of healthy relationships, gender equality, and domestic and family violence and sexual assault. The rationale for the sessions was to give women a chance to build their trust and confidence, both within the group and with the educators, to give women space to consider the ideas covered in each session and opportunities to return with questions and to cover a wide range of material in a nuanced and appropriate way.

The development and delivery of the sessions was an early part of the project, and the sessions were also adjusted and refined in response to feedback and the specific needs of the LGAs or groups.

Data collection and evaluation

This project used Participatory Action Research to conduct an initial needs analysis with services and community members around training and education session content.

Ongoing evaluation was conducted throughout the course of the project based on data collected through conversations with service providers, feedback from community members, reflections from bilingual health educators and survey methods. Project processes and findings were regularly shared with stakeholders and the project plan was revised to include improved strategies for implementation if needed and in a timely manner.

Project staff also participated in a Community of Practice for Culturally and Linguistically Diverse Projects with Action Research, along with representatives of the 26 other Safer Pathways grant recipients across Australia. This was led and facilitated by Australia's National Research Organisation for Women's Safety and fed into the [**Prevention of violence against women and safer pathways to services for migrant and refugee communities: Ten research insights from the Culturally and Linguistically Diverse Projects with Action Research \(CALD PAR\) initiative ANROWS final report.**](#)

Outcomes

Between 2020-22, both before and during the pandemic more than 110 women from the project's target communities (Karen, Afghan, Syrian, Iran, and Punjabi) attended in-language education sessions.

After attending sessions, some of the comments we received from migrant women included:

'I will be able to identify if a woman is going through family violence'

'I felt safe by knowing the information.'

'Today's education has opened my eyes that we as human beings have got obligation to support children and elders who have been victimised by perpetrators.'

'I want to make my kids and family members to be aware of those information and show the informative video as well.'

'I was not aware that financial constriction is one of the family violence types '

'The education has informed me that we as human being have got right to live in safe environment free from any form of abuse.'

'I will practice the gender equality among my children.'

'The education has empowered me to control my anger toward my daughter and treat her with respect, love and compassion.'

'I've learned that all relationships look different, most of us want relationships that are respectful, fair and non-threatening.'

'I've learned that if you act on time, I might save someone's life.'

'I want this information to circulate in the family and community.'

'After attending this session, I feel more confident in navigating support services.'

In addition, more than 200 staff from relevant family violence, sexual assault, health and community services in the five LGAs, attended MCWH's Understanding Culture, Race, Gender and Intersectionality training. After attending training, service providers provided positive feedback that clearly indicated that the training was relevant and provided actions they could immediately implement into their professional practice:

'I had not heard the term 'intersectionality' before. It encouraged us to look at the meaning of culture from a different perspective and the importance of self-reflection.'

‘I was not aware of the term ‘intersectionality’ – what a ‘wow’ moment. Thank you. Gender bias and prevention really stood out for me to consider in my work in a more daily practice when supporting services.’

‘Being much more aware of my taken for granted privilege and feeling even more determined to check my privilege in my work interactions.’

‘I have a clearer understanding of how my behaviour and language use could be detrimental to working with immigrant and refugee communities. Better understanding of some of the barriers experienced.’

A Making the Links podcast series was also produced and published, to provide a lasting resource for service providers in regional areas who were seeking professional insights into working with migrant and refugee communities. Across seven episodes, community leaders and professionals were interviewed about their experiences and perspectives on how migrant and refugee communities can respond to, find support for and prevent family violence.

Topics and themes covered in the episodes included:

- the invaluable work of health educators and bilingual workers in the community and services
- family violence and its impact on victim/survivors’ mental health and well-being
- police work with the multicultural community and barriers migrants and refugees may experience,
- the importance of looking at patriarchal structures in violence against women,
- addressing some assumptions that mainstream family violence services can overcome to build stronger links with migrant women,
- the importance of involving community and faith leaders in preventing violence, and
- first hand understanding of the barriers that migrant and refugee women living in regional areas who are experiencing violence.

The podcast has been made permanently available through the [MCWH website](#) and on [Spotify](#).

To accompany this report, a short [video](#) has also been produced to help raise awareness about some of the barriers migrant and refugee women face when accessing services in regional areas.

