

July 2024

A SUBMISSION FOR THE INQUIRY INTO WOMEN'S PAIN



Wellsprings for Women
www.wellspringsforwomen.com



Women's Health in the South East
www.whise.org.au

CONTENTS

Acknowledgement of Country.....	3
Who is Wellsprings for Women?	3
Who is WHISE?	3
Executive Summary	4
Migrant and Refugee Women in Southern Melbourne	6
The Setting of Discussion on Women’s Pain	6
What we heard.	9
What were the experiences of pain that women described?	9
Summary of Discussion - The Key Points.....	11
How to improve	14
Community lead, feminist health promotion – Key Elements for Success	16
Recommendations to the Victorian Government	21
Address barriers in Treasury and Finance policy.....	21
Policy Recommendations:	21
Specific Actionable Steps:	24
Conclusion	26
References	27

Acknowledgement of Country

The authors of this submission acknowledge that we are located on the land of the Bunurong People. We pay respect to their elders past, present and emerging. We acknowledge that sovereignty was never ceded and that the land was, is and will always be Aboriginal land.

Who is Wellsprings for Women?

Wellsprings for Women (“Wellsprings”) a women-only organisation based in Dandenong. Wellsprings provides programs and services tailored to meet the needs of women who face social, cultural, economic and political barriers to participation in society.

Wellsprings was established in 1994 for the purpose of creating a safe place for isolated and vulnerable women impacted by poverty, family violence, isolation and homelessness. Wellsprings specialise in working with women from migrant and refugee backgrounds.

Who is WHISE?

Women's Health in the South East (WHISE) is a not-for-profit organisation founded in 1992.

WHISE provides promotion, advocacy, support and education services for women's health in the Southern Metropolitan Region of Melbourne. We work with governments, organisations, education providers, health practitioners and community groups.

WHISE is part of a network of women's health services across Victoria. The Women's Health Services Network (WHSN) focuses on empowering women, working to improve health and wellbeing of women within our community.

Executive Summary

Wellsprings for Women, in collaboration with Women's Health in the South East (WHISE), presents this submission to the Victorian Government's Inquiry into Women's Pain. The submission is based on a forum held on July 19, 2024, involving 38 migrant and refugee women from Southern Melbourne.

Key Findings:

1. Migrant and refugee women face compounding barriers to healthcare, including language difficulties, long wait times, and dismissal of their concerns.
2. There's a clear link between physical pain and mental health, often exacerbated by social isolation and cultural adaptation challenges.
3. Family dynamics significantly impact women's health-seeking behaviours and overall well-being.
4. Many women report feeling dismissed or misdiagnosed by healthcare professionals.
5. Visa status affects healthcare access, creating additional barriers for some women.
6. The COVID-19 pandemic intensified existing challenges but also led to some positive outcomes in health investigations.

Recommendations:

1. Enhance culturally appropriate and intersectional care through mandatory training for healthcare providers and increased availability of female practitioners.
2. Improve access to language and cultural support, including professional interpreters and multilingual health resources.
3. Eliminate systemic barriers to care by reducing wait times and expanding Medicare coverage.
4. Integrate mental health and physical health services, acknowledging their interconnected nature.
5. Strengthen family violence support and safeguarding measures within the healthcare system.
6. Ensure continuity and quality of care through consistent access to healthcare providers familiar with patients' histories.

7. Acknowledge and strengthen the role of local, community-based services in addressing social determinants of health.

Actionable Steps:

1. Support community-led health initiatives through funding and employment of community health workers.
2. Provide clear navigation support and information to help women understand and access available healthcare resources.
3. Promote self-help and empowerment through workshops and community-led health education programs.
4. Enhance communication and awareness about existing health supports and services.

The submission emphasizes the need for an intersectional feminist approach to policy reform, addressing the unique and compounded needs of migrant and refugee women. It calls for the Victorian Government to evolve its policy structures and healthcare systems to create a more inclusive, accessible, and culturally appropriate healthcare environment.

Migrant and Refugee Women in Southern Melbourne

Migrant and refugee women in Southern Melbourne, particularly in Dandenong, Cardinia Shire, and Casey, face numerous challenges that significantly impact their well-being and integration into Australian society. These challenges include:

1. Higher rates of domestic and family violence, exacerbated by social isolation, cultural barriers, and limited access to support services.
2. Employment difficulties, including discrimination, precarious job conditions, and limited career advancement opportunities, affecting financial security.
3. Prevalent mental health issues stemming from displacement trauma, resettlement stress, and ongoing discrimination.
4. Barriers to accessing essential services such as healthcare, legal assistance, and social support due to language difficulties and lack of information.
5. Challenges in community integration and social connection, highlighting the importance of language classes and community support programs.

Recent studies, including research by Monash University, have shown that these issues were further intensified during the COVID-19 pandemic. Organizations like the Southern Migrant and Refugee Centre (SMRC) play a crucial role in providing targeted support services to address these challenges.

The Setting of Discussion on Women's Pain

On the 19th of July 2024, at Wellsprings for Women, Langhorne Street, Dandenong, at a forum hosted by Member for Dandenong, the Hon. Gabrielle Williams MP, a group of 38 women, supported by the staff of Wellsprings, with assistance from Women's Health in the South East (WHISE) gathered to discuss and consider what recommendations and information that they would like to put to the Victorian Government, for this inquiry.

