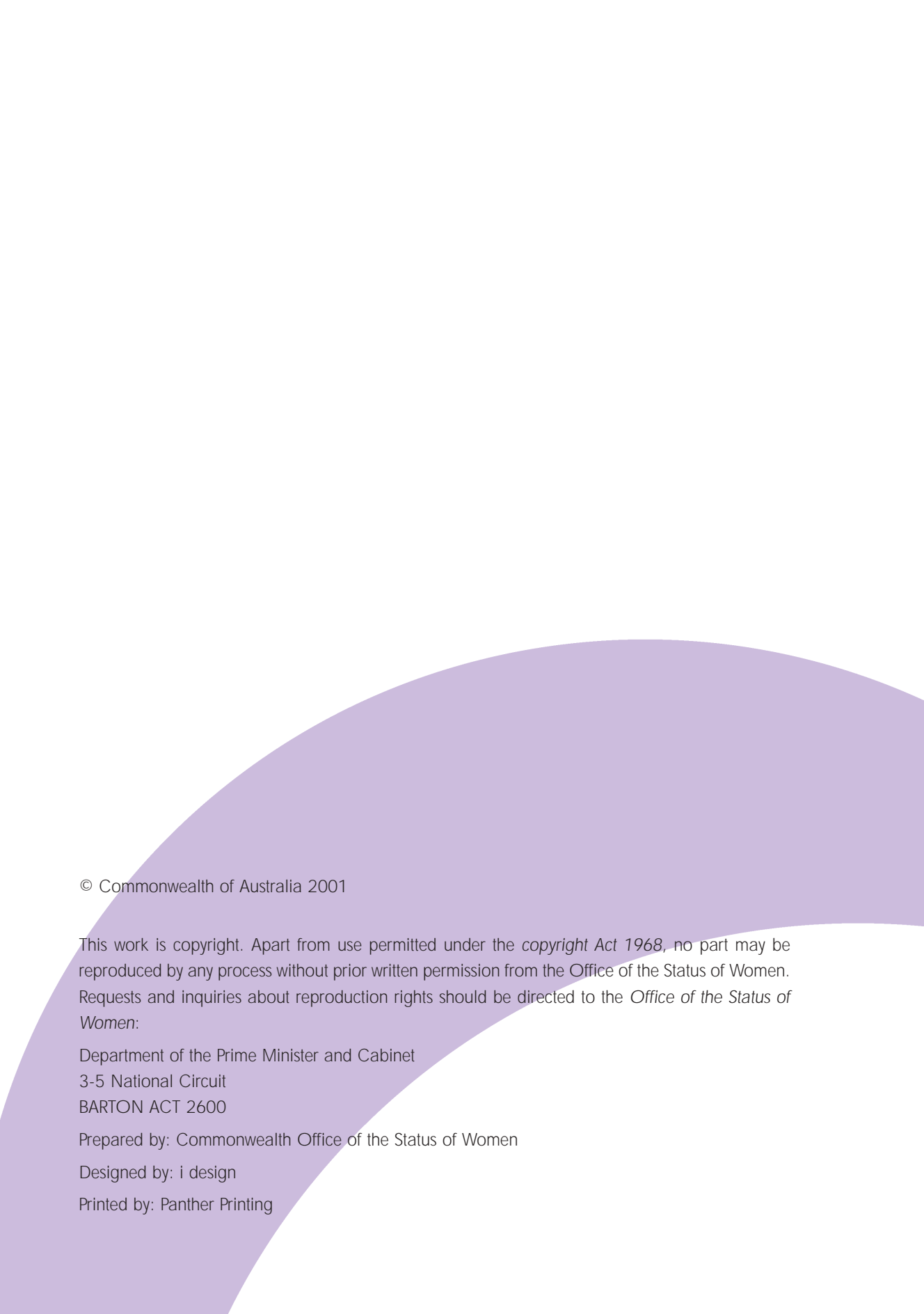




# State and Territory Consultations with Migrant and Refugee Women

australian *Women* speak





© Commonwealth of Australia 2001

This work is copyright. Apart from use permitted under the *copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Office of the Status of Women. Requests and inquiries about reproduction rights should be directed to the *Office of the Status of Women*:

Department of the Prime Minister and Cabinet  
3-5 National Circuit  
BARTON ACT 2600

Prepared by: Commonwealth Office of the Status of Women

Designed by: i design

Printed by: Panther Printing

# FOREWORD

We are pleased to present this report which provides the collective and individual views of migrant and refugee women from across every Australian State and Territory.

Australia has a long-standing commitment to address the special concerns of migrant and refugee women. Per capita Australia has one of the highest refugee resettlement rates in the world. This substantial contribution to resettlement has resulted in more than half a million refugees and displaced people being resettled here in the past fifty years.

Our humanitarian resettlement is an integral part of Australia's overall migration program, and the Government is committed to administering a responsible migration program that is in Australia's national interest.

In recognition of the fact that the impact of immigration is complex - particularly for those whose first language is not English - the Government provides a range of special services and programs to assist migrants in settling into Australia.

But all programs should be reviewed from time to time. In developing effective policy, it is critical that the Government directly consult people affected by its policies.

Therefore, from May to July 2001, a series of State and Territory forums was held with migrant women and their representative organisations. These women contributed ideas and proposed solutions to the many issues that are of major importance in improving their and their families' everyday lives. The issues were framed against the Office of the Status of Women's four major goals:

1. women's economic security
2. the elimination of violence in the lives of women
3. women's optimal status and position
4. health and well-being.

The report will provide a very useful resource for developing and shaping future policy. A number of recurring issues arose at many of the meetings, including:

- access to services,
- poor language skills,
- discriminating work practices,
- poor employer attitudes,

- insufficient child-care,
- lack of transport especially, in rural and isolated communities,
- domestic and family violence,
- the portrayal of women in the advertising and media, and
- lack of suitable human and financial resources.

It was clear that the concerns of migrant and refugee women were common across all States and Territories. Some meetings were able to provide suggested courses of action to alleviate the problems that women were facing.

Income security for migrant and refugee women was seen as the major issue. Employment was identified as the key to women feeling safe and secure in their community, other than those in which women expected or choose to remain in the home. It was evident that women did want some independence and securing paid work outside the home was seen as the key in being able to successfully address many of their issues and concerns.

We sincerely thank the many women and representative organisations that contributed their time, energy, enthusiasm and ideas, without which this report would not have been possible. We would also like to thank our Parliamentary colleagues who make up the Parliamentary Advisory Group (PAG) for coordinating and holding the consultations.

The report will provide a very useful resource for developing and shaping future policy. As in any consultation process, not every wish can be granted, but there is an opportunity to gain an understanding of how the many and varied views can be seen within the context of the aspirations and values among migrant and refugee women as a whole.

### **Senator the Hon Amanda Vanstone**

Minister Assisting the Prime Minister for the Office of the Status of Women.

### **The Hon Philip Ruddock MP**

Minister for Immigration and Multicultural Affairs

# Table of Contents

Foreword	3
Table of Contents	5
Acknowledgments	7
Executive Summary	9
<b>State and Territory Summaries:</b>	
Australian Capital Territory	17
New South Wales	23
Northern Territory	31
Queensland	37
South Australia	45
Tasmania	51
Victoria	57
Shepparton, Victoria	63
Western Australia	67
Appendix 1 Office of the Status of Women Policy Goals	73
Appendix 2 List of Hosting State and Territory Parliamentarians	75
Appendix 3 Participating Organisations	77



# ACKNOWLEDGMENTS



*The Office of the Status of Women would like to acknowledge the participation of the many migrant and refugee women, organisations and agencies who attended the consultation meetings held in all Australian States and Territories from May to July 2001.*

*We are grateful for the valuable feedback and cooperation provided by the women who attended these meetings. Clearly, without their involvement we would be unaware of the many issues of concern that face migrant and refugee women today.*

*We would also like to acknowledge the Department of Immigration and Multicultural Affairs for their assistance in preparing for each of the meetings and are also grateful for their attendance at all meetings.*

*Finally, we would like to thank the Parliamentary Advisory Group members who hosted the various meetings across all Australian States and Territories. Without the support of these members' consultations, processes like these would not be possible.*

*Leadership and Development Section  
Office of the Status of Women  
Department of the Prime Minister and Cabinet  
October 2001*





# EXECUTIVE SUMMARY

## AND RECOMMENDATIONS

In April 2000, Minister Ruddock and Senators Jocelyn Newman, Kay Patterson and Jeannie Ferris met to discuss the concerns of migrant and refugee women. The discussion determined that meetings with migrant and refugee women would be hosted in each State and Territory by members of the Parliamentary Advisory Group (PAG) to the Minister Assisting the Prime Minister for the Office of the Status of Women. This strategy was then endorsed by Senator Amanda Vanstone, Minister Assisting the Prime Minister for the Office of the Status of Women.

The meetings were convened by OSW with assistance from officers in Canberra and the State and Territory Departments of Immigration and Multicultural Affairs (DIMA). A total of nine meetings was held and hosted by the respective State and Territory Parliamentary Advisory Group Members (Appendix 2). Both departments were represented at every meeting.

The meetings were attended by interested migrant and refugee women and representatives of community organisations and non-government agencies. (Appendix 3) The meetings were well attended and there was representation from approximately 17 language groups.

The Executive Summary provides the ideas and the major collective priorities identified by meetings in every State and Territory.

The concerns and suggestions raised are considered against the Office of the Status of Women's four policy goals:

1. economic self-sufficiency and security for women throughout their lives,
2. optimal status and position for women,
3. the elimination of violence in the lives of women, and
4. the maintenance of optimal health and well-being throughout women's lives.

### **1. Economic Self-Support and Security for Women Throughout their Lives**

## **ISSUES RAISED DURING THE CONSULTATIONS:**

The economic standing of migrant and refugee women is often linked to that of their husbands. Through these consultations migrant and refugee women indicated that it was desirable to find ways to increase their chance of independent income through employment.

Many migrant and refugee women are highly skilled but find it difficult to secure employment. Reasons included the lack of recognition of overseas qualifications; lack of financial resources to upgrade qualifications and training to meet Australian requirements; discrimination in terms of culture; poor understanding by Job Network of migrant women's skills leading to inappropriate placements; and a lack of understanding in the workplace of some religious beliefs and practices.

Many women are asked to sign an Australian Working Agreement (AWA) and do not fully understand how they operate in practice. There was a view that some employers are using these to employ women on a casual basis rather than full-time for the employer's benefit. The result is that these women are exploited because they do not understand their rights and obligations.

Migrant and refugee women also expressed concern about their lack of progress of English language skills noting that poor language skills hindered their chances in securing suitable employment. There was also a view that the attitudes of some employers and business management schools needed to shift their thinking to recognise the valuable contribution these women can make to the Australian economy.

The meetings considered that there is a community assumption that poor English skills equal less intelligence. Many migrant and refugee women are highly skilled and professional yet there is a lack of understanding that they need technical training when the actual need is language proficiency. Many employers are considered to have poor personnel recruitment practices that are aimed at Anglo-Australians, making it difficult for migrant and refugee women who are not always aware of the requirements when applying for jobs.

Access to suitable child-care facilities was also identified as a major barrier for women seeking employment. Often migrant and refugee women are the primary homemakers and find it difficult to balance outside employment with family responsibilities. This also extends to inflexible arrangements in child-care for women who require care for only short periods of time when they are taking English classes.

The strict criterion of some government-funded programs is considered to prevent and eliminate many women from accessing the program. This includes the Specialist Migrant Employment Program, which is aimed at helping migrant and refugee women to re-establish themselves. A limitation of this program was identified as 'counting' of case numbers where it appeared that government was more interested in numbers than outcomes. A view that diminishing numbers and limited access to government-funded programs to assist migrant and refugee women, meant that charitable and community organisations were being required to offer more support than they were financially capable of supporting.

The two-year waiting period for income support was seen as a barrier for many families. Because of this many families rely on the family tax benefit as their sole source of income.

There was a view expressed that there are contradictions between Centrelink and the Department of Immigration and Multicultural Affairs policies relating to employment and income support. Concerns were expressed that many people take the first available jobs-often working long hours for low rates of pay, rather than being supported during a job search / job skills process. Because of this, women do not have the capacity to earn, and less money means loss of potential to the community. In some cases English language classes may not be undertaken, as securing income was seen as a priority.

