

2025

National Women's Alliances

NATIONAL WOMEN'S ALLIANCES

ELECTION PLATFORM



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Executive Summary

In alignment with the Australian Government's National Women's Alliances program, this election platform outlines strategic actions aimed at advancing women's safety, economic security, leadership, and equitable access to vital services across Australia.

This platform is not just a list of policy asks—it represents a commitment to transformative, systemic change. We recognise that women experience discrimination, violence, economic insecurity and limited representation in ways that are deeply unequal—and often compounded by intersecting systems. Women in all their diversity—particularly those who are Aboriginal and Torres Strait Islander, from migrant, refugee and culturally and linguistically diverse (CALD) backgrounds, disabled, LGBTIQ+, living in rural, regional, remote and very remote communities, or on temporary visas—face overlapping barriers that are compounded by the way systems interact. Intersectionality is at the heart of our approach: structural inequities across employment, healthcare, justice, and social services must be addressed in an interconnected way.

We also acknowledge that meaningful reform cannot be piecemeal or short-term. Achieving safety, equity and leadership for all women requires governments to invest in long-term systemic redesign, including consistent data collection across priority populations. For example, the Workplace Gender Equality Agency (WGEA) currently excludes many smaller employers—especially in rural areas—and does not disaggregate data for CALD, Aboriginal and Torres Strait Islander Women, disabled, or regional women. Without better data, inequities remain invisible.

These actions are grounded in a strengths-based perspective. We centre lived experience and leadership of marginalised women and call for culturally safe, community-led approaches. Women in rural and remote communities face unique forms of disadvantage, from higher rates of gender-based violence to reduced access to healthcare and leadership pathways. Targeted action is not exclusionary—it is essential. When we address gender inequality in all its complexity, we create stronger, fairer systems for everyone.

Addressing gender-based violence is central to this platform.

To ensure immediate and meaningful support for victim-survivors, we propose expanding eligibility and increasing the Leaving Violence Payment to \$7,000. Additionally, \$228.6 million will be allocated to develop trauma-informed sexual violence services, including piloting forensic-trained nurses in regional and remote Medicare Urgent Care Clinics. Special attention will be given to ensuring culturally responsive services for priority groups, including Aboriginal and Torres Strait Islander, multicultural, disabled, LGBTIQ+, and temporary visa-holding women.

Recognising the critical role of caregivers and the undervalued nature of care work, we will advocate for legislative reforms guaranteeing superannuation contributions on all carer's payments. Improving recognition of international qualifications for migrant women and expanding affordable, culturally sensitive childcare services will further support women's participation in the workforce. Additionally, a review aimed at enhancing wages and conditions in the care economy, paired with public awareness campaigns, will challenge entrenched stereotypes and highlight the significance of caregiving roles.

Together, these actions outlined in our collaborative platform reflect a comprehensive, unified commitment to realising genuine safety, equality, and leadership opportunities for women across Australia.

Economic equality and security form another cornerstone of this platform.

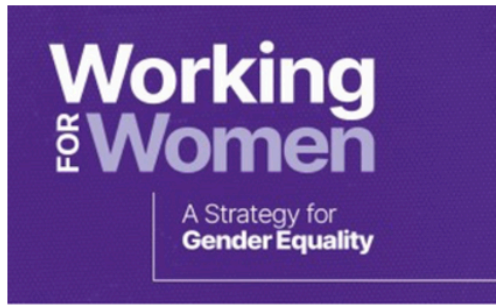
Strategic investment in social infrastructure—including childcare, social housing, and healthcare—is essential for removing structural barriers faced by marginalised women. Increasing income support payments to match Age Pension levels will directly alleviate financial pressures. Commitment to leadership development and sponsorship programs and employment pathways for marginalised women, alongside reforming tax and transfer systems to eliminate existing gender biases, will foster sustainable economic empowerment.

Accessible, inclusive healthcare remains a priority, particularly for women living in rural and remote communities. Nationalising and properly funding the 'Isolated Patients Travel and Accommodation Scheme' will address existing discrepancies, ensuring equitable access across states and territories. Universal access to free contraception and subsidised gender-affirming treatments, coupled with expanded cultural competency training for healthcare providers, will significantly improve the health outcomes and autonomy of Australian women.

