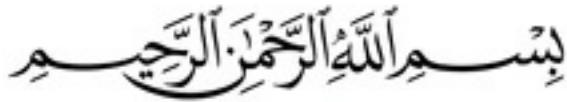CENTRE FOR MUSLIM WELLBEING

A new approach to programs for families and children

Submission to the Department of Social Services
By the Centre for Muslim Wellbeing
December 2025

CMW.ORG.AU

Acknowledgement

بِسْمِ اللهِ الرَّحْمَنِ الرَّحِيمِ

Bismillah Ar-Rahman Ar-Raheem
In the name of Allah, The Most Compassionate, The Most Merciful

We begin by acknowledging the Traditional Custodians of the lands on which we live, work, and gather, particularly the Wurundjeri Woi Wurrung people of the Kulin Nation — and all First Nations peoples across Victoria. We pay deep respect to Elders past and present, and recognise that sovereignty was never ceded. This always was, and always will be, Aboriginal land.

We stand in solidarity with Aboriginal and Torres Strait Islander communities, whose leadership, knowledge systems, and spiritual connection to Country inspire our shared journey toward justice, healing, and collective wellbeing.

Guided by the Divine names Ar-Rahman (The Compassionate), Al-Adl (The Just), Ash-Shafee (The Healer), Al-Wasi' (The All-Encompassing), and Al-Hakeem (The All-Wise), we affirm the sacredness of every life and the right to spiritual, emotional, and cultural wellbeing.

As we reflect on mental health, trauma, and systems reform, we centre lived experience, compassion, and cultural insight. Behind every data point is a person, a family, a story.

This submission is both a call to action and an expression of hope for a system rooted in equity, dignity, and care.

About Centre for Muslim Wellbeing

Who we are

The Centre for Muslim Wellbeing (CMW) is a not-for-profit, community-led organisation established in 2018 to improve the mental health, spiritual wellbeing and social inclusion of Muslim communities in Victoria and nationally. CMW was created in response to long-standing gaps in access, cultural safety and lived-experience leadership across mainstream service systems which are gaps that continue to shape child wellbeing, family functioning and help-seeking behaviour.

We work at the intersection of mental health, community development and faith-informed healing, acting as a trusted bridge between communities, government and services. Our work honours the diversity of Muslim identities and promotes dignity, resilience and collective care across generations.

What we do

Through partnerships with Primary Health Networks, local councils, education providers, faith institutions, settlement agencies and community organisations, CMW delivers programs that strengthen family relationships, child development, youth wellbeing and early mental health literacy, directly complementing DSS service areas in prevention and early intervention. Our programs include:

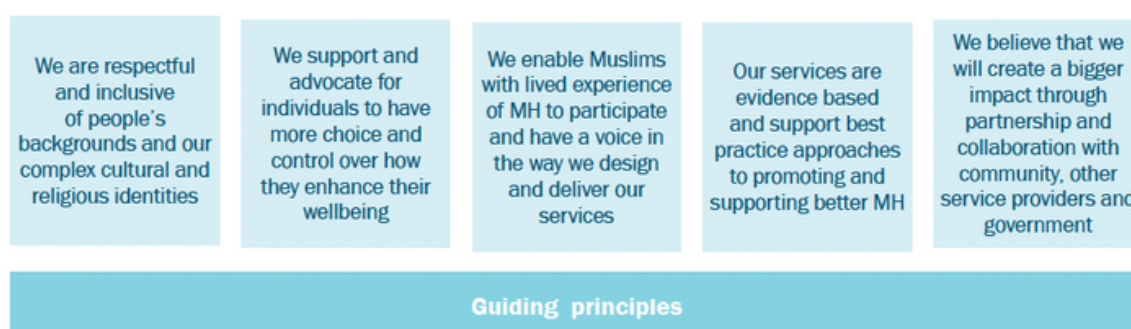*Figure 1: Working Definition of Muslim wellbeing in Australia, developed by CMW*

Figure 2: CMW's Guiding Principles

Key Area	Description	Core Activities
1. Mental Health, Health Education & Suicide Prevention	Addressing stigma, Islamophobia, and gaps in spiritually congruent care through culturally responsive mental health education, suicide postvention, and grief support. Builds community trust and safer pathways to care.	• Mental Health First Aid (MHFA) workshops • Suicide postvention and grief support • Cultural Intelligence and anti-racism training • Community-based mental health literacy initiatives
2. Holistic Mental Health Treatment, Families & Carers Wellbeing	Supporting individuals and families affected by war, displacement, family violence, sexual assault and intergenerational trauma through faith-informed and trauma-sensitive group programs.	• Healing circles and trauma recovery workshops • Bereavement support (Project Zaytouna) • Emotional regulation and spiritual care • Programs for women, carers, children, and men • End to end services support from pre-natal to parenting workshops for families
3. Young People & School Engagement	Supporting Muslim youth through peer-led programs that foster inclusion, identity, and resilience. Addressing racism, bullying, neurodiversity, disengagement, depression, suicide and self-harm through creative and culturally safe approaches.	• Storytelling and movement (Project Nawah) • School-based anti-bullying, wellbeing and resilience programs • Youth mentoring and spiritual development • Emotional literacy and belonging sessions
4. Settlement Services for Newly Arrived Communities	Holistic support for newly arrived communities facing systemic barriers. Enhancing community capacity, connection, and access to essential services in culturally responsive ways.	• Peer support for migrants and refugees • Outreach for carers, women, and families • Service navigation (employment, health, housing, legal)
5. System Navigation & Crisis Response	Providing culturally and spiritually appropriate responses during times of acute distress — filling a vital gap in crisis care for Muslim communities. Digital information hub to provide key information to community, providers and government	• Crisis intervention and case coordination • Support for suicide risk, family breakdown, and violence • Advocacy and safety planning • Partnerships with crisis and support services (i.e hospitals, emergency, justice) • In-language support and digital resource hub

Our Impact

Since inception, CMW has reached more than 8,000 people through community programs and school initiatives; trained over 600 community members and professionals in culturally safe mental health support; partnered with 40+ organisations; delivered trauma-informed programs for families experiencing conflict, grief, family violence and settlement stress; and built a digital ecosystem connecting families to 80+ culturally responsive practitioners. Our national projects strengthen belonging and resilience across states while providing low-barrier pathways to early help, directly advancing DSS priorities for community-led, culturally safe and preventive supports.

These activities complement DSS priority areas across parenting, family relationships, child development, mental health promotion, and early intervention.

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3. A New Approach to Programs for Families and Children: Recommendations & Case Studies (continued)

1. Executive Summary

The Centre for Muslim Wellbeing (CMW) welcomes the opportunity to respond to the Department of Social Services' Discussion Paper on *A new approach to programs for families and children*.

