

Budget 2021 – Migrant and refugee women

Migrant and refugee women overview

Budget 2021 includes a number of measures that will have a specific impact on Australia's migrant and refugee women, in both a positive and a negative manner. In particular, these include extended funding for the Temporary Visa Holders Payment Pilot, funding towards mental health support services, and the extended funding towards Community and Legal Women's Centres.

Several universal measures to increase women's economic security and health and wellbeing will likely have implications for migrant and refugee women as a population cohort. However, no targeted approach towards migrant and refugee women has been taken in the allocation of the funding, except in relation to mental health.

Of significant concern is the consistent application of the four-year waiting periods before new permanent migrants can access most welfare payments, and the impact this will have on migrant women, in particular their access to services, reaching equality and social cohesion.

Migrant and refugee women

The Budget

Women's safety

From a total of \$998.1 million over four years from 2021-22 for initiatives to reduce, and support the victims of Family, Domestic and Sexual Violence (FDSV), \$507.3 million will be provided to implement and enhance a range of programs and initiatives that directly support women and children who have been subjected to FDSV (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 83).

Investments specific to migrant and refugee women include \$25.9 million over four years for a range of further measures to support women affected by FDSV including expanding the Safe Places program, further supporting Temporary Visa holders experiencing FDSV and addressing technology-facilitated abuse of women and children. Additionally, \$29.3 million over three years from 2021-22 will be invested to support refugee and migrant women's safety and social economic inclusion (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 83).

As part of these measures, and in response to the recognition of the ongoing risk women on temporary visas face, the Temporary Visa Holders Payment Pilot will receive extended funding of \$10.3 million to be provided from 30 June 2022 to 2023. Through this program, the Australian Red Cross offers up to \$3,000 to eligible temporary visa holders to help them cover expenses such as food, accommodation, utilities and other essentials and medical care. In addition, the Government will finance Community and Legal Women's Centres across Australia (2021 Women's Budget Statement, pp. 23-24 – see Community Legal Centres).

As part of the support measures for migrant and refugee women, the Women's Budget Statement announces the investment of \$6.8 million to continue the delivery of critical services for culturally diverse communities through to 30 June 2022 when the current National Plan to Reduce Violence against Women and their Children 2010-22 comes to an end. The Government believes this extended funding will help organisation to continue to provide local-level prevention initiatives (2021-22 Women's Budget Statement, p. 24).

In order to gain a better evidence-based understanding of the issues, the Government will provide a total of \$80.6 million over five years to improve data collection and to further enhance research capability of which \$30 million will go to the Australia's National Research Organisation for Women's Safety and the Australian Bureau of Statistics to continue collecting evidence and data on FDSV (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 85).

Critical services

The Government will apply a consistent four-year Newly Arrived Resident's Waiting Period across most welfare payments from 1 January 2022 (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 179).

Adult Migrant English Program

The Government will introduce a new delivery model for the Adult Migrant English Program from 1 July 2023 to improve English language, employment and social cohesion outcomes for migrants by linking provider payments to student outcomes. This measure builds on the 2020-21 measure titled *Humanitarian Program 2020-21* (2021 Budget Paper No.2, Part 2: Payment Measures, p. 127).

Health and wellbeing

The Government will provide an additional \$148 million over five years from 2020-21, and \$4.2 million in 2025-26 for health care services for women, including \$67.6 million relating to breast cancer screening and support, \$32.8 million to support research, policy advice and education to inform the National Cervical Screening Program, \$13.7 million to educate health care providers and families on the risks of pre-term birth, and \$5.0 million over four years to deliver the Period Pain and Endometriosis Program (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 125).

Additionally, \$5.5 million will be invested for Victoria to join Healthdirect Australia and provide support for culturally and linguistically diverse communities through improved health helpline services (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 123).

As part of investment in health, \$16.9 million over four years from 2021-22 will be invested in the provision of mental health services and support to Australians from culturally and linguistically diverse communities, including survivors of torture and trauma (2021 Budget Paper No. 2, Part 2: Payment Measures, p. 119).

The Migration Program

A gradual return of temporary and permanent migrants is assumed to occur from mid-2022, with the Government maintaining the 2021-22 Migration Program planning level at 160,000. Family and skilled visa stream places will be maintained at their 2020-21 planning levels, with a continued focus on onshore visa applicants, including reducing the onshore Partner visa pipeline. The Humanitarian Program stays stagnant at 13,750 places in 2021-22 and over the forward estimates, and the size of the program will remain as a ceiling rather than a target. This measure is estimated to decrease the underlying cash balance by \$298.3 million over the forward estimates period (2021 Budget Paper 2, Part 1: Receipt Measures, p. 11).

Gender implications

Why is this an issue for migrant and refugee women?

While the 2021-22 Federal budget has announced several measures towards migrant and refugee women's mental health and safety, there is no indication of a tailored and dedicated response towards physical health and economic inclusion. Similarly, additional funding towards settlement service provision is welcomed but concerns remain to the accessibility of some welfare services.

The COVID-19 pandemic exacerbated pre-existing barriers to accessing health and mental health services. The crisis has disproportionately impacted migrant and refugee women's mental health as it introduced new stressors to added layers of complexity to their ability to seek help. [In a study by the Australian Institute of Family Studies](#), 36.4 per cent of service providers involved in delivering services to migrant and refugee women indicated that mental health services are available in the region but are difficult for clients to access, while 16.3 per cent noted that while it would be very helpful for clients to have such services, none were available locally. Therefore, the funding to provide mental health services and support to Australians from culturally and linguistically diverse communities is a needed improvement to the support offered to migrant and refugee women.