Finally, achieving meaningful representation and leadership for women demands targeted action. Introducing diversity quotas for senior government positions, mandating diversity and inclusion training for decision-makers, and publicly celebrating the achievements of diverse women will cultivate an inclusive leadership landscape reflective of Australia's rich diversity.

Together, these actions outlined in our collaborative platform reflect a comprehensive, unified commitment to realising genuine safety, equality, and leadership opportunities for women across Australia.

Recommendations



The National Women's Alliances' recommendations focus on five priority areas as outlined in the Working For Women Strategy:

Gender-based violence

We call on the incoming government to:

- Expand eligibility criteria for the Leaving Violence Payment to include all victim-survivors of violence by co-residents (e.g., family members, carers).
- Increase payment to \$7,000 to address cost-of-living pressures, with additional supplements available where access barriers impact decisions to leave.

Unpaid and paid care

We call on the incoming government to:

- Legislate for superannuation on Carer's Payments, mirroring Paid Parental Leave reforms. The previous Budget prioritises flexibility for carers to work 100 hours monthly but ignores retirement security, perpetuating poverty cycles.

Economic equality and security

We call on the incoming government to:

- Improve credential recognition programs for migrant women, ensuring their overseas qualifications are appropriately valued, enabling them to fully contribute to the economy without unnecessary barriers.
- Raise income support payments to the level of the Age Pension rates and expand access to reduce unacceptable rates of poverty.

Health

We call on the incoming government to:

- Implement a National co-designed framework to improve cultural sensitivity, safety, availability and accessibility of healthcare for priority communities
- Nationalise the Isolated Patients Travel and Accommodation Scheme to ensure that there is consistency across states and territories. Isolated Patients Travel and Accommodation Schemes are inconsistent across jurisdictions and do not provide inadequate accommodations. This is a significant deterrent for priority groups within rural regional and remote women's cohort needing to access medical treatment.

Leadership, representation and decision-making

We call on the incoming government to:

- Set diversity targets for all APS6 and above roles. Collecting and publishing the demographic data, (including: ancestry, ethnicity, disability status and type, sexual orientation, gender identity, Aboriginal and Torres Strait Islander, rurality) of public service leaders models the accountability for adoption in corporate and civil society sectors.
- Implement mandatory diversity and inclusion training for hiring managers and decision-makers in the APS. This will help address unconscious biases and create more inclusive work environments.
- Sustainably fund APS mentorship and sponsorship programs that connect multiple marginalised women with mentors and sponsors. This will support career progression across various leadership domains.
- Fund dedicated media campaigns and public platforms that highlight the contributions and achievements of diverse women. Promoting role models will inspire future leaders.
- Invest in leadership development programs and training specifically designed for women from under-represented backgrounds aspiring to enter politics and policymaking. This is essential to strengthen pathways into political leadership.

Priority Area 1. Gender-Based Violence

Expand Support for Women and Gender-Diverse People Facing Violence

Australia faces critical gaps in addressing gender-based violence, with systemic barriers disproportionately impacting marginalised groups. The Leaving Violence Payment excludes victim-survivors of violence perpetrated by non-intimate partners (e.g., family members, carers, co-residents), disproportionately affecting women with disabilities and Aboriginal and Torres Strait Islander women. The \$5,000 payment fails to reflect rising living costs or additional expenses faced by women with disabilities, CALD women, and rural women. Leaving violence costs ~\$18,000; without support, survivors risk homelessness.¹

Impacts on priority groups

Women with disabilities:

Women with disabilities are nearly twice as likely to experience partner violence but many cannot leave due to fear of losing disability supports.² Many women with disability have assistive technologies, home modifications, or support arrangements that are costly to relocate or replace.