CMW strongly supports the development of a unified national Families and Children Program and welcomes the government's commitment to prevention, early intervention and community-led service design. CMW emphasises that effective support for children and families must integrate cultural, spiritual and social dimensions of wellbeing - central pillars of identity, belonging and resilience for multicultural and faith-based communities.

CMW takes a consistently strengths-based approach to all its programs and partnerships. Rather than viewing communities through the lens of deficit or vulnerability, CMW recognises the inherent resilience, faith and collective wisdom within Muslim and multicultural families. Our work begins with what is already strong, such as community connection, cultural identity, spirituality and lived experience and builds upon these assets to enhance wellbeing, agency and belonging. This approach honours the dignity and self-determination of those we serve, positioning individuals and families not as passive recipients of care but as active partners in their own growth, healing and transformation. These strengths must be recognised and embedded in national policy.

Vision and Outcomes
CMW endorses the vision that all children and young people thrive within strong, capable families. Research increasingly demonstrates that culturally congruent and faith-aligned supports improve parenting confidence, mental health, engagement and intergenerational connectedness. CMW recommends integrating cultural, spiritual and social wellbeing as core components of empowerment and resilience.

Program Structure
CMW supports consolidating existing programs into a single national framework with three streams - universal supports, prevention and early intervention, and intensive assistance. This structure aligns with the continuum of need experienced by migrant, refugee, multicultural and faith-based families. A unified contract will reduce fragmentation, free organisational capacity and strengthen responsiveness. CMW recommends enabling multi-stream partnerships, co-leadership roles for multicultural organisations and simplified reporting.

Prioritising Investment
Importantly, CMW recommends adding a fifth priority: culturally responsive and faith-informed practice across all program streams. Evidence consistently shows that culturally congruent programs increase trust, reduce stigma, strengthen family cohesion and support earlier help-seeking. Prioritising culturally competent design and workforce capability is critical to reducing disengagement among culturally and racially marginalised (CARM) communities.

Improving Family Wellbeing

Data, including the Australian Medical Association's 2025 findings, show that failure to provide timely community-based supports leads to increased hospital presentations and system strain. CMW's early, culturally grounded programs strengthen emotional literacy, family communication, identity and belonging are key protective factors for lifelong wellbeing. CMW recommends embedding identity, belonging and cultural connection as core components of family wellbeing.

Connected, Co-located and Integrated Services

CMW supports the government's commitment to integration but emphasises that effective integration requires trusted relationships, cultural brokerage and shared accountability -not only co-location. Many families first seek help through community networks rather than mainstream services.

Responding to Community Need

Community-led organisations are best placed to identify emerging issues due to deep local trust and lived-experience governance. Settlement stage, migration context, cultural safety and racism significantly influence help-seeking but are often invisible in standard datasets. CMW recommends prioritising organisations with strong community trust, co-design processes and lived-experience leadership.

Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families

CMW strongly supports prioritising Aboriginal Community Controlled Organisations and addressing systemic barriers that limit their access to funding. CMW also encourages extending principles of self-determination and community control to multicultural community-controlled organisations, while fostering partnerships that strengthen cross-cultural learning and equity in commissioning.

Measuring Outcomes

Outcomes measurement must reflect relational, cultural and spiritual dimensions of change. CMW recommends mixed-method evaluation frameworks combining quantitative data with narrative, case studies and context-aware indicators co-designed with community organisations. This approach better captures shifts in trust, identity, belonging and emotional safety.

Working Together and Relational Contracting

CMW supports relational contracting as a mechanism to embed collaboration, trust and shared accountability. This model recognises relational work - such as engagement and cultural translation - that is central to impact but often undervalued. CMW recommends piloting relational contracting with community-led organisations.

Other Considerations: Sustainability of Community-Led Organisations

Long-term, flexible funding is essential for maintaining workforce stability, cultural expertise and sustained engagement. The relational and cultural labour required for early intervention must be explicitly resourced. Ongoing partnership between government, ACCOs and multicultural organisations should extend throughout implementation and evaluation.

2. Centring Muslim Wellbeing in Australia

Systemic Inequities and Emerging Challenges Facing Muslim Communities

Muslim communities - over 813,000 nationally and 273,000 in Victoria - are among Australia's youngest and most culturally diverse populations, yet remain significantly underrepresented in national child and family policy, data systems and early-intervention frameworks. This invisibility contributes to delayed help-seeking, reduced engagement with universal services and crisis-driven system contact - precisely what the Families and Children Program reform seeks to prevent.

Muslim children grow up navigating the combined influences of identity, belonging, racism, cultural expectation and faith. Their wellbeing is shaped not only by individual experiences but by relational, cultural and spiritual environments. Evidence shows that strong cultural identity and religious grounding support resilience, emotional regulation and a positive sense of self among Muslim young people (Abu-Rayya & Abu-Rayya, 2009; Ansari & Fischl, 2024). However, discrimination and bullying remain significant risks: studies consistently report elevated psychological distress among Muslim adolescents compared with national norms (Kayrouz et al., 2022; NSW Ministry of Health, 2021). These findings underscore the need for early, culturally congruent prevention and support.

Table 1. Key Demographic and System Indicators for Muslim Communities

Indicator	Value / Detail
National Muslim population	813,400 (3.2% of Australia)
Victorian Muslim population	273,000 (4% of Victoria)
Growth trend	Population more than doubled since 2001
Diversity	70+ ethnic backgrounds; 290+ languages spoken
High-concentration LGAs	Hume (18.9%), Dandenong (34–38%), Wyndham (9.9%), Brimbank (6.7%)
Estimated Muslim mental-ill health prevalence (VIC)	115,000–176,000 people per year
Estimated annual economic cost (VIC)	$232M–$285M per year
Key pressures	Racism, Islamophobia, settlement stress, stigma, bullying, global conflict exposure
Protective factors	Faith, family cohesion, cultural identity, belonging, community connection

A Holistic Understanding of Wellbeing

Muslim wellbeing is relational, collective and spiritually grounded, aligning closely with DSS Outcomes Framework domains such as family cohesion, emotional regulation, identity and community connection. Families describe wellbeing as a sense of stability created through belonging, cultural continuity and strong family relationships. Research with Muslim youth in Melbourne further shows that identity, faith and community are central coping mechanisms amid racism, digital pressures and intergenerational change (Mahmood et al., 2022; Roose & Harris, 2015). International evidence reinforces these findings, noting that cultural and spiritual continuity provide emotional safety for Muslim children (Fozdar, 2011).