There is a need for a more focussed approach within the general funding towards women's health in relation to breast cancer and cervical screening, pre-term birth and other sexual and reproductive health matters. This is especially the case because [Australian research](#) shows that certain cohorts within the migrant and refugee women population group are less likely to participate in cervical screening. Similarly, [pre-term births are higher among East African women than among Australian-born women](#) and [generally women born overseas were found to be more likely to have stillbirths than Australian-born women](#).

The specifically targeted funding to improve health helpline services is an important step in increasing the cultural responsiveness within the health sector and increasing the accessibility of health support services for migrant and refugee communities, including migrant and refugee women. However, the funding remains limited, and issues related to cultural stigma might prevent women from accessing the improved services. It is important that funding put into the health of migrant and refugee women takes a holistic approach to reducing the barriers experienced by migrant and refugee communities.

Migrant and refugee women encounter similar obstacles when trying to access family, domestic and sexual violence support services. In comparison to Australian female population, migrant and refugee women living in Australia on temporary visas experience additional complexity in their experiences of family, domestic and sexual violence (FDSV) as their temporary migrant status can be used to control or coerce them or a family member. In this budget, the government announces the extension of the Temporary Visa Holders Payment Pilot program which will see the distribution of up to \$3,000 to eligible temporary visa holders eligible temporary visa holders to help them cover expenses such as food, accommodation, utilities and other essentials and medical care (2021 Women's Budget Statement 2021-22, p.23-25). This additional support is a step in the right direction.

However, the budget also announces a two-year trial program to provide financial support of up to \$5,000 to women fleeing a violent relationship (2021 Budget Paper No.2, Part 2: Payment Measures, p. 83). The difference in payment provided to temporary visa holders essentially sees the establishment of a two-tier system differentiating between temporary visa holders and other women. By making the amount of assistance and support depended on visa status, the government is leaving behind a cohort of women that has previously been identified as a priority group in responding to FDSV.

Additionally, the Women's Budget Statement notes that the additional funding towards migrant and refugee's women safety is intended to provide support to temporary visa holders to explore visa options that do not rely on their partner through the extended funding of nine Community and Women's Legal Centres (2021-22 Women's Budget Statement, p. 23). While reducing and minimising migrant and refugee women's dependency on their male partners, visa sponsors, and primary visa applicants is a crucial measure to reduce FDSV experiences by migrant and refugee women and children, this budget doesn't address the fundamental and systemic issues experienced by temporary visa holders.

Generally, there is a lack of understanding of the barriers faced by migrant and refugee women. The Australian Institute for Health and Wellbeing notes that data specific to migrant and refugee women is hard to find and has traditionally been understudied. In order to understand FDSV in culturally and linguistically diverse communities better, it is important that segregated data is collected. Funding to the Australia's National Research Organisation on Women's Safety and the Australian Bureau of Statistics is therefore welcome but it should be ensured that special consideration is given to collecting data on priority populations such as temporary visa holders and migrant and refugee women more broadly.

Of the most concern is the application of a consistent four-year Newly Arrived Resident's Waiting Period across most welfare payments from 1 January 2022. As mentioned above, migrant and refugee women already experience systemic and considerable barriers to accessing targeted services. Increasing the waiting period for mainstream services migrant and refugee women will have a detrimental impact on their ability to reach equality, safety and full economic and social participation in Australian society.

What are the 2021 Budget impacts on women?

The targeted investments made towards the safety of migrant and refugee women will see more women of this cohort supported when seeking assistance. However, considering the vulnerability of this population group in relation to FDSV, it is concerning to see a differentiation in the financial support provided to women on temporary visas compared to Australian women. This budget does not address the systemic changes needed for migrant and refugee women to overcome the obstacles experienced when trying to access adequate support services.

Similarly, the additional funding towards women's health is positive, as long as the specific needs of migrant and refugee women are considered in the investments made. Because of social, health and economic inequities experienced by migrant and refugee women, a dedicated and tailored approach to funding allocation is required to address their complex needs. Without it, many issues relating to sexual, reproductive and general physical health will continue to disproportionately impact women from a migrant and refugee background.

Overall, the extended and targeted funding towards services and programs specific for migrant and refugee women will have a positive impact on their access to support. However, not all will benefit equally, and many systemic issues and barriers remain unaddressed, undermining the social and economic participation and wellbeing of migrant and refugee women.

Recommendations

Migrant and visa regulations should seek to minimise women's dependency on their male partners, visa sponsors, and primary applicants and to ensure that equal support is provided to women regardless of visa/migratory status.

Cultural responsiveness should be embedded across health service provision and a targeted approach taken to investments in women's health which take into consideration and address the specific barrier faced by migrant and refugee women.

Waiting periods for newly-arrived migrants should be reduced:

- There should be no waiting period for newly-arrived migrants to access Family Tax Benefit, Paid Parental Leave, Special Benefit or Carer Allowance.
- For other payments, the waiting period should be a maximum of six months.
- For women experiencing FDSV, the waiting period should be waived.

References

[Commonwealth of Australia \(2021\), Budget Paper No. 2: Part 2: Payment Measures.](#)

[Commonwealth of Australia \(2021\), Women's Budget Statement.](#)

[Commonwealth of Australia \(2021\), Budget Paper No.2: Part 1: Receipt Measures.](#)