Of the women who were in attendance, 90% spoke Dhari and English was their second language. The forum was designed in a way to provide the space and the time for these women to discuss two key questions in their language, and through translators, provide their feedback.

The focus group consisted of women ranging in age from 23 to 68 years. On average, participants were 38 years old. However, a more typical age within the group was 33 years, indicating that half of the participants were younger than 33 years and half were older. This diverse age range provides a balanced view of women's pain across different

life stages, ensuring that the perspectives of both younger and older women are included.

The women in the forum had come from a range of countries including Iran, Afghanistan and Pakistan. The participants had been settled in Australia for varying lengths of time. On average, they had been in Australia for 3.5 years. A more typical duration within the group was 2 years, indicating that half of the participants had been in Australia for 2 years or less, and half for more than 2 years. The length of time the participants had been settled in Australia ranged from less than a year to 13 years. This diverse range of settlement periods provides a broad perspective on the experiences of women who have migrated to Australia over different timeframes.

The forum followed the following agenda:

<i>Time</i>	<i>Item</i>	<i>Who?</i>
0.00-0.05	Opening and acknowledgement of country	Gabrielle Williams MP
0.05-0.10	Interpreter to translate opening remarks	Interpreter
0.10-0.20	Setting the scene 1. Outline of the inquiry and why the forum is called making sure to highlight the inquiry is seeking input – submissions and survey 2. Thank you to all who have attended 3. Brief overview of the forum including next steps as agreed 4. Safety and wellbeing settings are outlined Interpreter will then translate Gabrielle's comments	Gabrielle Williams MP (5 mins) Interpreter (5 mins)
0.50-1.00	Introduction to Discussion – Facilitators are introduced Facilitators introduce process and, re-emphasize safety and wellbeing protocols	Gabrielle Williams MP to hand to facilitators (WHISE) Wellsprings/WHISE (5 mins) Interpreter (5 mins)
1.00-1.05	Question 1 Participants are asked to turn to the person next to them (groups of 2 or 3) and answer the question <i>Describe a time that a woman you know (it may even be yourself) was in pain, or unwell. What was the situation, where they believed, and what was the impact.</i>	Wellsprings Interpreter to translate
1.05-1.20	Groups discuss their responses to the question	
1.20-1.45	Facilitators debrief by inviting participants to debrief about their conversations.	WHISE Interpreter to translate
1.45-1.55	BREAK	
1.55-2.20	Question 2 Participants are asked to turn to the person next to them (groups of 2 or 3) and answer the question <i>Based on what you have heard today – from the debrief process and/or from your own conversations at the table, what do you think</i>	Wellsprings Interpreter to translate

	<i>should have been done differently? What would have made a difference? Is there anything that you think would have improved the outcome?</i>	
2.20-2.40	Groups discuss their responses to the question	
2.40-2.50	Facilitators debrief by inviting participants to debrief about their conversations.	WHISE Interpreter to translate
2.50-3.00	Wrap up and summary <ol style="list-style-type: none"> 1. Facilitators seek to wrap up and summarise the discussion emphasising the key solutions and strengths emerging through the discussion 2. Facilitators highlight the inquiry and opportunity to make a submission 3. Re-emphasise the need for respect of disclosures, privacy and confidentiality 4. Re-emphasise the care and support, referral process 	WHISE
3.00-3.05	Close – Facilitator closes and thanks all.	Wellsprings/WHISE

In this safe environment, we will provide a submission centering their lived experience.

What we heard.

What were the experiences of pain that women described?

The experiences shared by migrant and refugee women in Southern Melbourne reveal a healthcare system that, while appreciated for its quality, often struggles to meet the complex needs of this vulnerable population. Women face numerous barriers in accessing appropriate care, from language difficulties to long wait times and dismissal of their concerns. The interplay between physical pain, mental health, and social circumstances creates a unique set of challenges that require a more holistic and culturally appropriate approach to healthcare.

Pain Experience and Social Context:

Many women described keeping their pain experiences private, often due to social pressures. One participant shared, "A woman had extreme pain and kept going to the doctor and after 10 years it is not being treated – I think it's endometriosis." This highlights the need for thorough investigation of chronic pain conditions.

For newly arrived women, homesickness caused profound pain. They consistently reported poor mental health and overall wellbeing, exacerbated by language barriers, cultural shock, and separation from family and friends. One woman poignantly shared, "The first time I just went to the park and cried because I could not speak to anyone." These issues affected sleep, worsened joint pain, and led to isolation.

Mental Health and Physical Pain:

Women recognized a clear link between physical pain and mental health. Many described "heart ache" and chest pain stemming from mental distress. One participant recounted, "Someone I know was very tired all the time and they went to the doctor and the doctor said it is all in their head." This dismissal of symptoms as psychosomatic highlights the need for comprehensive health assessments.

The complexity of navigating multiple health issues has resulted in anxiety about engaging with the health system, leading some women to avoid seeking care altogether.

Family and Support Systems including Family Violence:

Family responsibilities significantly influenced how women prioritized their own health. Support from family, particularly husbands, was crucial in navigating the health system. However, for those experiencing family violence, this led to poor mental health and depression. Women who accessed psychologists and counsellors after escaping violent relationships reported significant improvements in their health.