Aboriginal and Torres Strait Islander women:

Aboriginal and Torres Strait Islander women are 32 times more likely to be hospitalised for due to family violence, 11 times more likely to die from assault³ and 15 times more likely to seek Supported Accommodation Assistance to escape

¹ Seymour, K. et al, 2021, *Family and Domestic Violence Leave Entitlement in Australia: A Systemic Review*, <https://www.fwc.gov.au/documents/sites/family-domestic-violence-leave/am202155-report-wad-data-031121.pdf>

² People with Disability Australia (PWDA), 2021, *Women with Disability and Domestic and Family Violence: a Guide for Policy and Practice*, <https://pwd.org.au/wp-content/uploads/2021/07/Women-with-Disability-and-Domestic-and-Family-Violence-A-Guide-for-Policy-and-Practice.pdf>

³ Australian Human Rights Commission, 2022, *Wiyi Yani U Thangani First Nations Women's Safety Policy Forum Outcomes Report*, <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/wiyi-yani-u-thangani-6>

violence than non-Indigenous women.⁴ Aboriginal and Torres Strait Islander women are overrepresented in violence statistics, are more frequently criminalised, wrongly convicted and far more likely to be remanded than non-Indigenous women.⁵

Culturally and linguistically diverse women:

A 2020 survey revealed that 33% of migrant and refugee women experienced domestic and family violence in the previous 5 years, with 91% facing controlling behaviours.⁶ Temporary visa holders face specific migration-related abuse threats and report higher levels of domestic violence.

Regional, remote and rural women:

Women in rural areas are 24 times more likely to be hospitalised due to domestic violence, with limited access to safe housing.⁷

Recommendations

We call on the incoming government to:

- **Expand eligibility criteria** for the Leaving Violence Payment to include all victim-survivors of violence by co-residents (e.g., family members, carers).
- **Increase payment to \$7,000** to address cost-of-living pressures, with additional supplements available where access barriers impact decisions to leave.

⁴ SNAICC – National Voice for our Children, 2017, *Strong Families, Safe Kids: Family violence response and prevention for Aboriginal and Torres Strait Islander children and families*, https://www.snaicc.org.au/wp-content/uploads/2017/09/Strong_Families_Safe_Kids-Sep_2017.pdf

⁵ Australian Institute of Criminology, 2010, *Indigenous women's offending patterns: A literature review*, [Indigenous women's offending patterns: A literature review](#)

⁶ Segrave, M., Wickes, R., & Keel, C., 2021, *Migrant and refugee women in Australia: The safety and security study*, https://bridges.monash.edu/articles/report/Migrant_and_refugee_women_in_Australia_The_safety_and_security_study/14863872?file=28632192

⁷ National Rural Health Alliance, 2025, *Rural Health in Australia Snapshot 2025*, <https://www.ruralhealth.org.au/rural-health-in-australia-snapshot/>

Priority Area 2: Unpaid and paid care

A Dignified Retirement for Carers

On average, women retire with \$136,041 less than men.⁸ This disparity widens further for Australia's 1.2 million primary carers⁹—72% of whom are women.¹⁰ The previous 2024 Federal Budget acknowledged the need for superannuation on Paid Parental Leave to support "a dignified retirement for parents" but failed to extend this to the Carer Payment.¹¹

The Carer Payment is a means-tested income support payment designed for people who provide constant care to someone due to disability, old age, or severe illness. As of December 2022, the Carer Payment was the primary source of income for approximately 303,500 Australians aged 16 and over, with 80% receiving the full rate due to income and asset thresholds.¹² Nearly half (49%) of recipients had been on the payment for five years or more.¹³

These figures highlight the significant long-term implications for carers, who are unable to build retirement savings due to their reduced capacity to engage in substantive paid employment. The previous Budget prioritised 'flexibility' for carers to work 100 hours in paid employment monthly but ignored retirement security, perpetuating poverty cycles.

⁸ Littleton, E. and Jericho, G., 2023, *The Times They Aren't A-Changin' (Enough) It Is Past Time to Value Women's Work Equally*, <https://futurework.org.au/wp-content/uploads/sites/2/2023/03/Centre-for-Future-Work-Gender-Pay-Gap-WEB.pdf>

⁹ Australian Bureau of Statistics (ABS), 2024, *Disability, Ageing and Carers, Australia: Summary of Findings*, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

¹⁰ Australian Institute of Health and Welfare (AIHW), 2023, *Informal Carers*, <https://www.aihw.gov.au/reports/australias-welfare/informal-carers>

¹¹ Commonwealth of Australia, *Budget Paper No. 1 | Budget 2024-25*, https://archive.budget.gov.au/2024-25/bp1/download/bp1_notes.pdf

¹² Australian Institute of Health and Welfare (AIHW), 2023, *Informal Carers*, <https://www.aihw.gov.au/reports/australias-welfare/informal-carers>

¹³ Ibid.