Social and Systemic Determinants

Settlement pressures — housing instability, financial stress, unfamiliar service systems and shifting parental roles — affect parenting confidence and engagement with mainstream supports (Farate, 2015). Parents often select faith-aligned schools to protect children from racism and affirm identity (Ozalp, 2021). Many families rely on imams, elders and informal community helpers due to limited trust in mainstream services, reflecting broader DSS findings about CALD access barriers.

Islamophobia, both interpersonal and structural, remains a major determinant of mental health, particularly for visibly Muslim women and adolescents (AHRC, 2022). Global conflicts, such as those affecting Palestine and Afghanistan, contribute to vicarious trauma within families (Gerrand & Grossman, 2018), while community leaders shoulder substantial emotional labour in supporting distressed families.

Why This Matters for DSS Reform

Muslim families experience intersecting determinants — race, culture, migration, faith and socio-economic stress — that shape access, engagement and child development outcomes. Centring Muslim wellbeing strengthens DSS reform by embedding cultural safety, recognising settlement experiences, expanding early-relational pathways and ensuring prevention reaches communities historically underserved. This is essential for achieving equitable, connected and effective early-intervention supports for all families.

3. A New Approach to Programs for Families and Children: Recommendations & Case Studies

1. Vision and Outcomes

CMW strongly supports the proposed vision that every child and young person is supported by strong, capable families. The two intended outcomes of empowering parents and nurturing resilient children are essential objectives. To achieve these outcomes, empowerment must also encompass cultural, spiritual and social wellbeing. These dimensions are central to a child's sense of identity, belonging and resilience.

Research consistently shows that culturally congruent and spiritually meaningful support strengthens parenting confidence, family cohesion and intergenerational connectedness (Ungar, 2011; Darling et al., 2020). Studies within multicultural and faith-based contexts highlight that when services affirm families' cultural values and belief systems, parents are more likely to engage, sustain behavioural change and experience improved mental health outcomes (Houkamau & Sibley, 2019; Koenig, 2012).

Social connectedness through community, kinship and faith networks have also been identified as a protective factor against stress, social isolation and child maltreatment (Trickett et al., 2011; Walsh, 2016). In contrast, culturally incongruent or individualised service models can inadvertently disempower families by overlooking the collective and spiritual foundations that underpin wellbeing in many communities. Therefore, embedding cultural, spiritual, and social dimensions of empowerment is essential to achieving sustainable, whole-of-family outcomes.

1.1 Recommendations
- Embed cultural and spiritual safety as a guiding principle across all outcomes and reporting frameworks, recognising these as essential dimensions of family empowerment and resilience.

2. Program Structure

CMW welcomes the consolidation of five current programs into one national framework. The proposed streams of national programs, prevention and early intervention and intensive supports offer flexibility for integrated, wraparound service models that centre families rather than systems.

Wraparound models provide coordinated, holistic care by bringing together mental health, parenting, social, cultural and practical supports into one tailored plan. They are family-driven, strengths-based and adaptive to changing needs, ensuring that services work collaboratively instead of in isolation. Evidence shows that wraparound approaches improve family stability, reduce service duplication and lead to better long-term outcomes for children and caregivers (Bruns et al., 2010; Walsh, 2016).

For many migrant and refugee families, the early years of settlement involve navigating financial pressure, housing instability, language barriers, and unfamiliarity with Australian service systems. These settlement factors strongly influence how and when families seek help and reinforce the need for program structures that allow flexible, culturally anchored, multi-stream support. The new national program's structure allows organisations to respond to families across different stages of settlement — from initial stabilisation to longer-term parenting, identity-building and youth wellbeing needs.

CMW's services fit naturally within the three proposed funding streams, reflecting the continuum of needs across Muslim and multicultural families:

2.1. National Programs & Information Services
CMW delivers universal supports that align strongly with the first stream, including culturally safe mental health literacy resources, faith-informed parenting materials, stigma-reduction education, and accessible online wellbeing tools used across Victoria and nationally. These provide early, low-barrier pathways for families who may not yet access formal services.

2.2. Prevention & Early Intervention
Our core programs — including parenting workshops, emotional regulation and self-care programs, youth identity and belonging initiatives, school partnerships, and stigma-reduction campaigns — are designed to strengthen protective factors before challenges escalate. These programs respond directly to community needs, such as rising youth distress, cultural and intergenerational conflict, parental stress and delayed help-seeking.

CMW's approach builds family resilience early through faith-informed parenting supports, mental health literacy training, and youth programs that strengthen belonging, identity and emotional wellbeing.

2. Program Structure (continued)

2.3. Intensive Family Support

CMW's trauma-informed healing circles, culturally safe crisis responses, system navigation support and early assistance for families experiencing distress or social isolation align directly with the third stream. These services reflect the early-intensive, culturally anchored supports required to keep families connected, engaged and safe, particularly where mainstream systems are inaccessible or culturally unsafe.

The three-stream model reflects the continuum of need we see in our communities and allows the flexibility required to adapt as family circumstances evolve. A single national program will reduce administrative burden, allow earlier intervention, and enable community-led organisations to respond rapidly to emerging needs.

This approach will particularly benefit smaller, community-based organisations that currently manage multiple fragmented contracts. One unified grant with simplified reporting would free capacity for direct service delivery, community partnership and innovation. To ensure equitable impact, commissioning processes should prioritise multicultural community-led organisations, fund cultural brokerage, and recognise the relational labour essential for engaging culturally and racially marginalised (CARM) families.

2.4 Recommendations

- Enable multi-stream partnerships within one contract, allowing organisations to deliver or partner across multiple program streams under a single, flexible funding agreement that reflects the continuum of family needs.
- Ensure multicultural organisations can lead or co-lead projects in partnership with larger agencies without losing community autonomy.
- Simplify reporting requirements proportionate to organisation size.

3. Prioritising Investment

CMW supports the government's four priorities and the focus on early intervention, integration and community-led design. These priorities are essential for addressing the root causes of family stress and strengthening protective factors that keep children safe and connected. They also reflect sector feedback and evidence that early intervention and proportionate universalism produce the strongest improvements in family wellbeing (Fox et al., 2015; O'Connell, 2024).

To achieve equitable outcomes across Australia's diverse communities, the investment framework should also explicitly prioritise culturally responsive and faith-informed practice[MC1] [Office2] . Culturally safe systems are essential for equitable access (Department of Health, 2022), as faith, culture and identity strongly shape help-seeking and service engagement (FECCA, 2021). Evidence shows that culturally responsive, faith-informed approaches reduce stigma and improve outcomes (Kirmayer et al., 2011).