One woman bravely shared, "I went to the Doctor to explain to the GP that my husband was abusing my child and the GP covered up for him because he knew my husband." This alarming account underscores the need for robust safeguarding measures.

Interactions with the Health System:

Experiences with the Australian health system were mixed. Many women reported positive experiences, with one stating, "When we came to Australia we had a good case worker and they helped us find a good doctor and they have been very helpful to find us good doctors."

However, others faced significant challenges. Language barriers were common, with one woman sharing, "I have to rely on my daughter when I go to the doctor because they don't understand what I am saying." Long waiting times and difficulties accessing specialists were frequently mentioned. A mother shared, "My daughter has a problem with her teeth and they are bleeding and there is a 1 year waitlist to get them seen to, and she is in pain and every night I have to give her Nurofen."

Women also reported frustration with perceived dismissal of their symptoms or oversimplification of their conditions. One participant shared, "I know someone who has migraine and they go to the doctor and the doctor keeps telling them to take tablets and it's not working and they keep asking for a scan and the doctor keeps telling them to take tablets." Another expressed, "I have pain in my left leg for three years, and every time I go to the doctor they tell me to lose weight – Medicare only pays for 3 sessions."

Continuity of care was emphasized as crucial:

"It is important to have a regular doctor so that even we move houses they understand us, and they know what we are saying, and they understand us." However, accessing preferred doctors was often challenging: "When you find a good doctor, they are very busy and it takes too long and so you can't wait because it gets worse and then you have to go to emergency and then the nurses are angry and rude to me."

Emergency services were a particular point of frustration. Women reported being turned away despite GP referrals, questioning, "What is the meaning of emergency?"

Specific Health Concerns:

Women highlighted various health issues, including painful menstruation, for which they often received little help from doctors. Postpartum health was also raised, with one woman stating, "My lower back pain has increased after my c-section," highlighting the need for comprehensive postnatal care.

The need for dental care to be included in Medicare was emphasized. One mother shared her daughter's yearlong wait for dental treatment, underscoring this urgent need.

Visa Status and Healthcare Access:

The impact of visa status on healthcare access was a recurring theme. Some women reported being unable to access Medicare support due to their visa issues, further complicating their ability to address health concerns.

COVID-19 Impact:

The pandemic exacerbated many challenges, compounding health issues related to the migration process. However, it also led to some positive outcomes, such as further investigations revealing underlying health conditions like heart problems.

Systemic Issues:

Women reported difficulties in advocating for themselves across various social support services, not just health. Miscommunication and misunderstanding by doctors had consequential impacts on women's ability to work and receive support from other social services.

There was also a theme of women feeling uncomfortable with the health system due to fear of being reported to authorities.

Resilience and Self-Care:

Despite these challenges, many women demonstrated remarkable resilience. They spoke of their efforts to maintain health through self-care and healthy eating. One woman shared, "My mum is very concerned about her health issues but she tries hard to be healthy but she still has pain but she doesn't know why." Education and further study were cited as key factors in improving health trajectories and addressing isolation.

The challenges of balancing health needs with family responsibilities were highlighted: "I feel that sometimes being a mum and a woman is a burden – you have too much pressure – and it's hard to navigate the health system, especially with children."

Community Support:

The importance of community support was emphasized. One woman noted, "No one has checked in on my neighbour who for 3 months has been in pain," underscoring the need for community-based health support.

Summary of Discussion - The Key Points

From the lived experience shared by women at the Wellsprings for Women forum we know that there is:

Compounding and intersecting barriers to wellbeing: The experiences of pain among migrant and refugee women are deeply intertwined with their mental health, social circumstances, and the challenges of cultural adaptation. Physical pain is often

exacerbated by social isolation, language barriers, and the stress of navigating a new healthcare system.

Systemic Barriers to Healthcare: Many women face significant obstacles in accessing appropriate healthcare, including:

- Language barriers leading to miscommunication and reliance on family members for translation
- Long waiting times for appointments and treatments, especially for specialized care
- When women do see a GP the consultation times are too short and do not allow them to properly explore their health concerns. Many commented that the GP always seems rushed and overbooked.
- Difficulty in finding and maintaining relationships with understanding, culturally competent healthcare providers
- Limited access to mental health support and dental care
- Visa status affecting eligibility for Medicare and other health services

Dismissal and Misdiagnosis: There is a concerning pattern of women's pain being dismissed, minimized, or misdiagnosed by healthcare professionals. This includes attributing physical symptoms to mental health issues without proper investigation, or oversimplifying complex health conditions.

Impact of Family Dynamics: Family support is crucial for many women in navigating the healthcare system. However, family responsibilities can also lead to women deprioritizing their own health needs. In cases of family violence, the healthcare system sometimes fails to provide adequate support or protection.

Resilience and Self-Advocacy: Despite numerous challenges, many women demonstrate remarkable resilience, actively seeking ways to manage their health through self-care, education, and community support.

Need for Culturally Appropriate Care: There is a clear need for more culturally appropriate and comprehensive healthcare services that address the unique needs of migrant and refugee women, including better integration of mental health support and recognition of the impact of migration experiences on overall health.