## **STRATEGIES RECOMMENDED DURING THE CONSULTATIONS:**

- The development of a range of strategies to assist women's transition into employment, and economic security and focus on women at the grass-roots level, the local community and the larger community.
- Targeted programs, which address the identified needs. These need to be developed in a coordinated way with relevant stakeholders.
- Strategies, which include a step by step approach to engage women, as a means of gradual integration into the community. This should include language skills programs, introduction to the workforce, financial planning, health care system, the local council, and access to training and higher education institutions.
- A review of strategies available to assist women who have gained skills overseas to enable these skills to be recognised.
- Provision for English language classes at home and more flexible hours to accommodate child-care.
- Stakeholder meetings to develop strategies for connecting migrant and refugee women with mainstream organisations.
- Educating employers about the benefits of diversity in the workplace, including the creation of identified positions for migrant and refugee women. A review of recruitment practices that suit the needs of better recruiting migrants and refugee women, providing support in the workplace to assimilate.
- A review of government program criteria to allow more women access and assistance to government funded programs eg: Specialist Migrant Employment Program. These programs also need to be evaluated to ensure that they reflect long-term outcomes for individuals.
- An increase in funding to current and future programs to assist migrant and refugee women in employment and employment skills areas.
- Ensure that all government policy development and planning routinely considers the needs of migrant and refugees as a specific community group.

## 2. Women's Optimal Status and Position

### ISSUES RAISED DURING THE CONSULTATIONS:

Some women lose their professional status when they come to Australia. As previously mentioned many migrant and refugee women are highly skilled but often lack recognition of overseas skills. Their inability to afford to upgrade their qualifications and training to Australian standards leads many to accept lower- skilled jobs as a means to getting into the workforce.

Many women stay at home in some communities to look after children because they can't afford to work due to family responsibilities and access to transport. For some women this means they are denied the choice to work because it would reflect badly on them and their family. It also means that women staying at home are denied opportunities to improve their language skills.

Men are often the gatekeepers of information, and because of this women are denied access to information and resources. Women's role in the community was often seen to be devalued and they are given little support in their own community. Their culture dictates how they are to be treated. Women who understand the workings of government, and speak good English are frequently called on as advocates to assist but can be exhausted in their volunteer roles.

There are a number of courses and initiatives in some States that are being offered but migrant and refugee women can under-value their skills and think that these initiatives do not include them. Some courses provide skills for dealing with the media etc, and many of these encourage the participation of women.

Many women are carers and professional women and feel isolated in their community. Some migrant and refugee women do not speak English very well and they need a sense of purpose and access to activities that prolong their urge to contribute. There is an unrealistic perception that the longer migrants are in Australia the better their English is and the more settled and self-sufficient they are. Some migrants, particularly in Italian and Greek communities, who arrived in the late 1940's and 1950's are now feeling isolated and marginalised. This is due to the loss of linguistic skills, health issues and depression as a result of isolation as their children have left home and government services are focused on newly arrived migrants and refugees.

Migrant and refugee women are often part of patriarchal societies and the women's roles do not change simply because they are in a different country. Women who want to improve their lives run the risk of being seen as critical of their husband or community.

## STRATEGIES RECOMMENDED DURING THE CONSULTATIONS:

- Education programs targeted at men in migrant and refugee communities about the benefits for families and the community of women gaining skills and having leadership roles.
- Establishment of affirmative action policies for community associations.
- The promotion of role models to help pave the way for the next generation.
- Further exploration on encouraging women to seize opportunities that are presented to them instead of feeling intimidated.
- Development of community awareness programs, which reflect the contribution, that migrant and refugee women make to Australian life.
- Development of strategies to educate media and advertising agencies about cultural issues to combat stereotyping.
- Programs and services to recognise migrant and refugee women for their contribution to the community.
- Development and maintenance of mentoring programs where 'old-hands' bring along newcomers with them to meetings. Men could also be included as mentors in such a scheme.

### 3. The Elimination of Violence Against Women

#### ISSUES RAISED DURING THE CONSULTATIONS:

Information on domestic violence and relevant legislation is required by both men and women when they come to Australia. They also need information concerning services available to assist victims of domestic and family violence. Many new arrivals in Australia were unaware of Australian legislation relating to domestic violence legislation. Women are often fearful to leave violent situations worrying that they will be unable to support themselves and their families. Appropriate information providing women with the types of support and services available to them when escaping situations of domestic violence would be a useful tool.

Some meetings considered that there could be additional pressures within the ethnic community, which contribute to domestic violence, over and above the obvious settling issues. These include cultural sensitivities as well as the interpretation of a woman's role within the family and community.

There were concerns that domestic violence programs should also focus on men who perpetrate violence in order to assist them change behaviours. There has been a shift in

the mindset that programs need to just focus on women. It was acknowledged that there has been a move to involve the 'whole family' in developing effective solutions, and these are being implemented successfully.

For many women the only contact outside of their family and community is often with their General Practitioner (GP) and many considered that General Practitioners (GPs) were not making appropriate referrals for women presenting with signs of abuse, often using their own judgement and developed stereotypes on cultural perceptions. Given the social isolation of many migrant and refugee women, the issue of GPs and trust was extremely important.

## **STRATEGIES RECOMMENDED DURING THE CONSULTATIONS:**

- More information needs to be provided to women on their rights through the justice system so that they can deal with violence if or when it occurs. This information can be provided in English classes and on ethnic radio programs. In many communities men are the gatekeepers of information and many women will not be aware of services that are available to them.
- Education programs for GPs on abuse and sexual abuse and culturally appropriate responses in referring women to services to help them should be included in training programs. They should include education also for police, legal practitioners and the judiciary.
- Community organisations should work closely with the Colleges of GPs on national training programs, with particular regard to inter-cultural issues.
- Support for programs that provide a holistic approach, and which work towards behaviour change for men and women, need to start at the earliest stages of development with children at school and strategies to eliminate bullying, by teaching children how to resolve problems rather than contribute to unacceptable behaviour.
- Provision of dedicated migrant women's health workers to develop an environment of trust in which issues of domestic violence can be raised.

## **4. Optimal Health, Well-being and Lifestyle for Women**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

Access to health services was in some cases limiting for many migrant and refugee women, particularly in rural Australia. There was an agreement that Australia has an excellent health system, however, there are some culturally insensitive attitudes and lack of respect shown by doctors and hospital staff.

The meetings noted that generally, GPs were not aware of the specific health issues related to refugee women and women from specific locations (eg liver cysts in Pakistani

women). More female GPs and female gynaecologists are required especially outside metropolitan areas.

Concern was expressed that current services cannot support the massive range of needs women have when coming to a new country. Strategies need to be put in place that assist newly arrived women to settle successfully to ensure healthy families. Providing information on how to use the health system would be a useful tool.

Once again poor language skills can cause problems in relaying information to medical practitioners, and where there is a lack of female doctors and gynaecologists some women will choose to go untreated.

Mental Health, in particular, for victims of torture and trauma, was a common issue raised at some meetings. Many migrant and refugee women have experienced torture and trauma prior to their arrival in Australia. While assistance is available many women do not feel safe in talking of their experiences.

## **STRATEGIES RECOMMENDED DURING THE CONSULTATIONS:**

- Working with medical services to raise awareness of cultural issues, plus education of GPs with regard to specific health issues facing women from other countries.
- Promoting awareness of the Telephone Interpreter Services (TIS). TIS have a medical priority line and a video explaining and advertising its services.
- Additional services for migrant and refugee women at community health services.
- Outreach links by funding female nurses / health workers for Migrant Resource Centres.
- A campaign to recruit bilingual women for health services.
- Development of activity-based programs for women in community houses.
- The provision of counselling services for victims of torture and trauma.
- Use of interpreters to promote health services.

## **CONCLUSION:**

In most cases it was clear that the consultations held with migrant and refugee women were very useful and provided an opportunity for many of the participants to express their concerns in a safe environment.

It was suggested at one meeting that further meetings be held and where possible outside normal working hours to allow more women to attend.

The Victorian participants indicated that they shall hold a follow-up meeting after the OSW Conference in August to look at the outcomes so far from the discussions around the country and consider the next steps forward.





# AUSTRALIAN CAPITAL TERRITORY CONSULTATION

31 May 2001

## 1. Economic Self- Sufficiency and Security for Women Throughout their Lives

### ISSUES RAISED DURING THE CONSULTATIONS:

#### ***Barriers for migrant and refugee women seeking employment.***

The group discussed a number of significant barriers to migrant and refugee women achieving economic self-sufficiency because of the difficulties they experience in getting jobs. These include:

*English language skills.* Poor language skills were seen as a significant barrier to employment for women. Two specific issues emerged. Spouses on temporary entrance visas are entitled to English instruction however; women on fiance visas are not entitled until they are married. This was seen to further lower their chances of getting a job. Secondly, the 510 hour English instruction available to some migrants was seen as inadequate to equip them for employment.

*Non-recognition of professional skills* meant that women either could not get work or could not get jobs appropriate to their level of experience and expertise.

*Employer attitudes.* There was a view that employers had discriminatory or ignorant views that prohibited migrant women from 'winning' jobs.

*Cultural issues.* It was thought that some women did not understand the cultural expectations inherent in Australian workplaces in terms of preparing job applications and performing at job interviews.

### SUGGESTED ACTION:

The group discussed a number of practical ways to improve the job prospects of migrant and refugee women in the ACT. These included:

- I Providing disadvantaged migrant and refugee groups with access to English instruction.
- I Educating employers about the benefits of diversity in the workplace.

- Creating identified positions for migrant women.
- Developing a mentoring program for migrant women to make up for their lack of 'connections' in Australia. There are a number of programs that could provide a model to consider including, the ACT Government Community Leadership Program, Schools to Industry program, and the National Women and Business Network. The group made the point that government assistance and resources would be needed to coordinate any such program.
- Encouraging job seekers and employers to consider internships and other work experience opportunities.

## **2. Women's Optimal Status and Position**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Staying at Home***

The status of women who stay at home is very high in some communities. For some women this means they are denied the choice to work because it would reflect badly on them and on their family (this becomes another barrier to women achieving self-sufficiency).

English language proficiency is also a significant factor in women's status and position. For those women who stay at home improving their English skills is difficult.

#### **SUGGESTED ACTION:**

- Promote awareness and extend the scope of the Home Tutor Scheme.

#### ***Role of Men***

The group identified that there is a 'glass ceiling' for migrant women within their own communities and that community leadership is male dominated. There was strong general agreement that there is a need for more women to push through and take on a leadership role within the community.

#### **SUGGESTED ACTION:**

- Educate men about the benefits to families and communities of women gaining skills and having a leadership role.
- Establish affirmative action policies for community associations. There was a suggestion that governments could enable this by making it a criterion for grant funding.

- ACT Multicultural Council could play a role.
- Provide information to women migrants in their country of origin (or at airports on arrival in Australia) about local community groups and services.

### **3. The Elimination of Violence Against Women**

#### **ISSUES RAISED DURING THE CONSULTATIONS:**

The group discussed a number of issues in relation to violence against women including:

- The potential for women's increased empowerment to create resentment among men that may lead to increased domestic violence.
- Regret that the term domestic violence has become common parlance because it implies a less serious crime.
- The added trauma women and children suffer by having to leave the family home even though they are not the perpetrators of the violence.
- The importance of providing legal advice to women before they leave the family home.
- The barrier created by denial that there is a problem 'in my community', especially since community leadership is usually male-dominated.
- The need for public information campaigns like the Illicit Drugs Campaign to keep this issue on the national and media agendas and to affect a cultural shift.
- The need to get community leaders on-side.
- The need to target ethnic groups where incidents reported are more prevalent e.g. by accessing court reports to establish trends.

### **4. The Optimal Health, Well-being and Lifestyle for Women**

#### **ISSUES RAISED DURING THE CONSULTATIONS:**

##### ***Language skills***

The group discussed the need for women to access interpreters when talking with their doctors (in hospital or consulting rooms). Phone translation services are preferred because of the privacy and confidentiality they offer patients. (Close-knit communities worry about their privacy because when there are few interpreters available they run the risk of knowing them or being known to them).

There are too few interpreters available and NAATI's high fees and marking system (using markers from different language/dialect groups) are barriers to more community people becoming accredited translators.

Problems with older women migrants who have not established good English skills after arrival and who remain linguistically isolated from the mainstream community throughout their lives.