While trauma-informed care is now standard across the sector, many families from culturally and racially marginalised (CARM) backgrounds remain disengaged from mainstream services because cultural values, language and faith identities are not adequately reflected in program design or workforce capability.

Lower engagement among CARM and faith communities is often linked to stigma, discrimination and lack of culturally safe care. Strategic investment in workforce training and culturally competent program design will directly improve outcomes.

3.1 Additional Priority Needed: Culturally Responsive and Faith-Informed Practice

CMW recommends a fifth investment priority: culturally responsive and faith-informed practice across all program streams. Evidence shows that culturally congruent and faith-aligned services improve trust, engagement and family cohesion, leading to stronger parenting outcomes and long-term wellbeing (Houkamau & Sibley, 2019; Koenig, 2012; Ungar, 2011). Embedding this focus within all funding streams ensures that prevention and early-intervention investments reach families who are currently under-served and strengthens the overall effectiveness of the new program.

3.2 Recommendations

- Addition of fifth investment priority: Culturally responsive and faith-informed practice across all program streams to ensure equitable access, engagement and impact.

4. Improving Family Wellbeing

CMW supports the emphasis on prevention and early intervention, recognising that the most sustainable way to reduce child protection involvement is by strengthening families well before crisis occurs. While supporting families already engaged with statutory systems is beyond our direct scope, CMW's work plays a vital upstream role in reducing risk factors and building protective factors that keep families safe, connected and thriving.

Our programs focus on helping parents develop emotional literacy, regulate stress and strengthen family communication through faith-informed and culturally grounded approaches. By addressing issues such as stigma, isolation and intergenerational conflict early, we help prevent escalation into more complex mental health or family-relationship concerns. These upstream supports are strongly aligned with the evidence that improved attachment, emotional development and parental capability produce lifelong benefits for children.

Recent national data reinforces the need for stronger investment in prevention. The Australian Medical Association's 2025 Public Hospital Report Card – Mental Health Edition highlights that many pressures in hospitals are downstream failures of a system unable to provide timely, affordable psychological care in the community. This strengthens the case for the new Families and Children Program to prioritise early, culturally safe, family-centred intervention so families can receive support well before distress escalates into hospitalisations or child protection involvement.

The Productivity Commission's final review of the Mental Health and Suicide Prevention Agreement further found the current system to be "fragmented, under-resourced and failing the people who need it most," with a lack of specialised community services contributing to crisis escalation, disengagement and reliance on hospital-based care. This is particularly pronounced for multicultural and faith-based families, who already face additional barriers such as stigma, racism, mistrust of systems and limited culturally safe pathways to support. For many multicultural and faith-based families, wellbeing is inseparable from identity, belonging, cultural continuity and spiritual safety.

The Australian Government's Multicultural Framework Review reinforces this, identifying identity, belonging and cultural expression as central to wellbeing and social cohesion (Refer to Appendix). The Review emphasises that multiculturalism succeeds when services recognise diverse identities, embed inclusive practice and support families to maintain cultural continuity. Programs that affirm these dimensions increase engagement, foster trust and encourage early help-seeking ensuring prevention efforts reach communities that have historically been underserved by mainstream systems.

4. Improving Family Wellbeing (continued)

Digital environments now significantly influence family relationships and youth wellbeing, and CMW's work shows that supporting families at risk of child protection involvement and young parents must also include addressing digital stressors such as online safety, exposure to harmful content, cyberbullying and culturally shaped conflicts around technology use. These issues disproportionately affect multicultural and faith-based families, making digital inclusion a critical wellbeing priority that is not yet reflected in the proposed focus areas. Young people increasingly seek belonging and informal support online, yet most digital tools are not culturally adapted, limiting early engagement.

Incorporating culturally tailored digital parenting support, online safety education and hybrid digital-in-person wellbeing approaches would better meet the needs of CARM families and ensure earlier, culturally safe intervention for groups that are currently underserved by mainstream services.

4.1 Recommendations

- Ensure that indicators of family wellbeing include identity, belonging and cultural connection as key protective factors that strengthen family relationships and prevent escalation into statutory systems.
- Prioritise community-led wellbeing and resilience programs that build family connection and reduce stigma around mental health.
- Recognise early mental health and psychosocial support as essential to improving family relationships, preventing crisis presentations and child protection escalation.
- Resource the relational, cultural and emotional labour required to support early engagement and sustained wellbeing for multicultural and faith-based families.
- Embed culturally adapted digital wellbeing supports - such as digital parenting tools, online safety resources and hybrid digital pathways - into the Families and Children Program to better meet the needs of CARM families.

4.2 Case Study 1

Early Childhood Identity & Belonging through Project Nawah

Program: Project Nawah multicultural Storytime
Led by: Centre for Muslim Wellbeing (CMW)

A recently arrived mother attended Project Nawah multicultural Storytime with her four-year-old daughter, who had been struggling with separation anxiety and settling into kindergarten. Previous early years programs felt unfamiliar to the child and did not reflect her cultural or linguistic background.

At Project Nawah, she connected immediately with stories told in familiar languages and movement-based activities that celebrated culture and imagination. Over several weeks, her mother observed increased confidence, curiosity and social engagement. The child began initiating play, using new vocabulary at home and participating more readily at kindergarten. Her mother later said the sessions "helped my daughter feel proud of who she is."

This example demonstrates how culturally affirming early childhood programs reduce anxiety, strengthen identity and create the foundation for resilience and lifelong learning.

5. Connected, Co-Located, and Integrated Services

CMW supports the government's emphasis on connected and integrated service delivery as a key mechanism for improving outcomes for families and children. However, effective integration extends beyond physical co-location, it depends on trusted relationships, cultural brokerage and shared communication and accountability across service systems.

For many multicultural and faith-based families, help-seeking begins within the community, often through faith leaders, family networks or trusted local organisations rather than mainstream providers. Integration is therefore best achieved through relationship-based partnerships that link community-led services with broader systems of care. CMW's partnerships with health networks, local councils and community organisations demonstrate how collaboration built on cultural safety and mutual respect improves engagement and continuity of support.

To strengthen integration, the new program should value collaborative models that prioritise trust, communication and cultural competence equally with physical co-location. Grant assessment criteria would facilitate best care when it recognises evidence of partnership governance, co-design with community and the use of bicultural or peer facilitators who bridge families into mainstream supports.