Importance of Continuity of Care: Women emphasized the value of having consistent healthcare providers who understand their medical history and cultural background.

Community Support: The importance of community networks in providing support and information about healthcare services was highlighted, suggesting a need for community-based health initiatives.

Spotlight: Wellsprings for Women's Service Awareness Program

Wellsprings for Women, with funding from the City of Greater Dandenong, has launched an innovative program to connect migrant and refugee women with vital local services. Recognizing the unique challenges these women face, including language barriers and lack of service awareness, Wellsprings organizes comprehensive excursions to various service providers.

Key Features:

- Tailored visits to relevant services such as legal aid, healthcare, and community support organizations
- On-site presentations, facility tours, and Q&A sessions with service providers
- Interpreter support to overcome language barriers
- Family-friendly approach, allowing mothers to bring children

The program's benefits include:

- Improved awareness of available services
- Direct engagement with service providers, building trust and comfort
- Practical information on accessing services
- Community building among participants

Participant feedback has been overwhelmingly positive, with particular appreciation for the family-friendly nature of the excursions. Future plans include expanding to additional services based on participant interest.

Through this initiative, Wellsprings for Women is empowering migrant and refugee women to navigate and utilize local services effectively, fostering their integration and well-being in the community

How to improve

The women at the forum provided valuable insights and recommendations based on their lived experiences, highlighting the need for a multifaceted approach to addressing pain and health issues among migrant and refugee women. Their suggestions emphasize the importance of empowerment, accessibility, and culturally appropriate support. Here is a detailed account of their recommendations, preserving the nuance and authenticity of their experiences:

Self-Help and Empowerment:

The women emphasized the importance of personal initiative in managing their health. As one participant eloquently stated, "Self-help comes first. If we take the initiative, we can definitely help ourselves." This sentiment reflects a strong desire for autonomy and self-efficacy in health management. Another woman shared a powerful perspective: "Women should be the doctor of themselves." She described her personal struggle with back pain affecting her ability to pray and walk properly, yet she perseveres with exercise. This resilience was further illustrated in her advice: "Try to keep the stresses that you have got – take them out by going to the park. Don't keep them inside." This advice particularly resonated with women from Afghanistan, acknowledging the significant challenges they have faced and continue to endure.

Accessible and Women-Specific Health Services:

The need for women-centric health services was a recurring theme. Women called for "more lady doctors for women and for the children," highlighting the importance of gender-appropriate healthcare.

They also emphasised the need for "access to women's health exercise classes" and "programs that suit women, e.g., dancing." The need to ensure that these programs are not cost prohibitive but also provide child minding services was vital, as for many migrant women, not having access to child minding is a major barrier for participation in health and wellbeing programs. The desire for women-only spaces was clear in requests for "swimming pools, gym and exercise classes for women only." These suggestions reflect not only health needs but also cultural sensitivities and preferences.

Community Support and Spaces:

The women highlighted the value of community-based solutions. One suggestion was to provide "access to halls with funding to organize [activities] for community – mums can come together." This idea emphasizes the importance of creating spaces where women can support each other, share experiences, and engage in health-promoting activities collectively.

Navigation Support and Information:

A crucial need identified was for "guidance and support to navigate health and wellbeing services." Women expressed a desire for help in understanding what to expect when engaging with Victorian Health services, including language and translation support to reduce barriers. The complexity of the health system was evident in their call for "more information on the health system on where migrant women can get help and what is available." They noted significant confusion around issues such as ambulance cover and access to medicines.

Recognizing Existing Support and Improving Communication:

The women acknowledged that "there are supports available for women who are migrants for the health system," but emphasized that these need to be "well communicated." This highlights a gap between available services and awareness or accessibility of these services within the community.

Role of Local Community Organizations:

The women recognized the vital role of local community organizations with strong connections to the community. They suggested that these organizations "need to be supported to address the barriers and provide support as they have the [necessary connections and understanding]."

Balancing Health Needs with Family Responsibilities:

The challenge of maintaining personal health while managing family responsibilities was a significant concern. One woman noted, "Wellbeing work and exercise – the park etc., but doing sport and exercise is expensive. Hard to exercise and find time to look after yourself also when you have family responsibilities." This comment underscores the need for affordable, accessible, and family-friendly health and fitness options.

Cultural Sensitivity and Understanding:

Throughout their recommendations, the women's comments reflected a need for services and support that understand and respect their cultural backgrounds. The mention of prayer, community gatherings, and women-only spaces all point to the importance of culturally appropriate approaches to health and wellbeing.

Community lead, feminist health promotion – Key Elements for Success

Evidence and Practice

In the recommendations above we have put forward a key point on the need to have community based, co-developed health promotion programs specifically for women especially migrant and refugee women. This way of working is key for the women in the forum and to recap, we remind the Inquiry that many women raised the opportunity of looking after self and as one put it learn how to “be your own doctor”. Victoria has a proud tradition of women’s health however, the role of work to address the social determinants is a space that needs continued advocacy.

So, for the purposes of this inquiry, we remind the Victorian Government of why this work is vital to addressing women’s pain.

Community-based co-designed health promotion programs play a vital role in addressing women's pain, particularly for migrant and refugee women who face unique challenges in accessing healthcare. These programs are meticulously crafted to be culturally appropriate and inclusive, ensuring that the specific needs and experiences of women from diverse backgrounds are thoroughly addressed. The importance of these programs and the evidence supporting their effectiveness are multifaceted and compelling.