Impacts on priority groups

Women with disabilities

Women with disabilities must be recognised as providers of care in care economy reforms, rather than solely as recipients. Most primary carers are women¹⁴, and 43.8% of these carers identify as disabled themselves.¹⁵

Aboriginal and Torres Strait Islander women

17% of Aboriginal and Torres Strait Islander women aged 15 and over provide unpaid care¹⁶—significantly higher than female primary carers in the general population (12.8%).¹⁷ Mainstream definitions often fail to capture the holistic ways Aboriginal and Torres Strait Islander women often care for more than one person, as well as communities, Country, and culture.¹⁸

Culturally and linguistically diverse women:

An estimated 25–30% (approximately 500,000) of Australian carers are from CALD backgrounds, though this figure is likely underestimated due to underreporting and cultural perceptions that obscure caregiving roles.¹⁹

¹⁴ Australian Institute of Health and Welfare (AIHW), 2023, *Informal Carers*, <https://www.aihw.gov.au/reports/australias-welfare/informal-carers>

¹⁵ Australian Bureau of Statistics (ABS), 2022, *Disability, Ageing and Carers, Australia: Summary of Findings*, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

¹⁶ Australian Human Rights Commission (AHRC), 2024, *Statistics about Aboriginal and Torres Strait Islander Women and Girls*, https://humanrights.gov.au/education/stats-facts/statistics-about-aboriginal-and-torres-strait-islander-women-and-girls#_edn21

¹⁷ Australian Bureau of Statistics (ABS), 2022, *Disability, Ageing and Carers, Australia: Summary of Findings*, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

¹⁸ Klein, E. et al., 2024, 'Care Is in Everything We Do and Everything We Are': The Work of Indigenous Women Needs to Be Valued, <https://theconversation.com/care-is-in-everything-we-do-and-everything-we-are-the-work-of-indigenous-women-needs-to-be-valued-225780>

¹⁹ Carers Australia, no date, *Culturally & Linguistically Diverse Carers*, accessed March 2025, <https://www.carersaustralia.com.au/about-carers/culturally-linguistically-diverse-carers/>

Regional, remote and rural women:

Rural carers face isolation and have limited in-home care options for support services (for example, gardening/cleaning support, Meals on Wheels).

Acknowledging the high out of pocket expenses involved with care in rural and remote areas, superannuation supports long-term economic security for women when they are no longer caring for someone.²⁰

Recommendations

We call on the incoming government to:

- **Legislate for superannuation on Carer's Payments**, mirroring Paid Parental Leave reforms. The previous Budget prioritises flexibility for carers to work 100 hours monthly but ignores retirement security, perpetuating poverty cycles.

²⁰ Hussain, R., Wark, S., & Ryan, P. (2018). Caregiving, Employment and Social Isolation: Challenges for Rural Carers in Australia. *International Journal of Environmental Research and Public Health*, 15(10), 2267. <https://doi.org/10.3390/ijerph15102267>

Priority Area 3: Economic equality and security

No Safety Without Economic Security

Australia is one of the world's wealthiest nations, yet women are more likely to live in poverty than men, with systemic inequities magnified for marginalised groups.²¹ On average, women earn 78 cents for every dollar men earn, resulting in a yearly income gap exceeding \$28,000.²² This gap is likely larger for culturally and linguistically diverse women, Aboriginal and Torres Strait Islander women and women with disabilities.

Despite being more likely to engage in higher education, women are concentrated in low-paid and insecure employment, comprising 76% of the healthcare and social assistance industries.²³ Women are responsible for a greater share of unpaid domestic and care work than their male counterparts – in the past 20 years, women's workforce involvement has increased but the division of domestic labour has not adjusted to accommodate this.²⁴ It is unsurprising then that more than 15% of women return to violent relationships due to poverty.²⁵

²¹ Australian Council of Social Services (2022, April 1). *Why lifting income support is essential to gender equality and economic security for women*. <https://www.acoss.org.au/220426-why-lifting-income-support-will-help-women/#:~:text=While%20slightly%20more%20men%20receive,receiving%20parenting%20and%20student%20payments>.