Effective integration relies on a skilled, culturally grounded workforce that can build trust, broker relationships and coordinate care across systems. Trust and cultural safety are proven predictors of sustained engagement for CARM families, with evidence showing early disengagement when services lack cultural responsiveness (National Mental Health Commission, 2024). Muslim and refugee-background families in particular identify trust, respect and cultural safety as decisive in help-seeking (Suleman et al., 2018). Bicultural and lived-experience workers are central to interpreting cultural nuance and sustaining trusted relationships. Applicants should demonstrate bicultural workforce capability, lived-experience governance, co-design processes and capacity to deliver culturally safe, faith-informed and trauma-aware support.

5.1 Recommendations
- Expand the definition of integration beyond co-location to include partnership-based and culturally brokered models of collaboration that improve trust, access and continuity of care for multicultural and faith-based families.
- Assess "community connectedness" through evidence of trust, participation, and lived-experience governance; recognising their key parts of connection, beyond co-location.

5.2 Case Study 2

Carers Circle: Reducing Isolation & Strengthening Emotional Capacity

Program: Carers Circle
Led by: Centre for Muslim Wellbeing (CMW)

A Muslim woman caring for her elderly parent joined CMW's Carers Circle after experiencing burnout, loneliness and limited access to formal supports. She had avoided mainstream services due to stigma and the difficulty of sharing personal challenges in unfamiliar environments.

The Carers Circle delivered through chai circles, clay activities and nature-based wellbeing sessions provided her with a culturally safe space to reflect, rest and connect with carers facing similar realities. Over time, she reported reduced stress, greater emotional regulation, and renewed social connection. Through trusted support from facilitators, she later accessed respite information and referrals previously unknown to her.

She described the program as "*a lifeline that helped me breathe again.*"

This highlights how culturally grounded carer programs enable a person to identify their needs, reduce isolation, enhance coping capabilities and create safe pathways into broader supports.

6. Responding to Community Need

Beyond locational disadvantage, the department should recognise that the greatest determinant of a service's success in meeting community needs is whether it is community-led, trusted and grounded in lived experience. For multicultural and faith-based families, barriers to engagement often stem not from geography but from stigma, discrimination, cultural dissonance and lack of representation in service design.

Settlement experience is also a major driver of vulnerability and service need. Newly arrived migrant and refugee families frequently face financial strain, unstable housing, limited English proficiency, unfamiliarity with Australian systems and uncertainty navigating education, health and early childhood services. These settlement pressures significantly shape help-seeking behaviours, parenting confidence and children's emotional safety, yet they remain invisible in metrics such as SEIFA, AEDC and Census data. Recognising settlement stage as part of community need is critical to ensuring equitable access to early supports.

CMW's work demonstrates that community-led organisations are uniquely positioned to identify and respond to emerging needs because they are embedded within the populations they serve. We maintain continuous consultation with communities, build programs through co-design and sustain trusted relationships that enable real-time understanding of challenges as they arise. Community-led organisations such as CMW are trusted and culturally safe points of connection for many settlement-affected families, offering insights that quantitative datasets alone cannot capture. This proximity allows us to capture qualitative data and insights directly from the ground through relationships, conversations and lived experience, ensuring services remain relevant, adaptive and responsive.

The Multicultural Framework Review reinforces these insights, highlighting that effective access and equity require culturally capable institutions, modernised grant programs, elimination of systemic barriers, and active recognition of community strengths. The Review calls for governments to partner with multicultural communities through lived-experience governance, proportional investment and more inclusive commissioning practices - principles that directly align with CMW's recommendations regarding community-led decision-making and culturally grounded service delivery.

The best way for organisations to demonstrate they are genuinely meeting community needs is by evidencing ongoing community participation, co-design and feedback loops, not only at the planning stage but throughout program delivery and evaluation. Organisations that are accountable to their communities, rather than only to compliance frameworks, consistently achieve stronger engagement and longer-lasting outcomes, as demonstrated across community-controlled and participatory models of service delivery (Australian Institute of Family Studies, 2022; Larkins et al., 2016; Wallerstein et al., 2018).

6. Responding to Community Need (continued)

6.1 Recommendations

- Prioritise funding for community-led organisations with demonstrated lived-experience leadership, co-design processes and established trust networks that enable continuous feedback and adaptive service delivery.
- Ensure assessment of community need includes cultural safety, racism impacts, settlement stage, migration context and faith-based considerations.

"Being surrounded by people going through similar circumstances made me realise I'm not isolated or alone."
–Carers circle group session

"It was a powerful reminder that we are not alone."
––Carers circle group session

"My child finally saw a storytime where the characters looked and sounded like us."
–Project Nawah, Multicultural Storytime Participant

"Sharing my experience with likeminded people helped me feel seen and understood." -
–Carers circle group session

"This was the first mental health session that reflected my faith and culture." -
–Project Nawah, Multicultural Storytime Participant

"After the resilience workshop, I feel calmer at home — my kids noticed the difference first." -
–Project Nawah, Multicultural Storytime Participant

"I stepped a little outside my comfort zone today in a good way." -
–Carers circle group session

"The group discussion about being a carer and how it impacts our lives was incredibly valuable."
––Carers circle group session

Both the art and the therapy were meaningful — it helped me express emotions I didn't realise I was carrying."
–Carers circle group session

"Being kind and generous to myself realising that self-care matters was a big takeaway."
––Carers circle group session

7. Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families

CMW strongly supports the Government's commitment to strengthening outcomes for Aboriginal and Torres Strait Islander children and families through self-determination and Aboriginal Community Controlled Organisations (ACCOs). Culturally safe, community-led approaches are proven to deliver the most effective and sustainable outcomes for First Nations communities.

To increase the number of ACCOs delivering services, the grants process must address structural and administrative barriers that disproportionately affect Aboriginal organisations. This includes establishing ACCO-only funding streams; simplifying application processes; reducing reporting and compliance burden; providing multi-year and flexible contracts; and offering start-up and transition funding for ACCOs establishing new services. Preferencing ACCO-led proposals in regions with significant First Nations populations, as intended under Closing the Gap Priority Reform 2, is essential. Non-Indigenous organisations should be required to demonstrate genuine partnership, shared governance, and accountability to ACCO leadership when providing any services in First Nations communities.

To improve outcomes, program design must confront racism as a structural determinant of Aboriginal health and wellbeing. Evidence shows that systemic racism, discrimination, and cultural disconnection lead to mistrust, delayed care, poorer health trajectories, and intergenerational trauma. Program design should therefore embed anti-racism frameworks, trauma-aware practice, cultural safety standards, and mechanisms for First Nations community governance. Elders, community leaders, and ACCO-led structures should guide all stages of design, commissioning, implementation, workforce development and evaluation.