Findings

Throughout the Making the Links Project we spoke with a wide range of Family Violence and other service providers, partners, community leaders and participants across all five LGAs. In addition, we met with and interviewed experts and practitioners as part of the Making the Links podcast series. We have organised the findings into three broad headings that cover several key themes:

- a) Challenges for migrant and refugee women in regional Victoria, including:
 - Significant gaps in multilingual information pathways to services for women
 - Lack of available information about services and rights
 - Negative past experiences, racism and misinformation
 - Limited social networks, stigma and isolation
 - Visa limitations and settlement pressures

- b) Challenges related to service providers, including:
 - Geographical distance and limited services in regional and rural Victoria and barriers to online communication
 - Inadequate resourcing and training for services in regional and rural areas
 - Lack of trust and more time needed to build relationships between communities and services, and

- c) Lessons learned through project implementation:
 - The effectiveness of local knowledge and community led processes
 - The value of relationship-building and collaboration
 - The importance of bilingual health educators

Challenges for migrant and refugee women living in regional Victoria

Significant gaps in multilingual information pathways to services for women

Although it is never the only barrier to information, the inaccessibility of information and support in languages other than English is clearly a significant challenge for migrant and refugee women and their families. The project found that while regional settlement services and family violence services have made efforts to develop, or consider developing, written resources in languages other than English, this information did not necessarily reach the majority of migrant and refugee women living in regional areas. Some migrant women were not able to read their first language, which meant that written hard copies were not always the best option to share information.

Literally translating technical concepts and legal language from English to another language does not necessarily increase awareness. Unfamiliarity with such concepts, for example, the definition of family violence based on Australia law, can cause comprehension difficulties and confusion, and consequently, create hesitancy to seek support.

While most services are aware of interpreters and how to use their services, migrant and refugee women continued to report that some services such as real estates and health services did not use interpreters in some cases. Health and settlement services reported that this may be due to a lack of funding or limitations imposed on staff time.

Lack of available information about services and rights

Many migrant and refugee women reported that they do not have access to information about their rights in Australia or how services can support them. This hinders their ability to access the family violence service system.

Service providers reflected that lack of available information about services and rights may be exacerbated by isolation, unfamiliarity with the environment and systems, limited access to in-language resources and difficulties navigating the complexities of the Australian health system and community services. While settlement services do provide some information about rights in Australia, women who do not migrate to Australia through humanitarian streams do not necessarily have the same opportunities to find out about their rights.

Unfamiliarity about justice systems, such as police actions, child protection, incarceration and deportation, furthers migrant and refugee women's unwillingness to disclose family violence and/or sexual assault.

Negative past experiences, racism and misinformation

The project found that some migrant and refugee women were hesitant to seek information because of a negative experience with authorities in the process of migrating to Australia (such as the migration system or settlement services) or because of experiences that gave them reason to fear authority more generally (such as police and the courts, both in Australia and in countries they had lived previously).

The impacts of racism and other intersecting forms of discrimination like Islamophobia, contribute to negative experiences and distrust of the wider community and mainstream services, and can be magnified in regional and rural areas, where migrant and refugee populations are both smaller and more visible and consequently more easily targeted. It is important to say that many individuals in rural and regional areas also work to provide strong support and a welcoming environment for migrant and refugees. Nevertheless, experiences of racism and other forms of discrimination including sexism, ableism, ageism and homophobia, can have a negative individual and collective effect of migrant and refugees and their feelings of safety and protection.

The project also found that some women were deterred from reporting domestic and family violence and sexual assault on the basis of misinformation about Australian law, such as thinking that reporting family violence may involve Child Protection and separation from their children. The project found that often this misinformation is in fact shared by the perpetrator, highlighting the need for better access for women to information and education about services and rights.

“I have been living in Australia for 13 years. When first we arrived, I was attending school where we have told off by our principal to stop wearing scarfs. We were very disappointed and had no choice. Luckily a few Afghan delegates came from Melbourne to our school where they found out about this kind of mistreatment. The Department of Education have informed the principal and he has allowed us to continue wearing our scarfs”.

Information session participant living in regional Victoria

Limited social networks, stigma, and isolation

Throughout the project many migrant and refugee women shared their fears about losing their connection to community as a consequence of disclosing violence.

Living in smaller and closely-knit communities in regional and rural settings, there was a strong sense that disclosing family violence brought a higher risk of being identified, losing community support or bringing shame to the community, which discouraged them from reporting family violence and/or sexual assault. Migrant and refugee women do not always have a large network of family and friends, so the need to be accepted and supported by their community networks can be very strong, and the risk of further or complete social isolation for exposing family violence is a significant deterrent.