Culturally appropriate and inclusive care forms the cornerstone of these initiatives. Programs that are co-designed with the community ensure that interventions are culturally appropriate and relevant, which is particularly crucial for migrant women who may encounter cultural and language barriers that impact their ability to access and benefit from traditional healthcare services. The Refugee Health Network of Australia (RHeaNA) has highlighted that culturally appropriate, community-based health programs significantly improve health outcomes for these populations. Furthermore, community involvement in program design and delivery helps build trust between healthcare providers and migrant women, making it more likely that they will seek and continue care. The Victorian Foundation for Survivors of Torture (Foundation House) has demonstrated that community engagement and culturally appropriate services are essential for improving healthcare access and outcomes for refugee women.

Research has consistently shown that culturally competent care leads to higher patient satisfaction, better adherence to treatment plans, and improved health outcomes. Studies have found that culturally appropriate health programs significantly improve healthcare outcomes for minority populations. For instance, research by Foundation House highlights the effectiveness of culturally tailored health interventions in improving health outcomes for refugee women, demonstrating that community engagement and appropriate services are crucial.

Community-Based Participatory Research (CBPR) has been particularly effective in engaging marginalized populations and addressing their specific health needs. HealthWest Partnership's participatory action research demonstrates that involving community members in the research process effectively engages marginalized populations and addresses their specific health needs, leading to better health outcomes. Case studies from the Refugee Health Program in Victoria show that community-based, culturally appropriate approaches significantly improve health service accessibility and health outcomes for migrant women.

Specific initiatives targeting migrant women have demonstrated the benefits of community-based, culturally appropriate health services in reducing health disparities and improving mental and physical health outcomes. For example, the WOMHEN project by Gender Equity Victoria (GEN VIC) and the Multicultural Centre for Women's Health (MCWH) employs and trains multilingual health educators to disseminate health information in over 20 languages. This project has proven effective in improving vaccine literacy, addressing vaccine hesitancy, and navigating health services for migrant and refugee women, showing the impact of in-language, peer-to-peer health education models.

The Multicultural Centre for Women's Health (MCWH) conducts research and implements health promotion programs specifically for migrant and refugee women. Their work has shown that co-designed programs addressing social determinants and intersectional barriers lead to significant improvements in health outcomes. MCWH's community-based approach has been particularly effective in empowering women and improving their access to health services.

These programs adopt a holistic approach, taking into account the intersecting factors that contribute to women's pain, including physical, mental, and social determinants of health. This comprehensive approach is essential for migrant women who often experience compounded stressors such as discrimination, social isolation, and economic hardship. The Refugee Health Program in Victoria has shown that integrated health services addressing both physical and mental health needs are particularly effective for migrant women. Moreover, by involving women in the design and implementation of health programs, these initiatives promote empowerment and self-efficacy, which are critical for improving health outcomes.

The improved health outcomes resulting from these programs are significant. They enhance health literacy among participants, enabling them to make informed decisions about their health and navigate the healthcare system more effectively. Women's Health West (WHW) has successfully run programs that empower migrant and refugee women through education and community support, reducing health disparities and improving well-being. Their work demonstrates positive outcomes in reducing health

disparities and improving mental and physical health through community engagement and culturally tailored interventions.

Additionally, by addressing barriers such as language and cultural differences, these programs improve access to care, ensuring that migrant women receive timely and appropriate treatment for their pain. The Ethnic Communities' Council of Victoria (ECCV) advocates for policies supporting culturally appropriate health services, underscoring the necessity of community-based approaches to meet the health needs of migrant and refugee women.

In conclusion, community-based co-designed health promotion programs are indispensable in addressing the unique health challenges faced by migrant and refugee women, particularly in relation to pain management. By providing culturally appropriate care, addressing intersectional barriers, and improving overall health outcomes, these programs play a crucial role in promoting health equity and well-being among diverse populations. The evidence from various initiatives, research studies, and successful projects like WOMHEn underscores the effectiveness of these approaches in meeting the complex health needs of migrant and refugee women, demonstrating significant improvements in health literacy, access to care, and overall health outcomes.

Based on Feminist Principles and Addressing Intersectional Barriers any reform, budget measure, initiative or policy change emerging from this inquiry or, any other work for women at a minimum needs to:

1. Engage Community Members in Program Design:

- Participatory Workshops: Facilitate inclusive workshops where migrant and refugee women can share their health priorities, barriers, and preferred communication methods, ensuring their voices shape the program.
- Advisory Committees: Form diverse advisory committees with community members, healthcare providers, and women's health organizations to collaboratively design health promotion initiatives that are culturally appropriate and inclusive.
- Lived Experience Workers: by employing, supporting and integrating women with lived experience into the workforce we are empowering women in so many ways. Through career pathways for skills that are instrumental in shaping supportive, client-centred care environments and influencing policy and practice changes within organisations and also by delivering programs that provide empathy, guidance, and practical assistance, and bridge the gap between clients and service providers

2. Culturally Tailored Health Education:

- **Culturally Relevant Content:** Develop health education materials and programs that reflect the cultural contexts and languages of the target communities, ensuring accessibility and relatability.
- **Community Health Ambassadors:** Train and empower community health ambassadors from within migrant and refugee communities to deliver health promotion activities, building trust and cultural resonance.