## **SUGGESTED ACTION:**

- I Provide subsidies to National Accreditation Authority for Translators & Interpreters to encourage women to train as interpreters.
- I Promote awareness of the TIS services. TIS has a doctors' priority line and a video explaining and advertising its services.
- I Mental Health put out a brochure listing doctors who speak more than one language.
- I Investigate the viability of using the Centrelink phone interpreter model.

### ***Ageing, Depression and Gambling***

Ageing was of great concern to the group, particularly for those migrants who have been in Australia for twenty and thirty years and are no longer working. Feelings of bitterness and boredom often led to depression among older migrants. Social isolation is a problem for this group as they are very often unable to communicate well outside of their family/extended family circles. The group highlighted a need for suitable venues for these older persons to be able to meet and communicate with 'their own people'.

Similarly, concern was expressed at the high incidence of older people gambling, a problem which may lead to depression and guilt. This was seen as a symptom of social isolation highlighting the need for alternate social activity, particularly for women who are not working or are past working age.

## **SUGGESTED ACTION:**

- I Extend existing programs like the Health Pact walking groups into migrant and refugee communities.
- I Develop activity programs (eg. producing craft items for sale at markets) to be run in community houses.

## **Health System**

There was general agreement that Australia has an excellent health system. Concerns were raised, however, about some of the culturally insensitive attitudes and lack of respect shown by doctors and hospital staff.

### **SUGGESTED ACTION:**

- Work with doctors and medical organisations to raise awareness of cultural issues.

### **5. OTHER ISSUES RAISED DURING THE CONSULTATIONS:**

At the end of the meeting Senator Reid asked participants if there were any other issues that should be raised. The group mentioned 'isolation' as a general problem, then listed the following:

- workplace harassment,
- refugee status,
- superannuation/retirement,
- income and women's average earnings,
- migrant women in IT area - how many women have access, how do they use it and will they become more isolated if they lack these skills as the world becomes increasingly more IT dependent, and
- transport for the elderly.



# NEW SOUTH WALES

## CONSULTATION

12 June 2001

### **1. Economic Self-Sufficiency and Security for Women Throughout their Lives**

#### **ISSUES RAISED DURING THE CONSULTATIONS:**

##### ***Barriers to effective implementation of government-funded programs (relating to employment and employment skills).***

Discussion of the Specialist Migrant Employment Program (aimed at helping migrant and refugee women to re-establish themselves) and the strict criteria that eliminates many women from accessing the program. A major problem in implementing the program is the 'counting' of case numbers.

It was noted that the program used to be offered to everyone, but that now only skilled migrants qualify. One representative said her service "constantly has to turn women away".

There was agreement that there should be program accountability. However, the targets were set on case numbers and placements and there were many achievements made under the program for women that are often not measurable by these means.

#### **SUGGESTED ACTION:**

- I** A review of program criteria to allow more people to be assisted.
- I** A review of program evaluation methods to better reflect outcomes for individuals (taking a long-term view on the value of the program to people's lives).

##### ***Diminishing number of government-funded programs to support women (in gaining English language skills, employment skills, work experience, employment).***

The view was expressed that, with the diminishing number of government-funded programs to assist migrant and refugee women, charitable and community organisations were being required to offer more support than they were able (funds allowed them) to do. It was agreed that, generally, there was not enough support for migrant and refugee

women; nor for community and charitable organisations trying to meet additional demands for assistance.

## **SUGGESTED ACTION:**

- More funding of current programs to assist migrant and refugee women in employment and employment skills areas.
- Additional employment skills programs to support migrant and refugee women.
- Recognition of the benefit of work experience through additional support for skills training (in Australian workplace 'culture').
- Income support payment for women undertaking work experience (to defray travel and associated costs).
- Additional government support for community organisations.
- Ensuring government agency staff are aware of all provisions so as to enable them to offer full advice.

### ***Government immigration policy and visa restrictions relating to training, employment and income.***

There was much discussion around the many issues associated with the Government's policies on migrants and refugees, including:

- The need to recognise that torture and trauma victims require a substantial period of time to "face their many critical issues" before being able to participate socially and economically in society.
- The SMPO (migrant placement scheme) 'fitting oddly' with the two-year waiting period for income support requirements (Centrelink).
- People being 'frozen out' of income security net for a two-year waiting period effectively delays people's capacity to properly settle for that period of time.
- An example was given of people who needed to work to support themselves and their families having to take the first available jobs (\$5 an hour serving yum cha or as outworkers working very long hours at the maximum rate of \$7 per hour), rather than being supported during a job search/job skills process.
- The impact of the two-year waiting period on skilled women (in the skilled migration program). Their pre-payment of English language lessons often takes up most of their savings and lack of income support makes their participation in the Skillmax program difficult (transport costs etc).
- Lack of recognition of the experience of women who come as partners of a skilled migrant and are often skilled themselves as they are 'frozen out' of opportunities to seek employment: "It's just such a waste of talent".



- I The perception that migrants and refugees are 'rorting' the welfare system must be challenged.
- I Because of the two-year waiting period for income support, many migrant and refugee families rely on the family tax benefit as their sole income.
- I Migrants and refugees do not perceive Australia as a welcoming country.

## **SUGGESTED ACTION:**

- I Review and better planning of policies, notably the integration and interconnection of Family and Community Services, Centrelink and Department of Immigration and Multicultural Affairs policies.
- I More services for those who have experienced torture and trauma - delivered closer to the homes of these people.
- I More bilingual counsellors.
- I Intercultural communication and issues- training for Australian counsellors.

### **Service integration**

There is no integrated approach for those accessing State/Commonwealth programs for women - nor well-defined methods to specifically target women in need. While programs and those delivering them do what they can, "no one CSS worker can be an expert on everything. It's a maze" [in relation to the two-year wait period, what people can get - transport, language services etc - Depending on visa type].

The DIMA official advised the women attending the meeting that each State and Territory has a planning committee that looks at issues relating to settlement across portfolios.

## **SUGGESTED ACTION:**

- I Review of immigration policy to consider cross-portfolio and cross-jurisdictional issues.

### **Superannuation**

There was concern that current immigration policies were at odds with the push for better superannuation coverage for Australians: "you are setting people up to use all their savings" during the two-year waiting period.

The need for information on income support for divorced women was also raised.

## **SUGGESTED ACTION:**

- I Review of immigration policy to consider long-term financial security implications for individuals and the longer-term impact on government (e.g. aged pension provision).

- I Information on income support/financial planning for divorced migrant and refugee women.

## **Welfare Reform**

It was noted that the recent 'Australians Working Together' welfare reforms package did not specifically mention the needs of migrant and refugee Australians, signalling to those attending the meeting that migrants and refugees were no longer "taken into account in the context of policy planning".

## **SUGGESTED ACTION:**

- I Ensure that all government policy development and planning routinely considers the needs of migrants and refugees as specific community groups.

*New legislation that includes 'activity testing' provisions (especially for holders of temporary protection visas).*

People on temporary protection visas are most at risk from the requirement to provide proof of seeking work (by filling in activity testing forms for Centrelink). It was felt that this provision would be likely to further disadvantage women, especially those who were undertaking English classes to be able to seek work and those who, due to their language skills, were unable to fill out the form. This situation is not helped by the fact that DIMA settlement officers cannot be involved in assistance with FACS processes.

For those women who breach their activity agreement, their payments would be reduced or cancelled.

It was also noted that people on temporary protection visas had been 'demonised' because of media reporting of detention centre issues.

## **SUGGESTED ACTION:**

- I Provision of more assistance in filling out activity testing forms.
- I Community education about people who hold temporary protection visas.
- I Review of new requirements in the legislation, with regard to the impact on women.

## **2. Women's Optimal Status and Position**

## **ISSUES RAISED DURING THE CONSULTATIONS:**

### **Stereotypes**

The stereotype of Muslim women being more likely to be victims of abuse (by their husbands) and domestic violence was discussed; as was the assumption that domestic violence was worse in migrant communities (than in the community generally).

It was thought that migrant and refugee women were often more 'visible' as victims of domestic violence "because of where they are in the structure" - i.e. more likely to seek help from a community organisation than, say, a middle-class woman who would have her own family/financial support.

## **SUGGESTED ACTION:**

- Services and programs to focus on new arrivals: to inform them of their rights in Australia.
- More community awareness of the contribution of migrant and refugee women to Australian life.
- Cross-cultural education programs for all government staff (Health, DoCS, Centrelink, police etc).
- More resources for advocacy services for women.
- Campaign to educate mainstream media about cultural issues (to combat stereotypes).

### **3. Elimination of Violence in the lives of Women**

## **ISSUES RAISED DURING THE CONSULTATIONS:**

### ***Reporting of assault and sexual assault.***

For many women the only contact outside of their family (and community) was with their GP. There was discussion about GPs not making proper referrals for women presenting with signs of abuse; and of them using their own judgement (and cultural perceptions/stereotypes) of 'not making a big issue' when women disclosed abuse.

Given the social isolation of many migrant and refugee women, the issue of GPs and trust was extremely important. There was agreement on the view that many migrant and refugee women thought that their GP "was not on her side most of the time".

It was also noted that:

- generally, GPs were not aware of the specific health issues related to refugee women and women from specific locations (e.g. liver cysts/Pakistani women);
- there were not enough resources on mental health issues in particular languages (Farsi as an example).

## SUGGESTED ACTION:

- I Provision of education programs for GPs on abuse and sexual abuse and culturally appropriate responses in referring these women to services to assist them.
- I Community organisations working closely with the Colleges of GPs on national training programs - with regard to intercultural issues.

### **Domestic violence**

The group discussed a number of issues in relation to violence against women including:

- I The impact of immigration policy on domestic violence - in relation to women on spouse visas experiencing violence (subsequent to arrival) and being unable to leave a violent relationship as they have no access to income support.
- I The impact of financial stress on relationships - again related to immigration policy and the two-year waiting period.
- I Disclosure can create more problems for migrant and refugee women.
- I The need for more case managers with bilingual skills.
- I The contradiction in policy that gives women on spouse visas access to income support, but provides no support for those on bridging visas; this leads to another layer of complexity for those providing assistance to women (what benefits for whom?).
- I The Commonwealth should be showing support so that no woman is trapped in an abusive relationship.
- I The need for more interpreters/interpreter assistance for family court issues, including violence orders.
- I The difficulty in accessing services for women living in small communities; given the dynamic of community links.

Women at the meeting said that while domestic violence laws were working, "there were some process issues", including community organisations often needing to remind police of the court (police) responsibility to arrange/provide interpreter services: "there is pressure on community services to make authorities accountable".

The high rate of police inaction (especially if a migrant woman does not know her rights) and withdrawal of complaints was also discussed. Police perceptions were also seen as an issue in this area: "if I go through all the paperwork, she'll still withdraw."

## SUGGESTED ACTION:

- I Income security provisions for women on visas who are experiencing violence and a communication strategy to inform women of their options.

- Special benefits for all women experiencing domestic violence, regardless of their visa category.
- Education programs for GPs on abuse and sexual abuse and culturally appropriate responses in referring these women to services to help them.
- The requirement for GPs to document reports of abuse.
- Communication program on violence for culturally and linguistically diverse communities.
- More legal assistance.
- More interpreter services and an education program for police (informing them of their responsibilities).
- Police education programs.
- Higher pay and better career path options for police domestic violence officers (in each station).
- Better avenues for advocacy for women.
- More marriage counselling services.
- Funding for additional community workers (State-level).

#### **4. Women's Safety and Health and Well-being**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Barriers to migrant and refugee women accessing health services.***

A major barrier to migrant and refugee women accessing health services was identified as male GPs. Many women would not see a male doctor for women's health issues, e.g. pap smears, breast checks.

It was also noted that generally, GPs were not aware of the specific health issues related to refugee women and women from specific locations (eg liver cysts/Pakistani women).

### **SUGGESTED ACTION:**

- More female GPs, especially outside metropolitan areas.
- More services for migrant and refugee women at community health centres.
- Additional outreach links by funding female nurses for Migrant Resource Centres.
- Information programs for GPs about specific health issues relating to migrant and refugee women.
- A campaign to recruit bilingual women for health services.

## **5. OTHER ISSUES RAISED DURING THE CONSULTATIONS:**

### **Criteria for translations**

The 1996 ABS Census data was used as the basis for defining the criteria used by government for translation of information materials into community languages. Participants at the meeting suggested that the 'biggest' groups were not always those most in need of information in their community languages.