Migrant and refugee women reported feeling disconnected from society and not knowing where to socialise and find women’s group. This was especially true for newly arrived women who stay home to look after their children and are not able to leave home to access services.

Participants and service providers both reflected that the wish to protect the community from negative stereotypes may lead community members not to disclose family violence to avoid ruining community reputation. It was noted that some women completely denied that family violence happens in their community. Fear of experiencing discrimination, racism and stigma from the wider Australian community may also deter women from migrant and refugee backgrounds from disclosing domestic and family violence and sexual assault.

The project found that some women chose not to speak with local interpreters because they feared their community would find out. For this reason, most services reported a need to recruit more interpreters who live in a different geographic location.

Visa limitations and settlement pressures

Limited accommodation options and access to social services for people on temporary visas can cause women from migrant and refugee backgrounds to risk homelessness if they disclose family violence.

There are limited culturally safe accommodation options available for migrant and refugee women and they often need to be located in a different area for safety, resulting in complete social isolation. For instance, women may be away from basic needs such as access to culturally appropriate food. In addition, women reported that real estate agents don't use interpreters or take language into consideration.

In addition, accommodation is often limited to very short periods of time and because women with precarious visa status need more time to find private accommodation, they face a very real possibility of homelessness or needing to return to an unsafe situation. Women reported that Real Estate Agents refuse to rent places to women with temporary visas, which further and drastically limits their options.

Settlement in Australia can take a long time and women from migrant and refugee backgrounds may have to live with the perpetrator to be able to cope with settlement difficulties while taking care of their children.

Challenges related to service providers

Geographical distance and limited services in regional and rural Victoria and barriers to online communication

Inadequate and limited public transportation in rural and regional parts of Victoria, create barriers to accessing services, particularly for migrant and refugee women, who may not have a driver's licence, access to a vehicle or strong knowledge of the area.

Even with access to transportation, culturally appropriate service providers and referral pathways are more limited in regional areas, forcing women to rely on remote support (support and services provided online or over the phone). Remote support may have longer wait times and delayed responses, leading to women's disengagement in seeking support from family violence services.

While remote services are extremely important options for many women, including migrant and refugee women, personal phones and reliable internet connections may not be easily accessible for women to reach out to these services on a regular basis, or in a private or safe environment. Financial difficulties due to visa limitations and loss of employment due to the pandemic made computers and mobile phones luxury items for some people.

Even with the technology at their disposal, migrant and refugee women may need in-language information on how to access and use online or over the phone services to access information and support services, including needing to use interpreters to contact services. This proved to be a critical issue at the beginning of the pandemic, when services lost contact with many women who were unable to remotely connect during the lockdown period.

Inadequate resourcing and training for services in regional and rural areas

Some regional services are under-resourced and underfunded to meet the needs of the communities, resulting in slower responses and some community disengagement, not to mention stress and staff burnout.

The project also found that family violence services generally lacked proportionate migrant and refugee representation within their staff, which could be addressed by conducting workplace audits and reviewing recruitment processes to attract and employ migrant and refugee women. Migrant and refugee women's leadership and employment will provide more culturally safe spaces within these services.

Where services did employ or engage people who shared cultural backgrounds or spoke the languages of local community members, the project found that they often lacked adequate support:

- Current bilingual family violence workers in some regional and rural areas were overworked because of over consultation regarding migrant and refugee women.
- Some community leaders and bilingual workers were regularly consulted by community and services without remuneration and outside their working hours.
- Some bilingual health educators had been being employed for more than a year in a voluntary capacity.

Across organisations, there was not consistent support or openness to participating in intersectionality training as a way to support and foster culturally safe practices, policies and systems. Some family violence response services reported that they did not have the capacity to take on intersectionality training or saw intersectionality training as less relevant to their work than information specifically focused on family violence response. The project encountered varying understandings and assumptions about what it meant to work with multicultural communities, and some one-dimensional understandings of culture, which were unlikely to lead to effective community engagement.

Lack of trust and more time needed to build relationships between communities and services

Collaboration between services and multicultural organisations in some of the regional areas was limited. Services need more time to collaborate and build trust with multicultural organisations funded to work with communities in the region. Services reported that short-term projects may not be sustainable in prevention of violence against women.