3. Accessible and Inclusive Programs:

- **Local Delivery:** Provide health promotion programs in familiar and accessible local venues such as community centres, schools, and places of worship to facilitate participation.
- **Flexible Scheduling:** Schedule programs at various times, including weekends and evenings, to accommodate the diverse needs and availability of community members.

4. Collaborate with Local Organisations:

- **Partnerships with Community Groups:** Establish partnerships with local community organizations that already have trust and rapport with migrant and refugee women, leveraging their expertise to co-deliver health promotion activities.
- **Resource Sharing and genuine partnership:** Promote resource sharing and exchange of best practices among community organizations to enhance the reach and effectiveness of health promotion efforts.

5. Monitor and Evaluate Program Impact:

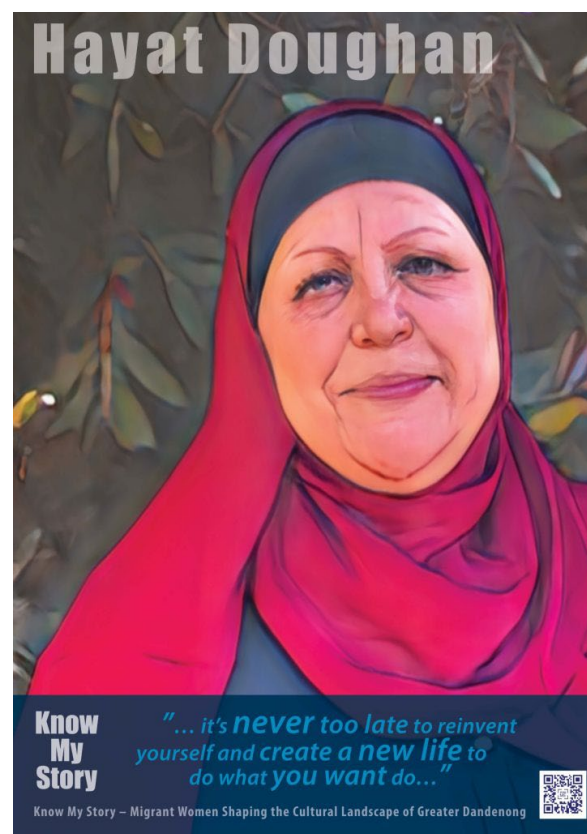
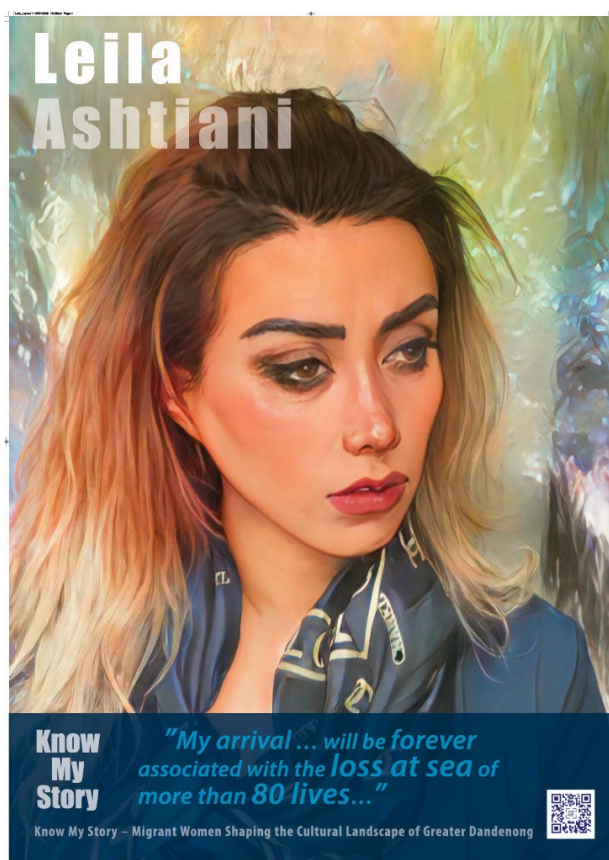
- **Continuous Feedback Mechanisms:** Implement systems for ongoing feedback from participants, allowing for dynamic adaptation and improvement of health promotion programs.
- **Impact Assessment:** Regularly evaluate the impact of programs on health outcomes and community well-being through both quantitative and qualitative methods, ensuring accountability and continuous improvement.
- **Be intersectional in MEL design and delivery:** By directly involving community members in monitoring and evaluation processes, we can ensure that those most affected by our programs have a voice in assessing impact, identifying challenges, and proposing improvements. This approach not only enhances transparency and accountability but also increases the relevance and effectiveness of initiatives. Crucially, it empowers participants, fostering a sense of ownership that leads to more sustainable outcomes and community-driven progress. By prioritising the

perspectives of migrant and refugee women in our evaluation methods, we can make better-informed decisions that truly reflect the needs and aspirations of our community, ultimately leading to more meaningful and lasting positive change.