In solidarity with these principles, CMW also encourages the Department to extend this commitment to include multicultural community-controlled organisations that apply the same evidence-based, place-anchored and lived-experience frameworks within their own communities. Just as ACCOs are best positioned to respond to the needs of many Aboriginal and Torres Strait Islander families, community-led organisations such as CMW are best placed to reach culturally and racially marginalised (CARM) and faith-based families who may not access mainstream services.

Embedding this equity lens within the new program would ensure that funding and commissioning processes recognise the shared values underpinning both Aboriginal and multicultural community-controlled models - self-determination, cultural safety and local accountability. Building partnerships between ACCOs and multicultural organisations can also strengthen cross-cultural learning and collective advocacy, improving outcomes for all communities experiencing systemic barriers.

7. Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families (continued)

7.1 Recommendations

- Reviewing and expanding the role of community controlled organisations to those that cater for specific populations would enable a higher degree of lived-experience leadership, cultural safety and deep community trust.
- Develop a Community-Led Grants Prioritisation Framework that extends Closing the Gap principles to multicultural and faith-based organisations, ensuring equitable investment and representation in the new program.

8. Measuring Outcomes

CMW supports the move toward outcomes-based reporting and continuous improvement across the new Families and Children program. Measuring outcomes must extend beyond quantitative data to capture the relational, cultural and spiritual dimensions of change that underpin genuine wellbeing in families and communities.

8.1 Qualitative Measures and Culturally Responsive Evaluation

Qualitative measures are essential for capturing these shifts. Research shows that culturally responsive evaluation must incorporate lived-experience narratives, relational indicators, and community-defined concepts of wellbeing. The Framework for Mental Health in Multicultural Australia (MHiMA) identifies co-production with community as a core indicator of effective, culturally inclusive service delivery (National Mental Health Commission, 2024).

Evidence from co-design literature demonstrates that qualitative methods such as stories of change, reflective interviews, and culturally grounded case studies, provide insight into trust, emotional safety and identity that quantitative data cannot capture (O'Brien, Fossey & Palmer, 2020; Dudgeon et al., 2021; Meyer et al., 2023).

For many multicultural and faith-based families, transformation is reflected not only in service outputs but in shifts such as increased trust in help-seeking, improved family cohesion, stronger cultural identity and greater participation in community life. These forms of progress are best captured through narrative, case-study, and reflective evaluation methods that highlight lived experience and relational impact alongside standard indicators.

8.2 Data needed to understand and demonstrate impact

To continuously improve services, CMW requires mixed-method data: quantitative indicators (attendance, retention, referral patterns, self-reported wellbeing scores) complemented by qualitative insights, including cultural context, relational trust, emotional safety, and stories of change.

CMW's most relevant Data Exchange (DEX) SCORE Circumstances domains include Family Functioning, Community Participation and Wellbeing.

8.3 Templates and guidance that would support stronger case studies

The Department can strengthen outcomes reporting by co-designing evaluation frameworks with community-led organisations to ensure indicators are culturally relevant, feasible and meaningful across diverse settings. Templates that invite culturally contextualised narrative reporting, such as stories of change, relational indicators and contextual insights, would help smaller organisations communicate impact more effectively and contribute to a richer national evidence base.

8. Measuring Outcomes (continued)

8.4 Limitations of Current Population-Level Data Sources

CMW notes that the Department's proposed datasets - SEIFA, AEDC, Census data, NEET indicators and child protection engagement rates - have significant limitations in representing culturally and linguistically marginalised (CARM) communities. These sources collect minimal cultural, linguistic or faith-based identifiers and rarely report data in disaggregated form. As a result, they systematically underestimate need and are an unreliable basis for determining investment priorities in diverse communities.

To address this gap, the Department should improve CARM data collection, classification and reporting across all population-level datasets, including disaggregated indicators for culture, language, migration and faith. This is essential for accurate needs assessment, program planning and evaluation.

8.5 Recommendations

- Co-design outcome indicators with community organisations to ensure cultural relevance and feasibility.
- Expand reporting templates to include narrative, relational and culturally contextualised evidence.
- Improve DEX and population-level datasets to include disaggregated cultural, linguistic, migration and faith indicators.
- Adopt mixed-method evaluation combining qualitative and quantitative measures to reflect holistic outcomes

8.6 Case Study 3

Parenting, Emotional Resilience & Digital Wellbeing

Program: Parenting and Emotional Resilience
Led by: Centre for Muslim Wellbeing (CMW)

A mother of three attended CMW's Parenting and Emotional Resilience workshop after noticing rising tension at home related to her children's screen time, disrupted sleep and challenging online behaviours. She shared that general parenting advice often felt culturally disconnected and difficult to apply.

Throughout the workshop, she learned strategies to co-create family media plans, model healthy phone habits, and introduce gentle digital detox routines aligned with her family's cultural and faith values. Facilitators also taught grounding techniques and emotional regulation skills to support calm communication.

Within weeks, the mother reported more peaceful evenings, reduced conflict and greater willingness from her children to participate in device-free family time. She also formed an informal peer group with other parents in the session, which continued to share strategies beyond the workshop. She later accessed additional supports via CMW's referral navigator.

This example demonstrates how culturally safe, strengths-based parenting programs improve emotional literacy, strengthen family relationships, and promote healthier digital habits.

9. Working Together & Relational Contracting

CMW welcomes the Department's exploration of relational contracting as a commissioning model that emphasises collaboration, trust and shared accountability. This approach aligns closely with how CMW already operates with relationships, flexibility and co-design at the centre of service delivery.

Relational contracting recognises that the most effective outcomes emerge from partnerships built on mutual respect, open communication and shared purpose, rather than compliance-driven oversight. For community-led organisations, it offers a framework that values relational work such as engagement, cultural translation and trust-building that is often invisible in traditional contracts but essential for meaningful impact.

Under a relational contract, CMW could more effectively work with government and sector partners to co-design programs, adapt to emerging needs and share data and learning in real time. This model would also foster stronger relationships between community-led and mainstream organisations by focusing on long-term collaboration rather than short-term transactions.

To ensure fairness and transparency, criteria for relational contracting should prioritise organisations that demonstrate cultural competence, lived-experience leadership and community trust, alongside sound governance and accountability structures. CMW would welcome piloting a relational contract delivering culturally safe early-intervention supports including healing circles, parenting programs and bicultural wellbeing navigators, with outcomes reflected in earlier help-seeking, stronger family connection and reduced escalation into crisis services.

9.1 Recommendations

- Implement relational contracting options that prioritise community-led organisations demonstrating cultural competence, lived-experience leadership and strong governance and use this approach to strengthen collaboration and responsiveness across the sector.
- Provide multi-year, flexible funding and reduced administrative burden to support relational contracting and strengthen collaboration across the sector.
- Pilot relational contracting with community-led organisations such as Centre for Muslim Wellbeing to inform future commissioning reform.