A competitive funding environment coupled with overlapping or multiple violence prevention projects in some regions led to territorial behaviours from some services. The project did experience some services acting as 'gatekeepers' in regional areas making it challenging to reach out to multicultural communities through them.

Some services also reported challenges in engaging with some faith communities as these communities felt targeted and demonstrated resistance. While building trust with communities may take longer and may not be aligned with the project timeline, services can risk community distrust if they do not have a cultural safety plan and push the community to fit with project timeline.

Lessons learned through project implementation

The effectiveness of local knowledge and community-led processes

The project repeatedly learned that migrant and refugee community groups, leaders and members often supported community members who had experienced or were impacted by family violence. Despite their own family and personal commitments, a number of community leaders from migrant and refugee communities were working after hours to support services (such as police) to aid women from their community who were experiencing family violence. In the experience of the project, identifying these trusted sources within local communities and partnering with them is a key to successfully implementing projects.

Recognising and drawing on the experience and leadership that already exists in the community has been crucial for the success of Making the Links, and the project is indebted to the community leaders and members who shared their local knowledge and networks.

The partnerships that MCWH helped to build between services and multicultural organisations resulted in successful collaboration to deliver co-facilitated sessions, opening opportunities for more services to meet and discuss migrant and refugee women's access to services. This also created trust and strengthened service relationships in working together.

Education sessions were most effective when conducted in an established women's group. Women engaged better as they trusted the environment and people around them. Women's groups provide a safe space for women to have regular meetings and were a successful platform in engaging women to discuss many different topics.

Given the importance of these connections, building relationships needs to begin as early as possible and ideally involve key community members in decision-making about project planning and direction. The consultation and needs analysis sessions with community groups were invaluable to the project both in understanding the communities' needs for the education sessions, and in building understanding with the local community which resulted in increased engagement.

The value of relationship-building and collaboration

The project found that building relationships and working in collaboration with service providers and community members was an essential outcome and success. Before the pandemic, travelling to the regions and having face-to-face meetings with services and community members strengthened the relationships, trust and understanding about the project between the regional services and communities. Following lock-down, ongoing connection and discussion helped the project to continue to make links between migrant and refugee women and service providers.

Through the process of relationship-building, the project leads were able to identify and collaborate with service providers and community members with a strong commitment to migrant and refugee rights and the goals of the project. Many of the service providers that were most engaged in collaboration were already actively engaged in work to support local migrant and refugee communities outside the scope of their roles.

Partnership and collaboration with these service providers, both individuals and specific organisations, helped the project to engage with community leaders and local services and made it possible to reach out to community members and involve them in education sessions. The process of relationship building enabled the project to form productive relationships with people and services that were invested in the project and its aims.

In addition, by facilitating and fostering respectful and equitable relationships and collaboration between local services and community leaders, the project helped to build a foundation for ongoing relationships based on mutual trust and shared understanding. Services that partnered with multicultural and faith-based organisations were more able to reach migrant and refugee women to talk about preventing violence against women and gender equality as well as family violence.

As part of building equitable relationships, it was important throughout the project, to take an intersectional approach, to understand and respond to power dynamics within communities. Working with communities to understand power and privilege in the community involved consulting broadly rather than with the most obvious or regularly consulted members of the community. It was observed that in general, most community leaders consulted were men, highlighting the need to explicitly engage and involve migrant and refugee women in decision-making and consultation.

The importance of bilingual health educators

Engaging MCWH bilingual health educators made it easier to communicate with communities in their own language and understand their culture, needs and what works best for them. When the project encountered challenges in attracting community members to attend certain information sessions – for instance, in some communities, stigma often led to hesitation in attending education sessions on family violence/sexual assault – utilising bilingual health educators helped communities feel more confident and safer to attend education sessions on these topics. It is important to mention that in one example, it was important for the community that MCWH ran the session rather than the local service. The Project Officer later found that one of the staff in that service was not trusted by that community. This experience highlights the need for health educators to be trained and if possible, accredited, to ensure that they have the skills and ongoing support to do their job effectively and safely.