Spotlight – Know My Story

In 2024, Wellsprings for Women produced "Know My Story" a publication of stories of migrant women who have significantly impacted the Greater Dandenong community. These narratives highlight the challenges faced by women from diverse backgrounds, their journeys of resilience, and their contributions through art, advocacy, community support, and leadership. Each story underscores three key themes:

1. **Empowerment:** Highlighting the journey of overcoming personal and societal challenges, these stories underscore the transformative power of self-belief and resilience.
2. **Cultural Diversity:** Each narrative celebrates the richness that diverse backgrounds bring to the community, promoting understanding and appreciation of different cultures.
3. **Community Engagement:** The stories illustrate the importance of community support and active participation in fostering a sense of belonging and collective growth.



Recommendations to the Victorian Government

Wellsprings for Women, together with Women's Health in the South East advocate that the Victorian Government respect the lived experience of all women, in this inquiry. In this submission we have sought to represent the lived experience of migrant and refugee women in Southern Melbourne and, how compounding forms of discrimination and oppression combine to negatively impact their lives.

This in turn, compounds burdens and issues already felt in our health sector.

For that reason we make the following recommendations beginning with a key structural and systemic barrier to improving women's health and wellbeing – State/Government Treasury and Finance systems.

Address barriers in Treasury and Finance policy

Local feminist organizations like Wellsprings for Women have long advocated for addressing women's health and wellbeing, and the intersecting barriers they face. However, these organizations are systematically excluded from directly engaging with treasury and finance departments, which make crucial funding decisions. This exclusion:

1. Prevents recognition of long-term impact measures beyond current frameworks
2. Limits the positive impact of our programs in public finances
3. Ignores the return on investment for taxpayers
4. Perpetuates our lack of capacity and capability to effectively engage with these departments

This systemic exclusion reinforces patriarchal power structures by limiting decision-makers' exposure to critical data and information that could improve outcomes for migrant and refugee women. It significantly contributes to the ongoing structural discrimination and oppression these women face. Future reforms must address this power imbalance to ensure more equitable and effective resource allocation.

Policy Recommendations:

To address the prevalence, and compounding impacts raised by women in this consultation and also those raised by other women and girls through the inquiry, at a minimum Government policy needs to:

- 1. Enhance Culturally Appropriate and Intersectional Care:**
 - **Intersectional Training for Healthcare Providers:** Implement mandatory intersectional training for all healthcare providers to ensure they

understand and address the diverse and overlapping forms of discrimination and barriers faced by migrant and refugee women.

- **Increase Female Healthcare Providers:** Ensure greater availability of female healthcare providers, especially in communities with significant migrant populations, to provide culturally appropriate and gender-appropriate care.
- **Increase access:** Respond to and address barriers to migrant and refugee women engaging in health care are driven by intersecting factors including cost of living, having safe spaces and access to child minding services.

2. Improve Access to Language and Cultural Support:

- **Professional Interpreters and Cultural Liaisons:** Guarantee access to professional interpreters and cultural liaison officers in healthcare settings, ensuring that language barriers do not prevent women from receiving appropriate care.
- **Multilingual Health Resources:** Develop and distribute health information in multiple languages, utilizing various formats such as pamphlets, online resources, and community workshops. We advocate that the Victorian Government scale up successful health programs for migrant women as already delivered by Wellsprings for Women and WHISE (and the broader Victorian Women's Health Sector)

3. Eliminate Systemic Barriers to Care:

- **Reduce Wait Times and Bureaucratic Hurdles:** Invest in reducing wait times for specialist appointments and streamline bureaucratic processes to prevent delays in care that exacerbate health issues. At the same time, enable GP's and health professionals to spend the time required with women to allow women to share their concerns and build rapport with the health system.
- **Expand Medicare Coverage:** While we acknowledge that this matter lies outside the remit of the Victorian Government, we do ask our state government to advocate to the Commonwealth for the expansion of Medicare to include comprehensive dental care and ensure that visa status does not restrict access to essential health services.

4. Integrate Mental Health and Physical Health Services:

- **Holistic Health Services:** Improve current local and regional health care structures so that they truly offer integrated health services inclusive of

both physical and mental healthcare, acknowledging the intersectional impacts of mental health on physical well-being.

- **Community-Based Mental Health Programs:** Increase funding for mental health programs that are culturally tailored to migrant and refugee women, addressing trauma, cultural adjustment, and community support. Encourage and scale the adoption of **social prescribing** to connect women to social activities in their area, to alleviate isolation and connect women to programs to assist navigation of the health system,
- **Community Based Co-Designed Health Promotion:** Community-based co-designed health promotion programs are essential for creating effective, culturally appropriate health interventions that resonate with migrant and refugee women. These programs leverage the lived experiences and insights of the community to ensure that health promotion efforts are relevant, accessible, and impactful. This work should be:
 1. Center the voices and experiences of migrant and refugee women, empowering them to take control of their health and well-being.
 2. Recognize and address the multiple and overlapping barriers that women face, including those related to race, immigration status, language, and socio-economic status.
 3. Ensure that health promotion services are community-led, fostering ownership and sustainability.
 4. Adopt a holistic approach to health that integrates physical, mental, and social well-being, acknowledging the interconnectedness of these aspects.

