



# HARMONY ALLIANCE

MIGRANT & REFUGEE WOMEN FOR CHANGE

## 2022-23 Pre-Budget Submission

### Introduction

Harmony Alliance: Migrant and Refugee Women for Change is one of the six National Women's Alliances supported by the Australian Government to promote the views of all Australian women and to ensure their voices are heard in decision-making processes. Harmony Alliance's purpose is to provide a national inclusive and informed voice on the multiplicity of issues impacting on experiences and outcomes of migrant and refugee women and to enable opportunities for women from migrant and refugee backgrounds to directly engage in driving positive change.

We adopt an intersectional, feminist, and human rights-based approach in promoting the voice and participation of women from migrant and refugee backgrounds in Australian society. We acknowledge the diversity of experiences of women from migrant and refugee backgrounds and recognise the inherent value of each person, of all backgrounds, genders, ages, abilities, social standings, sexual orientations, or religions. We promote the principles of dignity, equity, autonomy, non-discrimination, and mutual respect.

The Harmony Alliance membership comprises over 140 organisations and individuals representing and/or working for the advancement and inclusion of migrant and refugee women. In using the terms "women from migrant and refugee backgrounds" or "migrant and refugee women" we are referring to women who have themselves migrated temporarily or permanently to Australia, both through humanitarian and non-humanitarian pathways; and non-first-generation migrant women who frame their identity to a significant extent within this migration story.

Harmony Alliance: Migrant and Refugee Women for Change welcomes the opportunity to make a submission to the 2022-23 pre-budget consultation. This submission outlines a range of proposed measures to ensure women from migrant and refugee backgrounds are adequately included in the 2022-23 budget and its recovery measures. Harmony Alliance held a series of consultations with its members to inform the recommendations in this submission.

### Proposed measures

#### 1. Economic security and participation

- Provide income support in the event of income loss due to COVID-19, emergency relief and housing support to migrant women regardless of their residency status
- Fund gender and culturally responsive employment services to ensure tailored approaches for women from migrant and refugee backgrounds
- Fund the provision of accessible information to women from migrant and refugee backgrounds about employment rights and safe working conditions, recognising their different migration pathways and varying levels of systems literacy
- Fund dedicated programs to facilitate migrant and refugee women's return to work and secure employment, including through entrepreneurship and education pathways

Migrant and refugee women face additional barriers to equal workforce participation, such as gender and racial bias and discrimination, cultural and gender expectations to provide unpaid care to children and family members, lower levels of English language proficiency, lower educational levels (particularly for humanitarian entrants who are more likely to have had limited or disrupted schooling prior to migration), challenges in gaining recognition of overseas experience and qualifications and lack of gender specialist employment services.<sup>1</sup> This often results in higher unemployment rates and greater financial insecurity as compared to women born in Australia and men from migrant and refugee backgrounds.<sup>2</sup> In addition to this, many migrant and refugee women are employed in insecure and low paid jobs, such as casual and temporary positions, that do not provide financial security.

The COVID-19 pandemic has disproportionately affected migrant and refugee women's economic security. Many migrant and refugee women in low paid, casual or precarious employment situations were the first to lose their jobs or have their hours cut at the beginning of the COVID-19 pandemic. While they were the first to lose their jobs, they are also likely to stay out of work much longer. They have also been impacted by the job losses of their partners and family members who are often migrants themselves. Many of the migrant women have not had access to financial assistance measures due to their visa status and have accrued significant debts or had to access their savings and superannuation to pay for essentials during the pandemic.

State and Territory Governments, as well as charities and community organisations, have offered temporary emergency relief measures during lockdowns and outbreaks which has mitigated the effects of financial insecurity for some migrant women. However, these programs are limited in time and scope and do not provide a sustainable long-term solution to supporting migrant women to overcome the COVID-19-related economic hardship they have experienced. Migrant women's economic insecurity places them at increased risk of eviction from their home and homelessness, as well as difficulties paying for essentials such as food, bills and medications. The measures taken by migrant women to survive the first two years of the pandemic will have a serious ongoing impact unless there is additional support provided by the Commonwealth Government. There is a need for greater income support in the event of job loss, as well as emergency relief and housing support for migrant women regardless of their residency status.