It was suggested that the focus for translations services be on recently arrived groups (especially health and housing information); and that this should be part of better overall communication planning (including cross-portfolio coordination).

### **Role of interpreters**

Interpreters are there for their language skills. Often, this was misunderstood and they are asked to act in a counselling role, or, to give legal advice.

Migrant Resource Centres (MRC) are increasingly being asked to provide advice on income support, given the complexity of the system.

### **Legal Aid**

Because the merit testing is so stringent now, many women are representing themselves in legal matters/court cases (mostly to their detriment). More funding for legal aid was seen as a priority.

### **Recent arrival - a personal perspective**

One participant at the consultation provided an individual insight into the issues facing a migrant woman - from a personal perspective. She chronicled her arrival, her lack of any income whatsoever (unable to find a job and no income support for the minimum two-year period) and resultant inability to afford to establish a life here. Temporarily staying with friends, she is unable to contribute financially to the household; cannot afford to find her own accommodation; does not qualify for any government financial assistance (including special benefit); is not eligible to enter a migrant women's refuge and does not qualify for any housing assistance. She has accounting qualifications from her country of birth but they are not recognised.

# NORTHERN TERRITORY CONSULTATION

**5 June 2001**

## **1. Economic Self-Sufficiency and Security For Women Throughout their Lives**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Lack of support for single mothers with children***

Concern was expressed that a woman's mental health can be adversely affected particularly if she is single with children if sufficient supports are not in place. This refers to a range of information she may require especially for those who have newly arrived. The settlement can be a traumatic experience. The aim should be to raise the woman's independence so that she can acquire the skills she needs to be an effective contributor to the community and economy at large.

#### ***Women disadvantaged through signing of Australian Work Agreements (AWAs)***

Many women are asked to sign AWAs and do not fully understand how they operate in practice. There was a view that some employers are using these to employ women on a casual basis rather than full-time for the employer's benefit. The result is that these women are exploited because they do not understand their rights and obligations. The women are fearful of speaking out in case they lose their job. In some cases women have had to sign a clause which prevents them from working in the same State in that particular industry (Information Technology, given as the example) when the contract expires. The problem appears to be endemic, especially in the hospitality industry (takeaways). Some women have gone to the legal system for assistance but most do not.

#### ***Migration of family members as carers from Overseas***

The cost (\$65,000) for aged parents coming to Australia was seen as prohibitive. This was having a negative impact. It was suggested that the parents could play a significant role as carers, especially for those families on low incomes. It was suggested that the recognition of the carer role should be part of the criteria for assessing parents entering Australia.

## ***Institutional Barriers in Employment***

There was an observation that when women are appointed to public service positions they tend to stay at the lower levels and it was acknowledged that there could be a range of reasons as to why. However, it was seen that the atmosphere and the work environment is sometimes not conducive for women to succeed or be promoted to further opportunities.

## ***Barriers to Child-care Arrangements- economic survival***

There is a lack of flexibility in the current child-care arrangements which do not take account of women who may be learning English for just a few hours a day and require care for children for a shorter time (an example of a child with down-syndrome was given). Care is withheld by some centres in preference for those women who require child-care for a longer time and this mostly concerns full time care. A possible solution was getting the mother and the child to the centre by taxi. However, the only category the taxi could access was someone with a disability, meaning that neither mum nor the child fitted the category. The cost of a taxi was \$50.

## ***Lack of recognition of prior learning for overseas qualifications***

The lack of recognition of prior learning in some professions makes upgrading overseas skills extremely difficult. Some progress has been made with National Office of Overseas Skills Recognition (NOOSR) but there are still some professions that are not recognising skills and consequently this is a loss to the Australian economy of this untapped potential. It seems to also depend on the country of origin. There are a lot of skilled migrants doing low skilled jobs and with time these skills are getting lost without practice.

*Refugee women with a family.* It was suggested that in order for these women to get a head-start when they first arrive, they require an additional one-off payment from Centrelink that is not refundable. This would cover items such as rent, clothing etc. It could be part of the settlement amount for those who have no money. This could be in the order of possibly \$300.

Refugee women can work but they are only allowed to earn a small amount of money before deductions are made to Centrelink payments. This is no incentive to joining the workforce.

*Migrants:* Having to wait a two-year period for Centrelink payments was seen as a stumbling block. Because migrants need work to survive, English classes became a lesser priority than surviving.

Aged persons are only eligible for the aged pension after 10 years of residence in Australia. Similarly, people with disabilities are only eligible for a disability pension after 10 years of residence in Australia. This is seen as very limiting in terms of providing some contribution to the economy.



### ***Discrimination at interviews***

There was a view that the system discriminates because it does not take account of a person's culture. This can suppress the person at interview irrespective of their capabilities in the workforce.

## **2. Women's Optimal Status and Position**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Advertising and the Media***

Many advertisements portray women as sexual objects, scantily clad etc. It was felt that standards need to be lifted and government needs to be a leader in setting the direction.

The way in which refugees are currently portrayed on television as terrorists and violent, does damage to community's perceptions of all refugees. It was believed that constant negative stereotypes are damaging and impact on the whole of the community.

#### ***Representation of Women***

Women's role in the community was often seen to be devalued and they are given little support in their own communities. The culture dictates how they want to be treated. For example, women from Cambodia only want a female doctor to deal with them and only to deal with women directly for advice. There was a perception that there is a lack of understanding from the medical profession of what these women need.

Women from these cultures who understand the working of government, and speak good English are frequently called on as advocates to assist and can be exhausted in their volunteer roles.

### **SUGGESTED ACTION:**

Workshops should be provided to particularly educate doctors and nurses so that there is a shared understanding of what is preferred. Employing trained paid workers in a range of nationalities would assist in working with families.

## **3. The Elimination of Violence Against Women**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Forum on Sexual Assault - Canberra***

Senator Tambling invited Margaret Russell from the Office of the Status of Women to speak about the Forum on Sexual Assault that is being held in Canberra in three weeks

time. This is in response to the Government's announcement of \$16 million for Sexual Assault. Senator Tambling asked that OSW check that the Territory has been invited, and that the representation include an Aboriginal woman and another woman from the community.

### ***Provision of information regarding domestic violence***

Information is required both for men and women when they come to Australia regarding what constitutes domestic violence in all its forms, what is a person's rights, and that domestic violence is a crime.

In some cases there is not a good understanding of the word violence.

Men also need to know what is the course of action regarding violence before marrying a bride from overseas. The example was given that putting a lock on the phone to prevent access to family overseas is also an act of violence.

Men often act as gatekeepers in terms of how much information they will provide to women. Women are often fearful as to how they will support themselves if they leave the violent relationship and do not know who to turn to for support or advice. They also may see it as a case of losing face and having failed. Many of the women may be living in isolated communities and the difficulty is getting the information to them.

Making people who come to Australia aware of the domestic violence legislation is a first. People come with their own values and principles that may not align with those in Australia. Children adapt quickly to customs and changes, and the culture may just be in-household.

## **SUGGESTED ACTION:**

Providing information at English classes may be empowering for the women particularly if they are living in isolated communities. Provision of information by radio, posters and pamphlets in different languages.

### ***Different cultural expectations within mixed families***

Children can often have different expectations of discipline when administered by a new Australian stepfather. The lack of understanding can be problematic and can create tension and conflict within the family.

#### **4. Optimal Health, Well-being and Lifestyle for Women**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Women's Mental Health***

***Women's mental health is a big issue for refugees who have undergone torture and trauma.***

Post-natal depression was also raised as a concern as many women do not know of this condition and some cultures do not associate depression with having a baby. This could possibly be exacerbated where there is no family support.

#### ***Funding for support systems***

It was expressed that current services cannot support the massive range of needs women require when coming to a new country.

There are currently not enough resources to bring together those women who lack self-confidence, information and require support. It is believed that institutions cannot deal with these issues.

Women need to know for example how the health system works. They are coping with their isolation, away from family and friends. Strategies need to be put in place that assist them settle successfully to ensure there will be healthier families and that young people are not subject to child abuse and in turn do not repeat the patterns of abuse or turn to drugs.

#### ***New and Emerging Communities***

Resources are required for these particular communities to ensure they can be beneficial to the Australian Economy.

#### ***Lack of Female Gynaecologists***

There is also a lack of female doctors in the community, particularly in the rural remote regions.



# QUEENSLAND

## CONSULTATION



**10 July 2001**

### **1. Economic Self-Sufficiency and Security for Women Throughout their Lives**

#### **ISSUES RAISED DURING THE CONSULTATIONS:**

*Feelings of uselessness and corresponding depression.* Findings that migrant women suffer from feelings of uselessness and corresponding depression as a result of the difficulties they face in finding satisfying work were raised and discussed. It was pointed out that these findings can be found in a report released by the Queensland Government's Premier's Council for Women in March 2001 entitled *Beyond the Pink Collar. Towards Strategies to Respond to Women and Work Issues in Queensland.*

*English language skills.* Poor language skills were seen as a significant barrier to employment. In addition to being unable to speak or write in English many migrant women - particularly those from African countries which have been subject to civil war - are also unable to read or write in their own language.

*Many programs designed to assist migrant women fail to work* because issues such as discrimination and language barriers are not addressed.

*Non-recognition of professional skills* mean that many women migrants cannot get jobs or are forced to accept low-skilled, low-paying jobs which do not utilise their expertise or experience.

*Programs are often replaced just when they are beginning to work.* Funding often runs out just when a program is beginning to work i.e. 3 year funding allocations. This makes it difficult for migrant women to reap the full benefit of initiatives and it is frustrating for those who manage the programs.

*Many initiatives to assist migrant women appear to be stop-gap measures that take little account of the bigger picture.* There seems to be little consideration of broader issues and little consideration of how individual programs fit into the bigger picture. It was suggested that any consideration of poverty among migrant women needs, for example, to take into account the impact other policies, such as the two-year waiting period, have on the economic security of migrant women.

*Too many consultations and not enough action.* Some of the women who attended the consultation said they were sick of rhetoric and consultations. They said action was needed - not more talk.

*The economic vulnerability of women on arrival in Australia also impacts on the welfare of their children and other family members.*

*Many migrant women are exploited by employers.* A number of examples of ways in which migrant women were exploited were cited including one case where employees were being paid \$1 an hour. Other cases included a woman being sacked for one day's absence due to illness and the widespread practice of limiting and timing women's toilet breaks. Call-centres were highlighted as being particularly exploitative to migrant women.

*Information for women coming to Australia is vastly inadequate.* Not much is done to inform women when they arrive in Australia about their rights in relation to employment. Attendees felt this was a reflection of the lack of information available to newly arrived migrant women in general. Information, which is available, is targeted towards families and, in particular, towards the male head of the family.

Attitudes of staff in Government agencies can be discriminatory and mitigate against migrant women accessing the services they need.

*Women who have fled African countries where there has been civil war face even greater barriers and discrimination.* Many women in this category, in addition to having had no education, face additional discrimination because of their colour and gender.

*Accessing child-care and child-care subsidies can be very confusing.* It is very difficult to work out what child-care subsidies are available and how to access them.

*Muslim women face additional difficulties accessing employment because of the way they dress.* One attendee cited an example of a Muslim woman being told by a Centrelink employee that it would be easier to get a job if she removed her headscarf.

*The high cost of sponsoring family members to come to Australia often causes great financial difficulties to migrant women and their families as many borrow money to assist.* Families are so central to some cultures that many migrants will go into great debt to assist their families to come to Australia.

For many migrant women the economic issues, which matter most, are those relating to basic survival.

Migrant women with temporary protection visas have very little in the way of support.

*Inflexible income support makes it difficult to achieve economic security particularly when many of the jobs available to migrant women are part-time and very insecure.*

In many instances, migrant women workers are being replaced.