5. **Strengthen Family Violence Support and Safeguarding Measures:**

- **Robust Safeguarding Policies:** Implement strong safeguarding policies within the healthcare system to protect women reporting family violence, ensuring timely and appropriate support.
- **Access to Psychological Support:** Ensure easy access to psychologists and counsellors for women escaping violent relationships, facilitating their recovery and long-term mental health.

6. **Ensure Continuity and Quality of Care:**

- **Promote Continuity of Care:** Support policies that enable continuity of care, ensuring women have consistent access to healthcare providers who understand their medical history and cultural context.

- **Quality Assurance and Monitoring:** Establish systems for monitoring and evaluating the quality of care provided to migrant and refugee women, ensuring their needs are effectively met.
7. **Acknowledge and Strengthen the Role of local services that are community based and built on intersectional principles as core to implementing reforms:**
- **Centre the role of local women's services:** Acknowledge the critical work of services like Wellsprings for Women, in addressing social determinants of health and the intersecting barriers faced by women. Support and expand these services to address compounding factors that contribute to poor health outcomes.
 - **Address Social Determinants of Health:** Focus on addressing social determinants such as housing, education, and employment that impact women's health, ensuring a holistic approach to healthcare.

Specific Actionable Steps:

From the experience of Wellsprings for Women and its local partners, policy can only be as successful as when it is implemented well, in partnership with community, aiming for long term outcomes, centring lived experience of those whose lives we seek to transform and improve, and using shared measures for impact (reflective of the health and social ecosystem we are a part of). Across all work our gaze and our work must be intersectional.

1. **Support Community-Led Health Initiatives:**
 - **Fund Community Programs:** Allocate funding for community organizations to organize health-related activities and provide support, leveraging their deep connections and understanding of the community.
 - **Employ Community Health Workers:** Employ community health workers who can act as intermediaries between healthcare providers and migrant women, ensuring better communication and culturally appropriate care.
2. **Provide Clear Navigation Support and Information:**
 - **Comprehensive Health Guides:** Develop detailed guides and support systems to help migrant women navigate the healthcare system, including information on available services and how to access them.
 - **Language and Translation Support:** Offer robust language and translation support services to ensure that all women can understand and utilize healthcare resources effectively.

3. **Promote Self-Help and Empowerment:**

- **Empowerment Workshops:** Conduct workshops on self-care, healthy living, and stress management, empowering women to take charge of their health.
- **Community Health Education:** Support community-led health education programs that enable women to improve their health knowledge and practices.

4. **Enhance Communication and Awareness:**

- **Effective Communication Strategies:** Improve communication about existing health supports and services, ensuring that migrant women are aware of and can access the help they need. Utilize diverse channels, including community organizations, to disseminate information effectively.

Conclusion

By implementing these intersectional feminist recommendations, the Victorian Government can evolve its policy structures and healthcare systems to better address the unique and compounded needs of migrant and refugee women. These measures will create a more inclusive, accessible, and culturally appropriate healthcare environment, improving the health and well-being of this vulnerable population

References

- ANROWS (2021).** Supporting migrant and refugee women experiencing violence. ANROWS Notepad. Retrieved from <https://www.anrows.org.au/notepad/supporting-migrant-and-refugee-women-experiencing-violence/>
- BMC Public Health (2021).** “The pandemic made us stop and think about who we are and what we want:” Using intersectionality to understand migrant and refugee women’s experiences of gender-based violence during COVID-19. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10867-3>
- Ethnic Communities' Council of Victoria (ECCV).** Policy and Advocacy in Health. Retrieved from <https://eccv.org.au/publications/health/>
- Gender Equity Victoria (GEN VIC).** WOMHEN: Workforce of Multilingual Health Educators. Retrieved from <https://www.genvic.org.au/focus-areas/genderequalhealth/womhen/>
- HealthWest Partnership.** Participatory Action Research. Retrieved from <https://healthwest.org.au/our-work/research-and-evaluation/>
- Monash University.** Segrave, M., Wickes, R., & Keel, C. (2021). Migrant and refugee women in Australia: The safety and security study. Retrieved from https://www.monash.edu/__data/assets/pdf_file/0009/2414026/Migrant-and-Refugee-Women-Safety-and-Security-Study.pdf
- Multicultural Centre for Women’s Health (MCWH).** Health Promotion Programs. Retrieved from <https://www.mcwh.com.au/research-and-publications/>
- Refugee Council of Australia.** Systems, access, evidence: Migrant and refugee women experiencing domestic and family violence. Retrieved from <https://www.refugeecouncil.org.au/publications/reports/systems-access-evidence/>
- Refugee Health Network of Australia (RHeNA).** Research and Reports. Retrieved from <https://refugeehealthnetwork.org.au/research-and-reports/>
- SMRC - Southern Migrant & Refugee Centre.** Support Services. Retrieved from <https://smrc.org.au/what-we-do/support-services/>
- Victorian Foundation for Survivors of Torture (Foundation House).** Community-Based Programs. Retrieved from <https://foundationhouse.org.au/resources/publications-and-resources/>
- Victorian Government.** Refugee Health Program (RHP) Evaluation. Retrieved from <https://www2.health.vic.gov.au/about/publications/researchandreports/Refugee-Health-Program-Evaluation>

Women's Health West (WHW). Empowering Women. Retrieved from
<https://whwest.org.au/what-we-do/health-promotion/>