10. Other Considerations

To achieve lasting reform, the new Families and Children program must address the sustainability and capacity of community-led organisations. Simplifying administrative processes is essential, but equally important is ensuring that funding models recognise the relational, cultural, and emotional labour that enables effective engagement and early intervention in diverse communities.

Community-led organisations like CMW invest significant time in building trust, translating services into culturally and faith-appropriate language and providing informal guidance and advocacy that often fall outside contractual outputs. These relational activities are central to prevention and engagement but remain undervalued within current funding structures.

Multi-year, flexible funding arrangements would provide stability for community organisations to plan strategically, retain skilled bicultural staff and respond to emerging needs without interruption. Investment in workforce wellbeing and capability is also critical.

Long-term stability through multi-year funding agreements is foundational to enabling this work. CMW strongly supports the Department's proposal for longer-term funding agreements of up to five years, as outlined in the Discussion Paper, which states that such arrangements "give organisations the stability to focus on delivering high-quality services and achieve more ambitious goals" (DSS Discussion Paper). Five-year contracts would enable workforce retention, reduce compliance load, support reflective practice and give organisations the capacity to evaluate, adapt and co-design supports over time - particularly important for community-led organisations embedded in rapidly changing social contexts. This would allow for more robust programs, deeper community engagement and bring improved outcomes.

Finally, collaboration between government, ACCOs, and multicultural community-controlled organisations should be embedded as an ongoing practice, not only during reform consultations but throughout implementation and evaluation. This would foster a truly inclusive, evidence-informed and community-anchored system that reflects the realities and strengths of Australia's families.

10.1 Recommendations
- Introduce multi-year, flexible funding arrangements for community-led organisations to ensure sustainability and workforce retention.
- Recognise and resource the relational, cultural, and emotional labour that underpins engagement and early intervention.
- Establish ongoing partnership mechanisms between government, ACCOs, and multicultural community-controlled organisations to support inclusive implementation and evaluation.

4. Consolidated Recommendations

We have put forward bold and necessary recommendations. They are a call for structural reform - toward equity, co-ownership, cultural safety and community leadership.

Each recommendation is shaped by frontline insight, CMW's program evidence, and a robust research base demonstrating that community-led, culturally informed approaches deliver more equitable, earlier and more enduring outcomes for children and families.

1. Vision and Outcomes
1.1 Embed cultural and spiritual safety as a guiding principle across all outcomes and reporting frameworks, recognising these as essential dimensions of family empowerment and resilience.

2. Program Structure
2.1 Enable multi-stream partnerships within one contract, allowing organisations to deliver or partner across multiple program streams under a single, flexible funding agreement that reflects the continuum of family needs.
2.2 Ensure multicultural organisations can lead or co-lead projects in partnership with larger agencies without losing community autonomy.
2.3 ·Simplify reporting requirements proportionate to organisation size.

3. Prioritising Investment
3.1 Addition of fifth investment priority: Culturally responsive and faith-informed practice across all program streams to ensure equitable access, engagement and impact.

4. Improving Family Wellbeing
4.1 Ensure that indicators of family wellbeing include identity, belonging and cultural connection as key protective factors that strengthen family relationships and prevent escalation into statutory systems.
4.2 Prioritise community-led wellbeing and resilience programs that build family connection and reduce stigma around mental health.
4.3 Recognise early mental health and psychosocial support as essential to improving family relationships, preventing crisis presentations and child protection escalation.
4.4 Resource the relational, cultural and emotional labour required to support early engagement and sustained wellbeing for multicultural and faith-based families.
4.4 Embed culturally adapted digital wellbeing supports - such as digital parenting tools, online safety resources and hybrid digital pathways - into the Families and Children Program to better meet the needs of CARM families.

5. Connected, Co-Located, and Integrated Services

5.1 Expand the definition of integration beyond co-location to include partnership-based and culturally brokered models of collaboration that improve trust, access and continuity of care for multicultural and faith-based families.

5.2 Assess "community connectedness" through evidence of trust, participation, and lived-experience governance; recognising their key parts of connection, beyond co-location.

6. Responding to Community Need

6.1 Prioritise funding for community-led organisations with demonstrated lived-experience leadership, co-design processes and established trust networks that enable continuous feedback and adaptive service delivery.

6.2 Ensure assessment of community need includes cultural safety, racism impacts, settlement stage, migration context and faith-based considerations.

7. Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families

7.1 Reviewing and expanding the role of community controlled organisations to those that cater for specific populations would enable a higher degree of lived-experience leadership, cultural safety and deep community trust.

7.2 Develop a Community-Led Grants Prioritisation Framework that extends Closing the Gap principles to multicultural and faith-based organisations, ensuring equitable investment and representation in the new program.

8. Measuring Outcomes

8.1 Co-design outcome indicators with community organisations to ensure cultural relevance and feasibility.

8.2 Expand reporting templates to include narrative, relational and culturally contextualised evidence.

8.3 Improve DEX and population-level datasets to include disaggregated cultural, linguistic, migration and faith indicators.

8.4 Adopt mixed-method evaluation combining qualitative and quantitative measures to reflect holistic outcomes

9. Working Together & Relational Contracting

9.1 Implement relational contracting options that prioritise community-led organisations demonstrating cultural competence, lived-experience leadership and strong governance and use this approach to strengthen collaboration and responsiveness across the sector.

9.2 Provide multi-year, flexible funding and reduced administrative burden to support relational contracting and strengthen collaboration across the sector.

9.3 Pilot relational contracting with community-led organisations such as Centre for Muslim Wellbeing to inform future commissioning reform.
 evaluation.

10. Other Considerations

10.1 Introduce multi-year, flexible funding arrangements for community-led organisations to ensure sustainability and workforce retention.

10.2 Recognise and resource the relational, cultural, and emotional labour that underpins engagement and early intervention.

10.3 Establish ongoing partnership mechanisms between government, ACCOs, and multicultural community-controlled organisations to support inclusive implementation and evaluation.

5. References

Abu-Rayya, H. M. & Abu-Rayya, M. H. (2009). Acculturation, religious identity and psychological wellbeing among Muslim adolescents in Australia. Australian Journal of Psychology, 61(2), 119–127.

Alam, O. & Bertone, S. (2018). Religion, belonging and active citizenship: Literature review on Muslim youth in the West and Australia. Journal of Muslim Minority Affairs, 38(3), 289–305.

Ansari, A. & Fischl, A. (2024). Children's perspectives on faith, belonging and wellbeing. Journal of Research in Childhood Education, 38(1), 45–60.