*There is no specific worker in Queensland to assist migrants with regard to their housing rights. There is also no funding or assistance available to help migrants enforce their rights in the private housing market despite the fact that many migrants have very bad experiences. Migrants who traditionally live with their extended families, those from Africa for example, particularly experience a lot of discrimination in the private housing market.*

*People needing housing face significant problems. The Integrated Humanitarian Settlement Scheme (IHSS) has been privatised. There were concerns amongst participants as to provisions under IHSS, particularly with the shorter accommodation period for new arrivals. Accommodation for new arrivals is now only available for one month whereas it used to be available for three months.*

*There is no assistance under the On Arrival Program for young people who may need to live away from home. On arrival young people are treated as a part of a family not as individuals when it comes to housing, even though they may previously have been living away from home.*

## **SUGGESTED ACTION:**

- More practical things need to be done (as opposed to more research).
- More initiatives to address language barriers need to be introduced; including extended hours under the AMEP.
- There needs to be more programs that help migrant women to move beyond 'garbage' jobs. A new program in Queensland was cited as a good example of this. It teaches migrant women catering skills and builds on their existing skills, while addressing language barriers. Free baby-sitting services are provided and classes are suspended during school holidays.
- The workforce needs to be reformed to offer women more security.
- Programs for migrant women need to be linked to broader issues: they need to take more account of the bigger picture.
- Everything discussed at these consultations needs to be passed on to the Council for Multicultural Australia.
- Agencies such as OSW need to focus more on marginalised groups such as migrants.
- There needs to be a greater focus on achieving access and equity.
- More attention needs to be given to assisting migrant women to move into small business.
- Issues relating to basic survival need to be addressed as a priority.

- I Economic security for migrant women can only come with greater access to government.
- I It may be worthwhile for governments in Australia to look at overseas models, which assist migrants. For example, Sweden offers a two-year program, which incorporates child-care, language classes and work placement. It is expensive but it works.
- I Child-care subsidies need to be overhauled.
- I Possible role for OSW to educate governments and other agencies about the work migrant assistance workers do.
- I Provide advice to migrant women to assist them when they are signing work contracts to minimise the likelihood of exploitation.

## 2. Women's Optimal Status and Position

### ISSUES RAISED DURING THE CONSULTATIONS:

***There needs to be greater recognition that migrant women need training to teach them how to lobby.***

Attendees felt that Australia's record in relation to leadership and decision-making is below that of most developing countries when it comes to minorities.

### SUGGESTED ACTION:

- I Programs are needed to teach migrant women how to have a voice.
- I Support needs to be provided to migrant women to help them achieve positions of leadership.
- I The requirement for mandatory representation of migrant women in all areas of life should be established.
- I Request made on the day to Ms Kay Elson to organise an advocacy workshop for migrant women.
- I Obstacles to lobbying, such as limited funding and resources, need to be addressed.
- I The representative from the Department of Immigration and Multicultural Affairs drew attention to the Community Input Guide developed by the Resettlement Advisory Council to assist community organisations with input to government settlement planning processes.



### 3. Elimination of Violence Against Women

#### ISSUES RAISED DURING THE CONSULTATIONS:

*Young migrant women face different issues because two cultures need to be balanced. This causes conflict and can result in violence and loneliness.*

***Many women are abused during the two-year waiting period for social security benefits.***

Migrant women who are in exploitative work situations are often also subjected to sexual harassment, sexual assault and rape.

Migrant women who leave men because of violence are very vulnerable because they do not have access to financial support. Refuge structures may not lend themselves to women from a culturally and linguistically diverse background. Special services have limited capacity.

#### SUGGESTED ACTION:

- I There needs to be more support for young migrant women.
- I Women need to be supplied with information on domestic violence assistance services when they first arrive in Australia.

### 4. Optimal Health, Well-being and Lifestyle for Women

#### ISSUES RAISED DURING THE CONSULTATIONS:

***Migrant women often have more urgent priorities, such as survival, which override health considerations.***

Concern was expressed that health funding for a two-year Female Genital Mutilation project allocated in 1998 is exhausted. It was stated that, on inquiry, Queensland Health's explanation for the removal of this funding was that it had been removed from the Queensland Government.

***There is not enough support for migrant women with AIDS.***

Funding for addressing female genital mutilation (FGM) does not provide adequate support for younger women. This leaves them very isolated and leads to problems with self-identity. It also causes problems for family members who may not know what to do when FGM related health problems occur.

Tendering for settlement services has had implications for health services. In particular the counselling services must support both the refugees on permanent visas and the

temporary protection visa holders. There would be value in having a dedicated organisation to coordinate health services.

## SUGGESTED ACTION:

- I More support for migrant women with AIDS is needed.
- I More funding and support for FGM needs to be specifically targeted towards addressing the needs of young migrant women. These women often don't have extended family support.

## 5. OTHER ISSUES

*Agencies do not have a specific action plan for assisting migrants.* OSW, among other agencies, was criticised for not having a specific action plan for assisting migrant women outlined in its pamphlets. Attendees did not feel that vision statements and general references to diversity give adequate recognition to the needs and concerns of migrant women.

*Three of the key issues negatively impacting on migrant women are*

- I the perceived abandonment of appropriate access and equity strategies;
- I the absence of a practical approach to multiculturalism; and
- I mainstreaming and privatisation.

*The diverse settlement pattern of migrant women in Queensland creates additional problems,* contributing to a lack of awareness and responsibility on the part of government agencies.

*Partnership approaches to policy/service delivery excludes migrants* because no one listens to migrant women's voices and no one assists them to have their say.

At every level of their lives migrant women face more problems than other women.

*Current services do not have specific funding to look at the needs of young migrant women.* Issues affecting young women who require specific attention include torture and trauma, FGM and family matters. A submission regarding the need for specific funding for younger migrant women was given to the Queensland Government last year by one of the organisations represented. This submission was rejected.

Why were so many programs to assist migrants abolished?

*Negative attitudes about migrants are not improving.* This is exacerbated by the media who often presents a negative view of migrants at the expense of positive stories.

*Difficulty in accessing legal services* means that many migrant women settle legal issues to their detriment i.e. in property settlements. Many migrant women are not in a position to pay for legal advice and many are not aware that legal aid exists.

*Differences among migrants have big implications for service needs. For example, women who arrived in Australia post World War II now have unique needs as many are being left alone on farms in rural/remote areas as their husbands die.*

## **SUGGESTED ACTION:**

- I** Hold a workshop for politicians and agencies to make them aware of the needs of migrant women.
- I** OSW should continue to play the role previously played by the Office of Multicultural Affairs in monitoring the media's portrayal of migrant women and in providing an avenue for the lodging of complaints.
- I** Efforts need to be made to present a different view to the media, although lack of funding and resources are obstacles to this.
- I** Employ women at OSW with the specific task of providing information on a whole range of rights and services to newly arrived migrant women.



# SOUTH AUSTRALIAN CONSULTATION

**June 2001**

## **1. Economic Self-Sufficiency and Security for Women Throughout their Lives**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

#### ***Barriers for migrant and refugee women seeking employment.***

Employment was seen as the key to women feeling safe and secure in their community. The group discussed a number of significant barriers to migrant and refugee women achieving economic self-sufficiency because of the difficulties they experience in getting jobs.

These include:

*English language skills.* Poor language skills were seen as a significant barrier to employment for women. Many women are unable to read or write in their own language and therefore initially need basic literacy classes. The 510 hours of English instruction available to some migrants was seen as inadequate to equip them for employment.

*Non-recognition of professional skills* meant that women either could not get work or could not get jobs appropriate to their level of experience and expertise.

*Transport.* Lack of access to reliable transport limits many women's ability to find and take up employment. Many women do not drive and /or are living in isolated areas or areas without public transport.

*Employer attitudes.* There was a view that employers had discriminatory or ignorant views that prohibited migrant women from 'winning' jobs.

*Child-care.* Single mothers looking for employment are further disadvantaged by the lack of available and affordable child-care.

*Culturally and linguistically appropriate services.* Any services or literature which are provided i.e. job-seeker programs or sessions on managing finances should be culturally and linguistically appropriate.

## SUGGESTED ACTION:

- Providing migrant and refugee groups with greater access to English instruction i.e. above the 510 hours and remove the restriction that it only be available within five years of arrival.
- Additional funding to be provided for education.
- Job opportunities for single mothers to be explored and information on these opportunities to be made available at the community level.
- Education to be targeted at the migrants and refugees level to ensure they can learn skills that will enhance their settlement.
- A review of work practices and policies in line with a culturally diverse society.
- Additional transport services for migrant and refugee women specifically those, which encourage access to employment and group/community activities.
- Driver education training including linguistically appropriate training manuals and testing.
- Additional funding to ensure culturally and linguistically appropriate services and literature.

### ***Lack of planning for retirement.***

A number of women noted the lack of awareness within migrant and refugee communities of the need to plan for their retirement. Many migrants have not bought their own home and this has therefore resulted in aged migrants who don't work still paying significant rent and/or mortgages leading to financial hardship.

### ***Government immigration policy.***

The main comment was the length of time for the Permanent Residency Process to be completed.

## **2. Women's Optimal Status and Position**

## ISSUES RAISED DURING THE CONSULTATIONS:

### ***Little change in status of migrant women***

*Older migrants.* There is an unrealistic perception that the longer migrants are in Australia the better their English is and the more settled and self-sufficient they are. However, migrants, particularly in Italian and Greek communities, who arrived in the late 1940's and 1950's are now feeling isolated and marginalised. This is due to: loss of linguistic skills, health issues and depression as a result of abandonment as their children have left

home and government services are focused on newly arrived migrants and refugees. Also, older women are still subject to domestic violence from their husbands.

*Women with Children.* Many migrant women are isolated at home with children. They need help in settling into, and making networks within, their community. Lack of access to English classes and to transport exacerbates this problem.

*Patriarchal societies and communities.* Migrant and refugee women are often part of patriarchal societies and the women's roles do not change simply because they are in a different country. Women who want to improve their lives run the risk of being seen as critical of their husband or community.

*Leadership.* It was noted that there are still few migrant and refugee women in leadership positions and/or little promotion of those in these positions.

## **SUGGESTED ACTION:**

- Funding for additional transport services specifically for older migrants and women with children.
- Interpreter services available to older migrants on an as-needs basis and particularly for accessing health services.
- Greater number of female health professionals including GPs.
- Government support services to be reviewed in relation to providing culturally and linguistically appropriate assistance to older migrants.
- Programs/services to recognise the value of the community and plan activities, which are community- oriented including both men and women.
- Greater promotion of migrant women at a national level through media avenues - i.e. a more visible presence.

### **3. The Elimination of Violence Against Women**

## **ISSUES RAISED DURING THE CONSULTATIONS:**

***The group discussed a number of issues in relation to violence against women including:***

- The potential for women's increased empowerment to create resentment among men that may lead to increase domestic violence.
- Recognition that many women do not want to leave their homes, husbands or communities and that strategies to assist women should be understanding of the women's right to choose to stay.

- Violence is often committed by the extended family. Communities are small and there can be pressure from within the community not to complain, especially as they are usually male-dominated.
- The need to get community leaders on-side.
- Increases in domestic violence services do not appear to have reduced the incidence of domestic violence.
- Migrant and refugee women are generally poorly represented users of such services.

It was noted that the Migrant Women's Lobby Group has completed a report on domestic violence and that copies of the report are available on their website.

## SUGGESTED ACTION:

There was strong support for domestic violence programs that focus on men who perpetrate violence in order to assist them change behaviours. There was also strong support for programs, which acknowledge that there is a need to involve the whole family if effective solutions are to be implemented successfully.

- Peer educators to be employed and work face-to-face within the community, both men and women, in a non-threatening way so that trust is built up. The peer educators will raise awareness of the issues and provide support and counselling. In this way men will know where they stand and women will know their rights.
- Sessions about domestic violence at English classes.
- Support given to volunteers and peer educators to ensure they remain - to facilitate the build-up of trust.
- Greater access to interpreters and female doctors when using the health service system.
- Culturally and linguistically appropriate literature and services.

## 4. The Optimal Health, Well-being and Lifestyle for Women

### ISSUES RAISED DURING THE CONSULTATIONS:

#### **Barriers to migrant and refugee women accessing health services.**

*Language skills.* The group discussed the need for women to access interpreters when talking with their doctors (in hospital or consulting rooms). There are too few interpreters available and NAATI's high fees and marking system (using markers from different language/dialect groups) are barriers to more community people becoming accredited translators.



*Female Doctors.* A major barrier to migrant and refugee women accessing health services was identified as the lack of female GPs. Many women would not see a male doctor for women's health issues, e.g. pap smears, breast checks.

*Safety and Support.* Many women do not feel safe attending health services, programs or activities by themselves and prefer to go with at least one other from their community or in groups. Representatives from one of the Multicultural Councils provided some examples of the ways in which they encourage women to attend activities and health clinics by emphasising the group aspect and making it easy for women to attend by addressing their concerns and needs. There was recognition that many migrant groups know how to, and do, operate integrated activities within communities but they are limited by resources.