²² Workplace Gender Equality Agency (WGEA), 2025, *Employer gender pay gaps report March 2025*, <https://www.wgea.gov.au/sites/default/files/documents/WGEA-Employer-gender-pay-gaps-report-FINAL.pdf>

²³ Women's Economic Equality Taskforce, 2023, *A 20-year plan to unleash the full capacity and contribution of women to the Australian economy*, <https://www.pmc.gov.au/sites/default/files/resource/download/womens-economic-equality-taskforce-final-report.pdf>

²⁴ Wilkin, R. et al., 2024, *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 22*. https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0011/4382057/HILDA_Statistical_Report_2022.pdf

²⁵ Australia's National Research Organisation for Women's Safety (ANROWS), 2022, *Economic Security and Intimate Partner Violence: Research Synthesis*, <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2022/11/17095849/ANROWS-Economic-Security-Synthesis-2022.pdf>

For Aboriginal and Torres Strait Islander women, migrant, refugee and CALD women, women with disabilities, and rural women, this disparity is compounded by intersecting barriers that may mean support payments are sought. Income support payments are more likely to be the primary source of income for women than men, because of the large number of women receiving parenting, student and carer payments.²⁶ These payments leave recipients below the poverty line, unable to afford essentials like rent, food, or utilities.

Impacts on priority groups

Women with disabilities:

Women with disabilities face additional barriers to the workforce, especially where flexible work arrangements are not supported, reasonable adjustments are not met, and workplaces are inaccessible – resulting in significant rates of unemployment.²⁷ When women with disabilities do gain employment, it is often in the context of low pay, insufficient work hours or insecure work, and segregated workplace settings.²⁸ Women with disabilities continue to experience compounded discrimination on the basis of gender and disability, and gender-based violence within the workplace.²⁹

Aboriginal and Torres Strait Islander women:

Aboriginal and Torres Strait Islander women have lower labour force participation rates of 51.5% less than Indigenous men (65%) and non- Indigenous women

²⁶ Australian Government Department of Social Services, 2024, *DSS Benefit and payment recipient demographics –December 2024 Quarter*, <https://data.gov.au/dataset/ds-dga-cff2ae8a-55e4-47db-a66d-e177fe0ac6a0/details?q=DSS%20payment%20demographics>

²⁷ Australian Institute of Health and Welfare. (2024). *People with disability in Australia*. Retrieved from <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia>

²⁸ Victorian Government (2023, October 24). *Gender and Employees with Disabilities*. The Commission for Gender Equality in the Public Sector. <https://www.genderequalitycommission.vic.gov.au/intersectionality-work/chapter-3-gender-and-employees-disabilities#key-workplace-issues-for-women-with-disabilities>

²⁹ Victorian Government (2023, October 24). *Gender and Employees with Disabilities*. The Commission for Gender Equality in the Public Sector. <https://www.genderequalitycommission.vic.gov.au/intersectionality-work/chapter-3-gender-and-employees-disabilities#key-workplace-issues-for-women-with-disabilities>

(59.2%).³⁰ Discrimination, intergenerational trauma, and care responsibilities for extended family and community members restrict opportunities.

Culturally and linguistically diverse women:

CALD women face specific barriers, including language difficulties, lack of local work experience, unfamiliarity with Australia's workplace culture, and limited recognition of their skills and qualifications. For CALD women, the workforce participation rate is 47.3%, compared to 59.2% for non-CALD women.³¹ CALD women have a 19% pay gap compared to non-CALD men and hold less than 3% of senior management roles.³² CALD women are also among the cohorts who find it most difficult to secure employment, with a 15% gap in successful employment outcomes between CALD women and CALD men.³³

Regional, remote and rural women:

Rural women often balance family and community responsibilities and work but are 'invisible' in the business's finances. For example, rural women can work in family businesses with complicated organisational structures and are often not paid for the work they contribute. On average, rural women earn less than women in major cities.³⁴

³⁰ Australian Government (n.d.). *Gender equality and intersecting forms of diversity*. Workplace Gender Equality Agency. <https://www.wgea.gov.au/gender-equality-and-diversity>

³¹ Commission for Gender Equality in the Public Sector, 2024, *Intersectionality at Work*, <https://www.genderequalitycommission.vic.gov.au/sites/default/files/2023-10/Intersectionality-At-Work-Report.pdf>

³² Commission for Gender Equality in the Public Sector, 2024, *Intersectionality at Work*, <https://www.genderequalitycommission.vic.gov.au/sites/default/files/2023-10/Intersectionality-At-Work-Report.pdf>