Australian Government. (2024). Multicultural Framework Review: Final Report.

Australian Human Rights Commission. (2022). Islamophobia in Australia: Fourth Edition.

Australian Institute of Family Studies. (2022). Supporting Families: Evidence on Prevention, Early Intervention and Family Functioning.

Australian Medical Association. (2025). Public Hospital Report Card – Mental Health Edition.

Bruns, E. J., Suter, J. C., Leverentz-Brady, K. M. & Burchard, J. D. (2010). Implementation of the wraparound process: A decade of research. Journal of Child and Family Studies, 19(6), 795–812.

Darling, N., Grindal, T. & Knopf, J. A. (2020). Promoting positive parenting and family resilience in multicultural contexts. Family Relations, 69(4), 871–886.

Farate, A. (2015). Muslims in Western Australia: Settlement, Family Life and Parenting. Doctoral Thesis, University of Western Australia.

Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. & Smith, C. (2015). Better Systems, Better Chances: A National Blueprint for Early Intervention.

Fozdar, F. (2011). Religion and culture in migrant settlement: The case of Muslim migrants in Australia. Journal of Intercultural Studies, 32(3), 347–361.

Gerrand, V. & Grossman, M. (2018). Experiences of families of radicalised Muslim youth. In Community Policing and Counterterrorism.

Hashmi, N. (2019). Perceptions of mental health and illness among Australian Ismaili Muslim youth. Journal of Muslim Mental Health, 13(2), 59–78.

Houkamau, C. A. & Sibley, C. G. (2019). Cultural identity and wellbeing: A Māori model of psychosocial flourishing. Social Indicators Research, 144(1), 285–306.

Kayrouz, R. et al. (2022). Muslim adolescent mental health in Australia: Cross-cultural comparison of psychological distress. Journal of Child and Family Studies, 31(9), 2603–2616.

Kirmayer, L. J. et al. (2011). Rethinking cultural competence. Transcultural Psychiatry. Mahmood, S. et al. (2022). Social media and digital technology use among Muslim young people and parents in Melbourne. JMIR Pediatrics and Parenting, 5(1).

National Mental Health Commission. (2024). Framework for Mental Health in Multicultural Australia (MHiMA).

NSW Ministry of Health. (2021). Mental Health Needs of Muslim Adolescents in NSW. O'Connell, M. (2024). Investing Early: Proportionate Universalism and the Future of Family Support in Australia.

Ozalp, M. (2021). Faith-inspired Muslim parents' school choices and attitudes in an Islamophobic climate. Religions, 12(11), 945.

Productivity Commission. (2025). Final Review of the National Mental Health and Suicide Prevention Agreement.

Roose, J. & Harris, A. (2015). Young Muslims in Australia and identity formation. Australian Journal of Islamic Studies, 1(1).

Royal Australian and New Zealand College of Psychiatrists. (2025). Commentary on the Mental Health and Suicide Prevention Agreement Review.

Trickett, E. J. et al. (2011). Community-level interventions: Advancing the science. American Journal of Public Health, 101(8), 1410–1419.

Ungar, M. (2011). The social ecology of resilience. American Journal of Orthopsychiatry, 81(1), 1–17.

Walsh, F. (2016). Strengthening Family Resilience. Guilford Press.

Wallerstein, N. & Duran, B. (2018). Community-based participatory research for health: Advancing equity. American Journal of Public Health, 108(S3), S219–S223.

6. Appendix

The Australian Government's Multicultural Framework Review (2024) sets out 29 recommendations that form a national roadmap for strengthening multiculturalism through the principles of Connection, Identity and Belonging, and Inclusion. The Review calls for stronger data, culturally capable services, modernised access and equity standards, improved language and settlement supports, lived-experience governance, and fairer, more inclusive grant programs.

These recommendations provide an important national context for the DSS Families and Children Program Reform, highlighting the systemic changes needed to ensure programs genuinely meet the needs of Australia's multicultural, migrant and faith-based communities.

PRINCIPLE 1 — CONNECTION
Strengthening partnership, participation, and government commitment.

1. Develop a National Multicultural Framework endorsed by National Cabinet to drive whole-of-government and whole-of-society approaches.
2. Create a National Multiculturalism Plan with measurable outcomes and shared government responsibilities.
3. Establish a statutory Multicultural Australia Council to replace existing advisory structures.
4. Develop a national strategy for social cohesion, targeting areas of greatest need.
5. Enhance coordination between Commonwealth, state/territory and local governments on multicultural policy and settlement.
6. Improve multicultural data collection, including consistent ethnicity, language, and religion indicators.
7. Design and implement a national multicultural communications strategy, including multilingual content.
8. Invest in the capability of multicultural and community organisations, including leadership and governance development.
9. Create national guidance for ethical and meaningful engagement with CALD communities, including lived-experience governance.
10. Improve access to interpreting and translating services, including digital innovation and workforce expansion.

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PRINCIPLE 2 — IDENTITY & BELONGING

Strengthening anti-racism, cultural expression, safety, and belonging.

11. Develop a National Anti-Racism Framework, including prevention, accountability and reporting mechanisms.
12. Embed anti-racism and cultural safety capability standards across government agencies and services.
13. Improve citizenship pathways, including accessibility of tests, processing efficiency, and inclusive messaging.
14. Strengthen support for multicultural arts, culture, media, museums and creative sectors.
15. Develop a strategy to counter misinformation, disinformation and hate speech, including online harms.
16. Build national capability for faith literacy and respectful engagement with faith communities.
17. Co-design youth-focused initiatives that promote belonging, civic leadership and representation.
18. Develop a national approach to education for intercultural understanding, embedded in school and educator training.

PRINCIPLE 3 — INCLUSION

Ensuring equitable access, participation, protections, and opportunity.

19. Modernise the Access and Equity Framework, including accountability measures for agencies.
20. Embed requirements for multicultural impact assessments in policy and program design.
21. Ensure government agencies publish public Access & Equity performance reports.
22. Strengthen workforce diversity and inclusion across the Australian Public Service and public-facing institutions.
23. Improve multicultural capability in human services, including health, aged care, mental health, disability, and family services.
24. Modernise settlement supports with a National Settlement Outcomes Framework aligned to contemporary migration patterns.
25. Strengthen protections and pathways for refugees, humanitarian entrants, and people on temporary protection visas.
26. Improve diversity and accessibility across boards, government committees and leadership pipelines.
27. Reform grants programs to ensure equity, proportionality and accessibility for small multicultural organisations.
28. Strengthen data use, monitoring and evaluation to address systemic inequities and service gaps.
29. Ensure policy and programs recognise and support diaspora communities and their transnational experiences.