## **SUGGESTED ACTION:**

- I More female GPs, especially outside metropolitan areas.
- I More services for migrant and refugee women at community health centres.
- I More interpreters in the health services.
- I Support for volunteers i.e. reimbursement of expenses and recognition.
- I Programs developed which encourage group attendance at health clinics and mobile clinics to travel to rural areas.
- I Additional funding for community organisations to operate grassroots programs.
- I South Australian organisations to investigate ways of working together to enhance programs.

### ***Counselling for victims of torture/trauma***

Many migrant and refugee women have experienced torture and trauma prior to their arrival in Australia. As women age, they reflect more on these experiences and the impact is often not addressed until their children have left home and other needs of their community have been met. While assistance is available - language is a huge barrier to the disclosure of health problems and many women do not feel safe in talking of their experiences.

A comment was made of the difference in the availability of services for men. Those who have experienced trauma in war have ready access to counselling through Veterans Affairs but women who go through wars get little assistance.

## **SUGGESTED ACTION:**

- I Provide trauma/torture counselling as a choice to newly arrived migrants and refugees.

- I Provide other avenues for counselling through health services and community programs.

## 5. OTHER ISSUES RAISED DURING THE CONSULTATIONS:

- I *Discontinuation of funding to ANESBWA.* This issue was raised by a number of women from different ethnic communities. Within these communities ANESBWA is considered to be the national voice of migrant women in Australia - a voice which is still needed to ensure migrant women are visible and heard. However, there is real concern that the discontinuation of funding is seriously hampering its ability to meet the needs of migrant women on a national basis. Requests for continued funding were made.
- I *Inappropriate 'grouping' of migrants.* There was general consensus that migrants should not be 'grouped' simply because they speak the same language. For example, while migrants from Latin America and Spain may speak the same language their reasons for emigration are different and they need to be supported as separate communities. It was noted that the Spanish speaking community in SA is now very fragmented and there are few resources available for developing the separate groups.
- I *Targeted services.* People at different stages of settlement have different needs and services should be appropriate to individual and community needs.
- I *'Wholistic' services.* There was general consensus that services or programs for migrant and refugee women would be more successful if they address the range of needs in a coordinated way rather than just financial aspects, language or health.
- I *Centrelink.* A number of participants expressed their concern about Centrelink and requested that it become a sensitive, caring and considerate organisation particularly in relation to handling special benefits.
- I *Legal Services.* Access to legal services for migrants was raised as an issue by a few participants.
- I *Recognition of African communities.* At present African communities are not recognised within South Australia and there is no Community Settlement Scheme (CSS) worker in the State.

# TASMANIAN CONSULTATION

14 June 2001

## 1. Economic Self-Sufficiency and Security for Women Throughout their Lives

### ISSUES RAISED DURING THE CONSULTATIONS:

The group discussed a number of significant issues for migrant and refugee women achieving economic self-sufficiency. These include:

*Non-recognition of professional skills.* Women either could not get work or could not get jobs appropriate to their level of experience and expertise. Under the National Office of Overseas Skills Recognition (NOOSR) retraining programs did not appear to recognise prior skills and were time-consuming.

*Job Network.* There were a number of criticisms of the Job Network:

- Insufficient number of job network providers who understand the specific issues of migrant and refugee women.
- Job network staff show a poor understanding of the skills of the women and therefore suggest and arrange inappropriate placements, specifically 'automatically' referring to manual work.

Some participants reported that culturally appropriate specialist services for example, through the MRC were not able to accommodate demand. Non-NESB people are using the MRC's services, and consequently limiting the number of migrant people who can access the specialised services.

*Centrelink* stops assisting a family once either the husband or wife has a job, even if it is unskilled or low paying work, and this can impede resettlement.

*English language skills.* There is an assumption that poor English skills equals no intelligence. Many migrant and refugee women are skilled or professionals yet there is confusion that they need technical training when what they need is language proficiency.

*Documentation.* In the course of coming to Australia, many women lose their personal and professional documentation.

*Employer attitudes.* Men are favoured by employers and the men themselves are discouraging 'their' women to get employment because of cultural attitudes. The women's experience is that men look at women as though they don't know anything.

*Access to and culturally and linguistically appropriate services.* Any services or literature, which are provided i.e. job seeker programs or sessions on managing finances, should be culturally and linguistically appropriate. Migrant and refugee women may not know what to expect from Australian services and they are not in a position to ask the 'right' questions.

Senator Newman encouraged the participants to use the 131202 number to access the Multicultural Service in Centrelink. (OSW has followed-up with Centrelink access to the Multicultural Service Officer's (MSOs). All MSOs in Tasmania welcome contact from migrant and refugee women. Contact details for some MSOs are listed at the end of the report.)

*MRC services.* The MRC provides a limited service in Burnie and Devonport equivalent to one day per week and this is insufficient for workers to get to know the community, circulate information effectively, etc.

## **SUGGESTED ACTION:**

- The various ethnic groups to contact Centrelink Manager/ MSOs re inviting themselves for a visit to discuss issues.
- Participants are encouraged to contact their local Centrelink and request all brochures and information in their native language and disseminate what is available to others in their community.
- Retraining programs to recognise prior skills and offer abridged or streamlined courses.
- Department of Immigration, and Multicultural Affairs to assist migrant and refugee women in replacing missing documentation through diplomatic channels.
- Programs, which empower women and recognise that women can contribute even if there is a 'temporary' language barrier.
- A community radio network, which has 50% music programs and 50% community messages, information etc, to assist in information exchange. However, some rural areas don't get radio reception.
- NESB women associated with the Multicultural Council to consult with Women Tasmania re access to information.
- Dissemination of information about available facilities through the Commonwealth and State Libraries.
- For general information on all the Government's programs people in rural areas can access the CountryLink Service via 1800 026 222.

## 2. Women's Optimal Status and Position

### ISSUES RAISED DURING THE CONSULTATIONS:

#### ***Patriarchal societies and communities.***

- The areas of information technology and politics still appear to be a 'men's club'.
- Australian born excludes overseas born from activities, socialising and networking. Migrant and refugee women should be brave and take the initiative in striking up friendships.

#### ***Employment.***

- Migrant and refugee women lose status as part of the transfer to a new country. Due to the need to have income they accept lower skill jobs e.g. working on a factory floor as a way to get into the system.
- Women are often put-down when promoted but over time they are accepted.
- Employing a migrant is the best educator in the workplace - seen as putting diversity into practice.
- Successful women migrants set a good example/act as role models, which empowers other women.

## 3. The Elimination of Violence Against Women

### ISSUES RAISED DURING THE CONSULTATIONS:

The group discussed a number of issues in relation to violence against women including:

- Domestic violence does have an impact.
- Problems with pilot services which begin to wind down as trust is being built up.
- Referral to general domestic violence services is not ideal, as services often don't have an appreciation or understanding of the cultural issues.
- Men and boys need educating about the issue.
- Men with migrant or refugee backgrounds need to know that in Australia domestic violence is not acceptable.
- The need to lobby governments about the national standards criminal code for example so that domestic violence offenders are treated the same in each State and Territory.
- Preference is for removing the offender from the home rather than taking the victim to a refuge. Emphasise re-education rather than gaol sentences.
- Changing laws is not enough - education is needed.

- Case workers for domestic violence services must be highly skilled and capable of trust-building, which is why women often go to friends to discuss personal issues.
- Problems with court hearings, which are held in English.
- Reference was made to the 'Feasibility Study For a Regional Domestic Violence Court Support Service Project'. Should this type of study be done, how, where and for whom?
- Need to protect the crisis workers so that they are not seen as being 'the troublemaker' which they are often labelled as by the man/former spouse. Crisis services are a resource and are not to be blamed.

## **SUGGESTED ACTION:**

- Dedicated migrant women's health worker to develop an environment of trust in which the issues of domestic violence can be raised. Requires on-going funding as it takes time for trust to develop and this cannot happen if funding is for a limited pilot period.
- More translators/interpreters to be provided at court hearings.
- Ensure that migrant and refugee women have a full understanding of their rights through the justice system, possibly delivered by a trusted native-speaking friend.
- Additional funding for women's legal services.
- A culturally aware MRC domestic violence case-leader and central contact point.

## **4. The Optimal Health, Well-being and Lifestyle for Women**

### **SUGGESTED ACTION:**

- Discretionary funding for multicultural 'outlets' to include, as an integral component, cancer screening in their services.
- Funding for coordination and awareness raising programs within the Tasmanian Department of Health and for the staffing of an officer to work on policy as well as grass roots issues.
- Permanent migrant women's health workers.
- Group bookings to be made with health organisations for the delivery of services, such as pap smears, breast checks, etc. to women from the same ethnic background. Provide an environment which is safe and with people that they know and trust and encourage women to attend by publicising throughout their community.

## **5. OTHER ISSUES RAISED DURING THE CONSULTATIONS**

- Need more cultural awareness training to ensure that NESB issues are kept on the agenda.
- Participants can access the Centrelink Multilingual Call Centre on 131202 for all queries.
- Living in Harmony information to be mailed out to participants.





# VICTORIAN CONSULTATION

**29 May 2001**

## **1. Economic Self-Sufficiency and Security for Women Throughout their Lives**

### **ISSUES:**

#### ***Lack of recognition of overseas qualifications and discrimination***

Many migrant and refugee women are highly skilled but find difficulty in securing a job. This can be for a number of reasons such as lack of recognition of overseas qualifications; discrimination in terms of culture, religion etc; and lack of financial resources to update their training. Getting a job would make these women independent of welfare. There was a view that attitudes of some employers and business management schools need to shift their thinking to recognise the valuable contribution these women can make to the Australian economy that is currently a lost potential.

### **SUGGESTED ACTION:**

That a group of women from the group be invited to speak to universities (who are running business management courses) and corporates about their skills and the contribution they can make.

#### ***Access to job opportunities***

There were a range of issues expressed that make it difficult for migrant women and refugee women to access job opportunities. It was suggested that a variety of different approaches were required to meet the diverse needs such as newly arrived women, and older women who can often feel very isolated, forgotten or dislocated from the general community. It was felt that many women do not have the networks and don't get real opportunities. Consideration also needed to emphasise the value of the mature age workforce and the strategies to address this.

It was acknowledged that there is no lack of intelligent and skilled immigrant women, however the resources to network with the range of players often presents a barrier.

## **SUGGESTED ACTION:**

A range of approaches needs to be developed to cater for the diverse needs. They need to focus on women at the grass roots, the local community, and the larger community, including governments. Targeted programs are required to address the identified needs and these need to be developed in a coordinated way by the relevant stakeholders. Approaches also need to be developed in partnership with corporate and business enterprises to promote better access to opportunities.

### ***Skilled operators to provide the relevant information and referral***

Organisations and centres which provide information or referral services for people from non-English speaking backgrounds need to be proficient in their role and function. Many women experience being passed through a range of operators in trying to access the information or gain the assistance they require.

## **SUGGESTED ACTION:**

Information and referral centres need to be well-equipped. Operators need to have bilingual skills especially for small emerging and marginal communities. Some specialisation is also required e.g. health, education, employment etc. so that women can directly receive the information they require when they need it.

### ***Lack of resources for Immigrant and Refugee Women's Coalition***

The above organisation is undertaking a range of initiatives but hampered because it is not funded.

## **SUGGESTED ACTION:**

Approaching DIMA for funding, or looking for philanthropic approaches, establishing partnerships with a range of organisations; looking to models such as Community Business Partnerships.

### ***Establishing an onshore Database of Immigrant women's skills***

This database would be a resource for job placement opportunities, board placements etc. that could be accessed by government, business and professional bodies. SA already has a database for women offshore.

### ***Older women, the forgotten gender***

Many of the older women are carers and professional women that feel isolated in their community. Some do not speak English very well and have been here for 20-30 years. They need a sense of purpose and activities that prolong their urge to contribute.

## **SUGGESTED ACTION:**

Strategies need to be developed that include a step-by-step approach to engage women, as a means of gradual integration. The strategy needs to consider the needs of grass roots women, making connections with the relevant agencies in the local communities.

### ***Finding solutions for women at the grass roots***

When considering these women's needs (literacy, social integration, employment etc.) a small-scale plan needs to be developed at a macro level for sub regional communities that have short, medium and long term goals. One-off projects are not the solution. A major concern for some women before any economic issues is access to affordable housing.