³³ Commission for Gender Equality in the Public Sector, 2024, *Intersectionality at Work*, <https://www.genderequalitycommission.vic.gov.au/sites/default/files/2023-10/Intersectionality-At-Work-Report.pdf>

³⁴ National Rural Women's Coalition, 2021, *The Rural/Regional/Remote Woman in 2021*, <https://www.nrwc.com.au/resources/position-papers/89-rural-women-02-08-2022/file>

Recommendations

We call on the incoming government to:

- **Improve credential recognition programs** for migrant women, ensuring their overseas qualifications are appropriately valued, enabling them to fully contribute to the economy without unnecessary barriers.
- **Raise income support payments** to the level of the Age Pension rates and expand access to reduce unacceptable rates of poverty.

Priority Area 4: Health

Universal Access to Essential Healthcare Services

Access to essential healthcare, including reproductive and sexual healthcare, remains prohibitively expensive and inaccessible across Australia, with disproportionate impacts on marginalised communities.

For people in regional, rural and remote areas, healthcare deserts create significant access challenges, with women in these regions struggling to obtain quality, affordable and timely reproductive care, including pregnancy terminations. CALD women and Aboriginal and Torres Strait Islander women experience discrimination in healthcare settings which discourages seeking healthcare of any kind, creating cumulative negative health outcomes. These issues are further compounded for women with disability who contend with systemic ableism in the medical system, leading to diagnostic overshadowing, delayed diagnosis and misdiagnosis.

Impacts on priority groups

Women with disabilities:

Women with disabilities navigate the ongoing legacy of ableism embedded in the culture of health and medical disciplines.³⁵ Additionally, health services are often structurally ill-equipped to support women with disabilities.³⁶ For example, access to equipment, such as hoists, may not be readily available in all health settings.

Women with disabilities also continue to experience harmful practices without their

³⁵ Women With Disabilities Australia (2018, March 30). *Brief Submission to the Special Rapporteur on the Rights of Persons with Disabilities on the Right of Persons with Disabilities to the Highest Attainable Standard of Health*. https://wwda.org.au/wp-content/uploads/2018/04/3-WWDA_SR_Disability_HealthAccess_March2018_BriefReport.pdf

³⁶ Petrony, S., Horsley, P., Dr, & Kavanagh, A., Prof (n.d.). *Access to Health Services for Women with Disabilities*. <https://www.wdv.org.au/documents/Access%20to%20health%20services%20-%20the%20issues%20for%20women%20with%20disabilities.pdf>

consent in healthcare settings, including forced sterilisation and other forced interventions.³⁷

Aboriginal and Torres Strait Islander women:

Aboriginal and Torres Strait Islander women face systemic inequities in accessing the health system leading to poor health outcomes and missed opportunities for prevention and early intervention. For example, Aboriginal and Torres Strait Islander women are almost three times as likely as non-Indigenous women to die as a result of childbirth.³⁸

Culturally and linguistically diverse women:

CALD women often do not seek help for mental health problems or are reluctant to do so.³⁹ They often miss out on crucial support because information is not available in community languages or there are no culturally appropriate services available.⁴⁰

Regional, remote and rural women:

People living in remote and rural areas face significant barriers to accessing healthcare and additional time and transport costs mean people are more likely to delay access to preventive and primary healthcare leading to chronic illnesses being

³⁷ Frohmader, C., & Steele, L., Dr (2022, December). *Submission on Sexual and Reproductive Rights of Women and Girls with Disability to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. <https://wwda.org.au/wp-content/uploads/2023/04/DRC-Submission-SRR.pdf>

³⁸ Australian Institute of Health and Welfare, 2024, *Australia's mothers and babies: maternal deaths*, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/maternal-deaths>

³⁹ Australian Government Department of Health and Aged Care, 2018, *Mental health services for people of culturally and linguistically diverse (CALD) backgrounds*, <https://www.health.gov.au/resources/publications/mental-health-services-for-people-of-culturally-and-linguistically-diverse-cald-backgrounds?language=en>