Recommendations

1. Further implement and invest in culturally inclusive and intersectional approaches to preventing and responding to domestic and family violence

Additional funding should be allocated to frontline services in regional areas to:

- Undertake regular whole-of-organisation training (including volunteers) that focuses on understanding intersectionality, culture, and race and best practice around culturally safe practices in engaging with the communities. This training should be part of staff induction.
- Develop cultural safety frameworks and practices to include in service delivery policies. When working with migrant and refugee communities, services should think *beyond* 'cultural competency' and move towards adopting an intersectional and culturally safe approach rather than just a tool kit. Services should recognise that having an intersectional approach is an ongoing practice that requires continuous reflection, monitoring and evaluation.

Multicultural services and family violence services system should strengthen their collaboration by:

- Establishing a Community of Practice for rurally-based practitioners/workers to support one another, share knowledge and workshop issues related to migrant and refugee communities. Invited speakers should be from migrant and refugee communities. Communities of Practice can be an opportunity for workers to critically reflect on systemic inequalities and barriers migrant and refugee women and communities face when trying to access services. Migrant and refugee women and communities need to be involved in the conversations to avoid decision making based on assumptions.
- Establishing virtual committees/advisory groups for consultation with community members and/or community leaders. Due to services in regional areas covering large geographic areas, and having time constraints and work commitments, it may not always be possible for service providers to physically meet. Service providers should be willing to start virtual consultations with migrant and refugee community members in rural and regional areas and hear their voices in decision making and policy making. These communities should be consulted before a policy is made. It is important to recognise the expertise and leadership of migrants and refugees. It is also important to budget the consultations (involving interpreters and childcare expenses if need be) and ensure the provision of feedback to the consulted community members on the outcomes.

2. Normalise and increase the inclusion of multilingual information, bilingual education, and working with people who speak languages other than English in services

- Properly remunerate, train and support bilingual workers to deliver in-language health education and information sessions to communities. Services like Multicultural Centre for Women's Health can provide accredited training for bilingual workers and can deliver health education sessions for services that want in-language health education sessions delivered in their region.
- Implement equitable recruitment and workplace practices to expand the bilingual/ bicultural workforce within domestic and family violence and sexual assault services.
- Support existing staff who are bilingual and bicultural, by being aware of and supporting the additional responsibilities or workload that they may be shouldering as a result of their specialist knowledge and/or connection to the communities you serve.
- Work with specialist organisations to embed technology literacy and support for languages other than English to reach women who are isolated or may become isolated due to environmental changes such as a pandemic.

3. Promote and support women's and multicultural communities' leadership

- Fund programs that strengthen migrant and refugee communities' social connections and networks in regional and rural areas, and build their understanding of local services and opportunities to participate in community life. The project found that some women may not want to disclose issues such as family violence in their own community, so building opportunities for connections more broadly is as important as building connections within communities.
- Provide funding and support for communities to establish their own women's groups, and safe spaces for migrant and refugee women to come together more generally. Established groups can provide vital social connection for many migrant women, which supports information sharing and learning. For example, the project found that there was more engagement with health education sessions when delivered to existing migrant women's groups in Swan Hill.
- When consulting community leaders, engage a broad range of community members with diverse perspectives, and explicitly include women from the community, rather than limiting consultation to the same specific members of the community.

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Making the Links Advisory Group Member Organisations

Ballarat Community Health
inTouch – Multicultural Centre Against Family Violence
Mallee Family Care
Swan Hill District Health
Women’s Health Loddon Mallee
Ballarat Regional Multicultural Council
Bendigo Community Health Service, Settlement Services
Loddon Campaspe Multicultural Service
Mallee Sexual Assault Unit – Mallee Domestic Violence Service
Sunraysia Mallee Ethnic Communities Council - SMECC Mildura
Orange Doors, Geelong

Key partnerships

Ballarat Community Health Centre; Ballarat Regional Multicultural Council; Bendigo Community Health Service; inTouch – Multicultural Centre Against Family Violence; Loddon Campaspe Multicultural Service; Mallee Family Care; Mallee Sexual Assault Unit- Mallee Domestic Violence Service; Swan Hill District Health; Sunraysia Mallee Ethnic Communities Council; Women’s Health Loddon Mallee, and The Orange Door (Barwon Support & Safety Hub).



Multicultural Centre for Women's Health
Suite 207, Level 2, Carringbush Building
134 Cambridge St, Collingwood, VIC 3066
www.mcwh.com.au info@mcwh.com.au
ABN: 48 188 616 970