## **SUGGESTED ACTION:**

A range of relevant stakeholders need to be involved to plan this strategy and look how this connects with mainstream organisations.

## **2. Women's Optimal Status and Position**

## **ISSUES RAISED DURING THE CONSULTATIONS:**

### ***Advertising and the Media***

Many advertisements do not connect with women from ethnic backgrounds. The women portrayed are mainly Anglo-Saxon e.g. advertisements for dealing with breast cancer.

## **SUGGESTED ACTION:**

More non-government organisations and others need to connect with women from non-English speaking backgrounds and look to the good but few models such as the YWCA. Use of different languages also needs inclusion in advertising.

### ***Getting more Women to participate in leadership and decision making***

There are a number of courses and initiatives that are being run but most women under-value their skills and think this does not include me. There are courses for example in Victoria for getting into local government and provide a number of skills such as how to deal with the media etc.

## **SUGGESTED ACTION:**

Needs to be further explored as to how more women can be encouraged to seize opportunities that are presented instead of feeling intimidated. Women have to be more pro-active to achieve their goals. Mentoring and networking programs would assist.

### **3. The Elimination of Violence Against Women**

## **ISSUES RAISED DURING THE CONSULTATIONS:**

### ***What effect does a two-year waiting period have on women?***

Issues were raised under each of the three categories of visas, namely spouse, newly arrived and Temporary Permit Visas. The women reported that there can be increased tensions in family households where women are caring for children and more family members join. Women and children in this situation can become the victims of violent relationships. New migrants without income, often due to circumstances beyond their control, face barriers enrolling in English classes and educational programs, and are sometimes unable to escape abusive personal situations.

## **SUGGESTED ACTION:**

More information needs to be provided to women so that they are aware of their rights and whom they can contact for assistance when violence occurs. Women need access to English classes. Radio programs and SBS programs are also possible solutions and should be provided in a range of languages. A small group of women who are dealing with this could combine their collective wisdom to look at solutions. It was also reported that videos were not screened always with women prior to departure to Australia (Manila) and this needed to be investigated.

### ***Women placed on Family Visas***

Clarification is required as to whether administration changes have occurred to put all family members on one visa rather than issuing individual visas. If this is the case, it can severely disadvantage women who may be in an abusive relationship.

### ***Domestic violence programs***

There was support for domestic violence programs that focus on men who perpetrate violence in order to assist them change behaviours. There has been a shift in the mindset that programs only need to focus on women. It was acknowledged that there has been a move to involve the whole family if effective solutions are to be implemented successfully.

There are issues for the children of parents who behave in an abusive manner and the role of the adult child who has its feet in two cultures and how they approach this.

## **SUGGESTED ACTION:**

Support for programs that take a more holistic approach and work towards behaviour change for men and for women. Programs also need to start at the earliest stages of development with children at school - strategies to eliminate bullying, and education that teaches children how to resolve problems rather than fighting.

### ***Overseas models that we can learn from***

A recent program has been launched in Belgrade to prepare migrants who are coming to a new country. It is perhaps a model that should look at in terms of what we can learn to refine our current models.



# **SHEPPARTON, VICTORIA**

## **CONSULTATION**

**31 July 2001**

### **1. Economic Self-Sufficiency and Security for Women Throughout their Lives**

#### **ISSUES RAISED DURING THE CONSULTATIONS:**

##### ***Pension allowance***

A concern was raised about needing more pension to pay household bills. Senator Patterson explained that the Government already spends hundreds of thousands of dollars providing support and that we have an ageing population. She said that it was necessary to strike a balance in terms of what was affordable. The Senator relayed that in the International Year of Older Persons very few older people had raised dissatisfaction with pensions. Most thought that they were fairly treated and with dignity.

The GST disadvantages small business (Senator Patterson requested the case to be referred to Sharman Stone's Office).

##### ***Provision of bridging courses to gain life skills***

Concern was expressed that more needs to be done to assist women who may need further skills and information with regard to the provision of services for migrant women. This may include for example life skills such as budgeting, who to contact when there is flood; information regarding Centrelink; their rights through the justice system; and measures to encourage preventative health. Account needs to be taken also of those women who may be single parents, particularly if they also have to work.

#### **SUGGESTED ACTION:**

Some of the information that is being requested is already being covered in the English classes at TAFE, however there is not sufficient time to cover this adequately or for the women to practice these skills. A more focused approach is required to support these needs.

- I** Bridging courses for women, life skills courses.
- I** Social worker/female counsellor in the region.

- More funding for workers with migrant and refugee women.
- Community house for women of neighbourhood house.

### **Transport**

Lack of public transport can exacerbate isolation and difficulty in seeking education and employment. Public transport needs to be more frequently provided rather than on the hour. Gaining a licence to drive is expensive and this can prevent access to English classes. There is also a large influx of women wanting to study courses at TAFE but who are unable to attend because of transport difficulties and access to childcare.

## **SUGGESTED ACTION:**

Volunteer assistance was suggested from a participant at the meeting to help with learning to drive at a local farm.

### **Education - increase of hours to learn English**

It was suggested that women who have children should have an extension of their time to access English classes. Currently there is a provision of 510 hours within five years. Often women cannot attend classes when they have children and so there is a loss of skill progression. Many women are working in the fields during the day and tending to children and family at night and often too exhausted to attend classes. There is also a lack of child-care in country Victoria. Only limited places are available and there is a waiting list.

Many women when they first arrive are also suffering torture and trauma and it is difficult for them to concentrate in order to learn. These women need additional hours to that which is already provided. It was recommended that the number of years to access English classes be extended from 5 years to 8 years.

### **Employment**

*For women with children there was a view that there was little incentive to work as they can only work limited hours and the payment from Centrelink was about the same or considerably less if a woman has many children.*

Staying at home means a greater risk that women can become deskilled, however there was little incentive if they were receiving less money.

Women married to Australian men on disability or other pension may want to work, but their husbands will not permit them because their income will result in reduced pension payments and possibly loss of eligibility for the Health Care Card. This is often the case where there is a large age difference between partners.

Difficulty was expressed gaining employment - often due to proving qualifications because of missing documents, lack of skills recognition, and relevant work experience. Education was considered as fundamental for increasing employment opportunities.



## 2. The Elimination of Violence Against Women

### ISSUES RAISED DURING THE CONSULTATIONS:

#### ***Insufficient information and support***

There appeared to be a lack of information as to what women can do to escape a violent relationship and how women can get permanent residency in their own right.

Senator Patterson explained that the recent legislation did not get through and that unfortunately there were some women who abuse the system. There needs to be some means of testing what is happening in the community.

### SUGGESTED ACTION:

- I There is a need to educate women of their rights and how they can get assistance, prior to coming to Australia. Although this is working in some countries it needs to be more widespread so that women are more aware of what to do and seek support when they arrive in Australia.
- I Men often act as gatekeepers in terms of how much information they will provide and may threaten a woman telling her that she will be sent back overseas. Women are often fearful as to how they will support themselves if they leave the violent relationship and do not know who to turn to for support or advice. Getting access to information is further compounded by living in rural communities and the lack of transport.

## 3. Optimal Health and Well-being and Lifestyle for Women

### ISSUES RAISED DURING THE CONSULTATIONS:

#### ***Lack of female doctors and gynaecologists***

A preference was expressed to have more female doctors in rural communities. It was explained that the Government is providing incentives for better health-care delivery over the next five years for rural communities.

Some women have many religious constraints approaching a male doctor. However, there is a shortage of female doctors in rural communities and often they are not available on-call due to their family commitments. Problems can arise where women will not seek medical help because there is no female doctor. Lack of bulk-billing services is putting pressure on indigenous health services.

There is also a lack of the use of interpreters in rural communities concerning health matters. Migrant women are often not aware of what services they can access. Better promotion of health services in the region to ethnic organisations is required.

## **SUGGESTED ACTION:**

- I** Community education and better promotion of health services in the region to ethnic community organisations is required. For example, more use of nurses, midwives and other health professionals to deliver services that do not need to be carried out by a doctor.
- I** Funding for women's activities and groups, which incorporate preventative health strategies.

# WEST AUSTRALIAN CONSULTATION

**3 July 2001**

## **1. Economic Self-Sufficiency and Security for Women Throughout their Lives**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

It was considered that the economic standing of migrant and refugee women is often strongly linked to that of their husbands. It is desirable to find ways to increase their chance of independent income through employment. It should be noted, however, that some women are suffering post-traumatic stress when they arrive in Australia, and should not be pushed into employment until they have had a chance to process the trauma they have suffered.

The point was made that there are communities where women don't suffer financial problems, and, for others, arriving with a large family whose father has been killed or lost in a war, social benefits are very necessary. It was also stated that, as is desirable for the community at large, those women that wish to be homemakers should also be given support.

It was pointed out that in the 40s and 50s, work opportunities were readily available for migrants and refugees; they were welcomed into the country to fill out the workforce and population; and it was generally taken for granted at that time in the existing Australian community that women would be homemakers.

It was also stated that those older migrant and refugee women eligible for the aged pension are very grateful for it.

The additional point was made that being 'ethnic' did not mean that you knew all about the other cultural groups. Each was unique with separate cultures and settlement issues.

Similarly, generalisations should not be made for Muslim women, as there are differences between Muslim women of different nationalities e.g. Bosnian and Iraqi.

### **Barriers to gaining employment:**

- Lack of English skills. This was seen as a major impediment.
- Being a single mother.

- | Carer duties, as it is seen as the women's role to care for children and for ageing members of the family.
- | Discrimination on the part of the Anglo-Australian community on the basis of dress (eg. Muslim women's cover), skin colour, religion and ethnic origin. Muslim women in cover cannot get even menial jobs such as cleaning.
- | It was stated that women who wear Muslim cover are not asked to participate in the Work for the Dole Scheme. This was seen as discrimination that deprived them of valuable work experience and opportunities to prove their ability to employers.
- | Lack of ethnic representation on decision-making bodies.
- | Migrants and refugees often don't know about the opportunities available to them.
- | Lack of statistics about migrant and refugee women in the economic sphere. Britain keeps such data on gender, age, religion and ethnic background.

## SUGGESTED ACTION:

- | Provide suitable job opportunities rather than benefits such as Social Security payments and rent assistance.
- | Encourage the creation of positions suitable for women with carer responsibilities by, for example, providing incentives to small business to create such positions.
- | Give women priority in bringing out family members so they have assistance with their carer duties, as would occur in their home country.
- | Provide counselling for post-traumatic stress.
- | Education of the community, including/especially government employees, so that discrimination does not occur. This could include affirmative action positions, including for women with cover, so that people from other cultures became more familiar to those in the Anglo-Australian workplace, and so that there would be more balance in selection panels. This would serve to create positions for migrants and refugees; would make appointments with, for example, Centrelink and Homeswest, less daunting; and would mean that there were some staff in such offices with a better understanding of the issues involved, and therefore more able to provide meaningful assistance.
- | Generally, more ethnic people in frontline government offices. e.g. Centrelink
- | Education of migrant and refugee women eg. pamphlets about the opportunities available.
- | Migrant and refugee women form cooperatives to market their considerable handicraft skills eg. making cushions.

## 2. Women's Optimal Status and Position

### ISSUES RAISED DURING THE CONSULTATIONS:

- I Again, it should be up to the individual woman what balance she chooses between being a homemaker and being involved in decision-making.
- I The need for role models was discussed, to help pave the way for the next generation. Newcomers often lacked confidence within themselves, and the different communities tended to always push forward their known representatives. This sometimes served to create burnout in the tried and true representatives, and didn't give the newcomers a chance to find their feet, and show their abilities.
- I Husbands sometimes held back their wives, by undermining their confidence in their abilities, and by insisting that household and child-care duties take precedence.
- I Many migrant and refugee women have excellent small business skills, but carer responsibilities, of both younger and older members of the family, create conflicting interests and competing duties. In many cases, their skills and knowledge were recognised by a stream of community members coming to the women's homes asking for assistance, while the women concerned never held formal positions.
- I Much of the Anglo-Australian assertiveness and communication training is very direct and not suited to various ethnic cultures. Some migrant and refugee women lead their households, quietly and gently, without using the brash or forward methods promoted in some Anglo-Australian programs.