⁴⁰ Australian Government Department of Health and Aged Care, 2018, *Mental health services for people of culturally and linguistically diverse (CALD) backgrounds*, <https://www.health.gov.au/resources/publications/mental-health-services-for-people-of-culturally-and-linguistically-diverse-cald-backgrounds?language=en>

diagnosed later.⁴¹ Women in remote areas are also likely to die 19 years earlier than metropolitan women.⁴²

Recommendations

We call on the incoming government to:

- **Implement a National co-designed framework to improve cultural sensitivity, safety, availability and accessibility of healthcare for priority communities**
- **Nationalise the Isolated Patients Travel and Accommodation Scheme to ensure that there is consistency across states and territories.** Isolated Patients Travel and Accommodation Schemes are inconsistent across jurisdictions and do not provide inadequate accommodations. This is a significant deterrent for priority groups within rural regional and remote women's cohort needing to access medical treatment.

⁴¹ Australian Institute of Health and Welfare, 2024, *Rural and Remote Health*, <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

⁴² Royal Flying Doctor Service, 2022, *Best for the Bush: Rural and Remote Health Base Line 2022*, <https://www.flyingdoctor.org.au/download-document/best-bush-rural-and-remote-health-base-line-2022/>

Priority Area 5. Leadership, representation and decision-making

Breaking Systemic Barriers: Equitable Leadership for Marginalised Women

CALD and Aboriginal and Torres Strait Islander women, women with disabilities and women living regionally remain significantly underrepresented in leadership roles across all sectors, including politics, corporate leadership, and community governance. Stereotypes, bias, and limited access to leadership pathways contribute to this inequity. In political and public office, women at these intersections face additional barriers, including systemic bias, lack of targeted support, and limited access to influential networks.

Impacts on Priority Cohorts

Australia collects very little data on leadership diversity. While the Workplace Gender Equality Agency has begun to provide essential data on women in leadership positions in large businesses, the same data is not collected with regard to women with disabilities, Aboriginal and Torres Strait Islander women or women living and working in rural, regional or remote areas.

The lack of CALD women, Aboriginal and Torres Strait Islander women, women with disabilities, and rural women in leadership positions means that diverse perspectives are often missing from critical decision-making processes. This underrepresentation not only perpetuates existing inequalities but also deprives organisations and institutions of the valuable insights and experiences that these groups bring. Increasing their representation in leadership roles is essential for creating more inclusive policies, fostering innovation, and building a more equitable society that reflects Australia's diverse population.

Culturally diverse women hold only 2.5% of board roles despite their qualifications and experience.⁴³ Additionally, CALD women experience exclusion due to linguistic discrimination, visa-linked employment restrictions, cultural biases, stigma and discrimination that limit access to mentorship and promotion opportunities.

Women with disabilities: navigate workplace ableism, inflexible policies, and assumptions about competency, despite bringing unique problem-solving skills honed through managing systemic barriers.

Aboriginal and Torres Strait Islander women contend with colonial systems that dismiss cultural leadership practices and ignore the holistic care roles they provide for kin, Country, and community.

Rural women face geographic isolation, limited professional networks, and employer biases that undervalue rural expertise, even as they demonstrate resilience in balancing caregiving, employment, and community leadership.

Recommendations

To address this issue, we propose implementing policies requiring minimum levels of representation for women from diverse backgrounds in leadership roles, beginning with senior government advisory bodies and elected office.

We call on the incoming government to:

- **Set diversity targets for all APS6 and above roles.** Collecting and publishing the demographic data, (including: ancestry, ethnicity, disability status and type, sexual orientation, gender identity, Aboriginal and Torres Strait Islander, rurality) of public service leaders models the accountability for adoption in corporate and civil society sectors.

⁴³ [Capitalising on Culture and Gender in ASX Leadership](#) - Diversity Council of Australia - 2017

- **Implement mandatory diversity and inclusion training for hiring managers and decision-makers in the APS.** This will help address unconscious biases and create more inclusive work environments.
- **Sustainably fund APS mentorship and sponsorship programs** that connect multiple marginalised women with mentors and sponsors. This will support career progression across various leadership domains.
- **Fund dedicated media campaigns and public platforms** that highlight the contributions and achievements of diverse women. Promoting role models will inspire future leaders.
- **Invest in leadership development programs** and training specifically designed for women from under-represented backgrounds aspiring **to enter politics and policymaking**. This is essential to strengthen pathways into political leadership.