Migrant and refugee women have diverse and valuable skills to offer to the Australian workforce, but face additional challenges entering it. In assisting their recovery out of the COVID-19 pandemic, it is critical that they have access to employment services that are culturally and gender-sensitive and offer pathways to financial stability. Employment services should address the particular barriers faced by migrant and refugee women and enable a balance between different settlement needs and families. This should be combined with a focus on providing accessible information to migrant and refugee women about employment rights and safe working conditions, to ensure they are not exploited and are able to advocate for themselves in the workplace. There is also an opportunity to provide better support to migrant and refugee women wishing to start their own businesses, through funding for entrepreneurships and education pathways.

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<sup>1</sup> Harmony Alliance (2019). A strategic approach to improving employment outcomes of women from migrant and refugee backgrounds in Australia. <http://harmonyalliance.org.au/wp-content/uploads/2019/11/Empoyment-Outcomes-of-Womenfrom-Migrant-and-Refugee-Backgrounds.pdf>.

<sup>2</sup> Australian Bureau of Statistics (2020). Characteristics of recent migrants. Data about migrants arriving in the last 10 years including employment outcomes relating to visa type, birth country, education and language skills. Accessed: 12 January 2022, <https://www.abs.gov.au/statistics/people/people-and-communities/characteristics-recent-migrants/nov-2019>.

## 2. Safety

- Provide dedicated funding for the expansion of specialist family, domestic, and sexual violence services at the juncture of gender and cultural expertise to enable access to safety for women from migrant and refugee backgrounds
- Fund capacity building for specialist family, domestic, and sexual violence services to identify and establish early intervention programs, including programs tailored to the specific needs of men from migrant and refugee backgrounds
- Extend eligibility to income support, crisis payments, healthcare (including mental health), crisis accommodation and safe housing to all migrant women experiencing family and domestic violence, regardless of their visa status
- Resource relevant sectors to provide responsive in-language digital literacy and digital safety programs to migrant and refugee women

In 2020, Harmony Alliance and Monash University undertook the first study in Australia to record migrant and refugee women's insights on safety and security.<sup>3</sup> The study offers unique data insights. Thirty-three per cent of respondents reported experiencing some form of domestic and family violence (DFV).<sup>4</sup> Isolation and restrictive public health orders during the COVID-19 pandemic have presented additional risks for migrant and refugee women experiencing DFV, with 23 per cent of women reporting that DFV became more frequent during this period.<sup>5</sup>

Migrant and refugee women have unique factors that impact their experience of DFV including dependency on partners for residency status in Australia, lack of access to government support and services due to visa conditions, absence of trusted social networks and/or families in Australia, linguistic and cultural barriers in seeking help and reporting violence, limited options to return to their home countries and/or to leave with a view to returning to Australia, and gendered cultural expectations about roles and caring responsibilities at home.<sup>6</sup> Further, migrant and refugee women may experience DFV from members of their extended family as well as technology-facilitated abuse.<sup>7</sup>

The COVID-19 pandemic has exacerbated many of these challenges, given the economic insecurity and lack of access to government support that migrant and refugee women have experienced. There is a need for expanded eligibility for income support, crisis payments, healthcare, crisis accommodation and safe housing—regardless of visa status—to ensure migrant women are supported to leave abusive relationships and have access to safety after experiencing DFV.

Building the capacity of family, domestic and sexual violence services is essential to improving outcomes for migrant and refugee women. In particular, it is important that there is funding for specialist culturally responsive services who are best equipped to understand and respond to the complexity and diversity of migrant and refugee women's experiences and to provide safety responses in a culturally responsive manner. Similarly, establishing specialist early intervention programs that are tailored for migrant and refugee men, including in-language programs, is vital to reducing DFV.