### SUGGESTED ACTION:

#### ***Affirmative action positions on decision-making bodies.***

- I Mentoring, with 'old hands' bringing a newcomer along with them to meetings etc wherever possible. Men could be included as mentors in this scheme too.
- I Encourage ethnic men to 'give a go' to the women in their community.
- I Develop assertiveness and/or communication training programs tailored for various ethnic groups.
- I The view was expressed that migrant and refugee women should make an effort to marry into 'Australian' culture.

## 3. Elimination of Violence Against Women

### ISSUES RAISED DURING THE CONSULTATIONS:

It was noted that a woman from the West Australian ethnic community had been lost to domestic violence 6-7 months previously.

Attendees indicated that there can be additional pressures within the ethnic community, which contribute to domestic violence, on top of the obvious settling in issues e.g.

- a) the husband can't get a job, but the wife is able to get a menial job such as cleaning and so becomes the breadwinner. This can affect the husband's self-esteem in cultures where the men are normally the breadwinners;
  - b) the wife is seen as solely responsible for the children, and if they, for example, have problems settling in at school, the husband may see the wife as at fault, and take his anger out on her.
- Migrant and refugee women are often isolated and don't have a mother or other close family member in this country with whom to discuss their situation
  - Many won't seek assistance due to feelings of shame, and fear of judgment by the community
  - Education needs to be carried out in a culturally appropriate manner. Cultural workers could be appointed to educate communities.
  - We need to not alienate the men, but rather include them
  - Women who separate from their husbands due to physical abuse may still be eligible to apply to stay in Australia, but immigration procedures do not recognise psychological and/or emotional abuse

## **SUGGESTED ACTION:**

- Counselling between the victim and perpetrator

## **4. Optimal Health, Well-being and Lifestyle for Women Issues**

### **ISSUES RAISED DURING THE CONSULTATIONS:**

- The point was made that the Muslim practice of polygamy was designed to be a welfare institution to look after women and their children when their husbands had been killed in war etc. Also that God's commandment was that a man should only take a second wife if he could be just and fair.

It was suggested that situations where a Muslim man was proposing to divorce his wife by the spoken word or to take a second wife should be referred to the mosque for a decision. Julie Bishop, MP advised that under the Australian Constitution there is only one law, and she did not think that the Government would accept having the mosque rule on some cases.

- Some women refugees arrive in Australia without their marriage certificate, having lost it during a war or while in flight. Their marriage is not recognised by Australia without the certificate, and so they are ineligible to bring their spouses out.
- One attendee indicated that she had been told that there was a new law, which prevented surgery on ovarian cysts less than 4.8 cm in diameter. The Women's Policy Office undertook to look into this, and following the meeting advised that she had been told by a leading WA gynaecologist that:
  - if a cyst of any size is asymptotic the preference is to monitor and leave it alone,
  - once around or over 5cm, other symptoms e.g. pain, may be occurring and intervention is possible,
  - whatever the size, if scans show a cyst is solid or there are other changes then intervention may be involved.





# APPENDIX 1

## OSW Vision

Equality for women in every aspect of their lives and respect for and value of the choices, contributions and diversity of women.

## OSW Mission

To be the respected authority and leader in policy and service development for women.

## OSW Goals

- I economic self-sufficiency and security for women throughout their lives
- I optimal status and position for women
- I the elimination of violence in the lives of women
- I the maintenance of optional health and well-being throughout women's lives



# APPENDIX 2

## State and Territory NESB Forums in conjunction with DIMA

PAG Member	Location	Date
Senator Kay Patterson	Hoddle Room Melbourne Town Hall Swanston St Melbourne VIC	29 May 2001
Senator Margaret Reid	Education Workroom Canberra Museum and Gallery London Circuit Canberra ACT	31 May 2001
Senator Grant Tambling	Casuarina Library Conference Room Bradshaw Terrace Casuarina NT	5 June 2001
Senator Helen Coonan	Meeting Room Level 11 70 Phillip Street NSW Parliamentary Offices Sydney NSW	12 June 2001
Senator Jeannie Ferris Senator Amanda Vanstone	Conference Room 12th Floor Parliamentary Offices 100 King William Street Adelaide SA	13 June 2001
Senator Jocelyn Newman	Migrant Resource Centre 93 York Street Launceston TAS	14 June 2001
Ms Julie Bishop, MP	The Palms Community Centre cnr Rokeby and Nicholson Roads Subiaco WA	3 July 2001
Ms Kay Elson, MP	10A Post Office Plaza Main Street Beenleigh QLD	10 July 2001
Senator Kay Patterson	Goulburn Ovens TAFE Fryers Street Shepparton VIC	31 July 2001



# APPENDIX 3

## AUSTRALIAN CAPITAL TERRITORY PARTICIPANTS

Association of NESB Women of Australia  
PO Box 261  
Hall ACT 2618

Croatian Community Welfare  
Griffin Centre  
19 Bunda Street  
Canberra ACT 2601

Association of Migrant Women with English as a Second Language  
GPO Box 1392  
Canberra ACT 2601

ACT Multicultural Council  
19 Bunda Street  
Canberra ACT 2601

Individuals - Nepalese, Czechoslovakian, Angolian, Russian, Filippino, Iranian, Bosnian/Muslim, Bulgarian, Croatian, Polish, and Botswanian communities

## NEW SOUTH WALES PARTICIPANTS

United Moslem Women's Assoc  
PO Box 264  
Lakemba NSW 2195

Immigrant Women Speakout  
PO Box 31 Harris Park  
NSW 2150

Welfare Rights Centre  
5B/414 Elizabeth Street  
Surry Hills NSW 2010

Asian Women at Work  
PO Box 708  
Darlinghurst NSW 1300

Association of Non English Speaking Background Women of Australia  
24 Burleigh Street  
Burwood NSW 2134

Iranian Bilingual Counsellor  
Chatswood Community Health Centre  
38 Hercules Street  
Chatswood NSW 2067

STARTTS  
152-168 Horsley Drive  
Carramar NSW 2163

## **VICTORIAN PARTICIPANTS**

Victorian Immigrant and Refugee Women's Coalition,  
Level 2, 289 Barkly Street  
Footscray 3011

ISIS Primary Care  
PO Box 36  
Deer Park 3023

Horn of Africa Women  
13 Cutler Court  
Lalor 3075

Spanish Women's Group  
59 Fitzroy Street  
Laverton 3028

Vietnamese Women's Association of Victoria  
c/- North Yarra Community Health  
365 Hoddle Street  
Collingwood 3066

Westgate Migrant Resource Centre  
78-82 Second Avenue  
Altona North 3025

Islamic Society of Victoria  
14 Park Avenue  
Preston 3072

Eritrean Women's Group  
3 Woodcock Close  
Flemington 3031

Working Women's Health  
192 Hight Street  
Northcote 3070

Muslimah Islamic Group  
20 Evrah Drive  
Hoppers Crossing 3029

Arabic Speaking Women's Group  
11 Percy Street  
Newport 3015

Ecumenical Migration Centre  
95-97 Brunswick Street  
Fitzroy 3065

Afghan Support Group  
c/- Department Nuclear Medicine  
Royal Melbourne Hospital  
Grattan Street  
Parkville 3052

Greek Welfare Society  
7 Union Street  
Brunswick 3056

Maori and Pacific Island Community Based Services Inc  
c/- WHIN, 76 Edwards Street  
Reservoir 3073

Polish Community Services Inc  
77 Droop Street  
Footscray 3011

Victorian Multi Ethnic Slavic Welfare Association  
Level 2, 313 Flinders Lane  
Melbourne 3000

Russian Ethnic Representative Council  
PO Box 2811  
Fitzroy North 3068

Lao Australian Society Incorporated  
65 Donald Street South  
Altona Meadows 3028

Islamic Women's Welfare Council of Victoria

## WEST AUSTRALIAN PARTICIPANTS

Somali Community Association of Western Australian Inc.

61b Baden Street

Joondanna WA 6060

Tel: 9201 9773

Islamic Council of Western Australia Inc.

PO Box 70

Burswood WA 6100

Tel: 9459 3009

Moslem Women's Group

1/129 Hensman Street

South Perth WA 6151

Tel: 9368 2116

Chung Wah Association

128 James Street

Northbridge WA 6004

Tel: 9328 8657

Australian Asian Association of WA

275 Stirling Street

Perth 6000

Tel: 9328 6202

Macedonian Community of WA Inc.

46 Collingwood Street

Dianella WA 6062

Tel: 9276 9217

WA Association of Polish Women

33 Eighth Avenue

Maylands WA 6051

Tel: 9367 8891

Northern Suburbs Migrant Resource Centre

Unit 1, 14 Chesterfield Road

Mirrabooka WA 6061

Tel: 9345 5755

Lockridge Community Group

39 Diana Crescent

Lockridge WA 6054

Tel: 9378 4930



Ethnic Communities Council of Western Australia  
20 View Street  
North Perth WA 6006  
Tel: 9380 3791

Italo-Australian Welfare and Cultural Centre  
209 Fitzgerald Street  
Perth WA 6000  
Tel: 9228 2220

National Council of Jewish Women  
61 Woodrow Avenue  
Yokine WA 6060  
Tel: 9276 8040

Afghan Islamic Association of WA Inc.  
PO Box 1161  
South Perth WA 6151  
Unity of Ethiopians in WA  
9 Constance Street  
Yokine WA 6060  
Tel: 9400 9544

## **NORTHERN TERRITORY PARTICIPANTS**

Bilingual Health Workers Group

Greek Welfare Worker

School of Access & ESL

Anglicare

Torture and Trauma Survivors Service

Multicultural Council of the NT

Chinese Cultural Language School

Individuals from the: Thai, Cambodian, Vietnamese, Italian, Greek, Indonesian, Filipino, Sudanese, African, and Islamic communities.

## QUEENSLAND PARTICIPANTS

Taiwanese Community Rep (also a member of the Council for Multicultural Australia)

Multicultural Community Centre

*Vietnamese Women's Association of Queensland Inc*

African-Australian Association of Queensland Inc

Eritrean Community

East, Central and Southern African Association of Queensland Inc

Sudanese Community Association

Islamic Women's Association of Queensland

Baha'i Community of Brisbane

Bosnian Community

Ethnic Community Council Queensland

Ethnic Community Council of QLD

Queensland Program of Assistance for Survivors of Torture & Trauma

Othila's Young Women's Housing and Support Service

The Dutch Australian Community Action Federation of Queensland

Comitato Italiani All'Estero

Russian Club (Brisbane) Inc

Multicultural Development Association

Immigrant Women's Support Service

Queensland Shelter Inc

Queensland Transcultural Mental Health Unit

Centrelink

Brisbane Southside Public Health Unit

Education Services, Family Planning Queensland

Multicultural Families Organisation Inc

Access/Logan & Beenleigh Migrant Resource Centre

## **SOUTH AUSTRALIAN PARTICIPANTS**

Jewish Community Services

Vietnamese Community

Bosnian Women's Association

Dale Street Women's Health Centre

Vietnamese Community in Australia SA Chapter Inc

Migrant Women's Lobby Group and ANESBWA

Muslim Women's Association

South Australian Lebanese Women's Association Inc

Australian South East Asian Women's Association ANESBWA

*FGM program*

Middle Eastern Cultural House

Sudanese Community

African Communities Program (Ethiopia)

Middle Eastern Communities Program (Iran)

Afghan Communities

Filipino Seniors Guild

Filipina Network SA and CEDVS

Filipino Community

Afghanistan

Iraq/Iran

Central Eastern Domestic Violence Service

Spanish Speaking Community

Sudanese Community

Bosnian Community and MRC

Anglicare SA R.A.P

Serbian Community

Broken Hill Multicultural Women's RIC

## TASMANIAN PARTICIPANTS

Disability Services North West - Philippines

International Friendship Group - Philippines

Women of the World Burnie/Wynard - Finland

Multicultural Council of Tasmania

ANESBWA

Annie Kenney Women's Refuge

Multicultural Resource Centre Northern Tasmania - Singaporean Chinese

Hobart Women's Health Centre

Migrant Resource Centre - South

Individuals: Former Yugoslavian, El Salvadorian, Chinese, Fijian, Polish, Filipino, Somalian, PNG, Arab/Middle Eastern, Korean, Indonesian/Muslim, Serbian, Bosnian, Nigerian/Ghanian, Syrian, Argentinean, Malaysian, Dutch, German, Polish, Chilean, and French communities.