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<sup>3</sup> Segrave, M. Wickes, R, and Keel, C. (2021) Migrant and Refugee Women in Australia: The Safety and Security Survey. Monash University. Available at: <https://apo.org.au/node/313003>.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Harmony Alliance (2021). Migrant and Refugee Women in the COVID-19 Pandemic: Impact, Resilience, and the Way Forward. <https://harmonyalliance.org.au/wp-content/uploads/2021/02/HA-Membership-Forum-Report.pdf>.

<sup>7</sup> Ibid.

Migrant and refugee women also face online threats to their safety. Social media has provided a new—and highly public—forum for racism, racist bullying and discrimination to occur, as well as other threats including death threats, stalking and image-based abuse (the non-consensual sharing of intimate or false photos online).<sup>8</sup> To support women to use technology safely and know their rights, there is a need for the Commonwealth Government to invest in tailored and culturally responsive digital literacy programs for migrant and refugee women of all ages that are accessible in community languages.

### 3. Health

- **Invest in strategies to support the health literacy and health system literacy, health promotion and disease prevention among migrant and refugee women**
- **Fund culturally- and gender-responsive health services, particularly sexual and reproductive health and mental health services, in the context of the transition to telehealth and higher levels of physical and mental distress due to the pandemic**
- **Expand eligibility for the Free Interpreting Service to allied health practitioners in order to provide comprehensive quality and safety care for migrant and refugee women with low or no English language proficiency**

Migrant and refugee women are at increased risk across pregnancy, mental health and reproductive health. There are a range of factors contributing to health disparities, including challenges accessing care (for example, due to visa status, financial resources, transport and language), low levels of health literacy, lack of familiarity with preventative health care and differing personal concepts of health and illness.<sup>9</sup> The COVID-19 pandemic has highlighted these disparities, with migrant and refugee communities facing more challenges in health care access throughout the pandemic. At the same time, the pandemic has highlighted the advantages that come from investing in tailored communication and engagement strategies to support migrant and refugee communities to access health information and health care. There is a need for greater investment in strategies to support health literacy and health system literacy, health promotion and disease prevention among migrant and refugee women, in particular, to ensure equitable access to health care and improve health outcomes.

As with the rest of the population, migrant and refugee women have been experiencing higher levels of physical and mental distress due to COVID-19 and associated public health measures, as well as postponing treatment for non-emergency health needs. The increasing reliance on telehealth poses challenges for migrant and refugee women, who may lack safe spaces to attend telehealth appointments, have language barriers that are made worse by difficulties working with interpreters over the phone, and lack access to technological devices. These issues are of particular concern when it comes to accessing sexual and reproductive health and mental health services. To ensure safe access to healthcare, cultural and gender responsiveness should be embedded within all health service provision, including digital services. This should include training for health care providers on working with interpreters and for interpreters on gender responsive practice.

Language barriers experienced by migrant and refugee women with limited or no English language proficiency are a significant barrier to equitable health care access. Engaging interpreters is an

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<sup>8</sup> eSafety Commissioner, *Adult cyber abuse* <https://www.esafety.gov.au/key-issues/adult-cyber-abuse>.

<sup>9</sup> Migrant and Refugee Women's Health Partnership & Harmony Alliance (2018). Submission to the Consultation on the National Women's Health Strategy 2020-2030. <https://culturaldiversityhealth.org.au/wp-content/uploads/2018/12/Womens-Health-submission-MRWHP-and-Harmony-Alliance.pdf>.

important part of ensuring high quality health care, which also leads to better settlement outcomes.<sup>10</sup> Presently, allied health practitioners are not eligible for the Free Interpreting Service. Consequently, migrant and refugee women face an additional hurdle when seeking consultations with allied health practitioners, which may lead to them not seeking care at all or receiving less than optimal care. Eligibility for the Free Interpreting Service should be expanded to allied health practitioners to address this gap.

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<sup>10</sup> Shergold P, Benson K, and Piper M (2019). Investing in Refugees, Investing in Australia: The findings of a Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants in Australia. Commonwealth of Australia Department of the Prime Minister and Cabinet. Available at: <https://www.homeaffairs.gov.au/reports-and-pubs/files/review-integration-employment-settlement-outcomes-refugees-humanitarian-entrants.pdf>.