

Submission by the Australian Nursing and Midwifery Federation

**Australian Government Department of
Home Affairs – Australia’s Humanitarian
Program 2026-27**

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**Australian
Nursing &
Midwifery
Federation**



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Key Points

The Australian Nursing and Midwifery Federation (ANMF) is Australia’s largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF’s eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives, and personal care workers (PCWs) across the country. The ANMF welcomes the opportunity to provide feedback to the Australian Government Department of Home Affairs (the Department) consultation on the management and composition of Australia’s Humanitarian Program 2026-27 and longer-term policy settings.

Australia’s Humanitarian Program sits at the intersection of international obligation, national values, and professional responsibility. The ANMF recognises that the program’s current settings, including a 20,000-place cap that conflates onshore protection with offshore resettlement, a significant Community Support Program (CSP) backlog, and underfunded refugee health services, are inadequate to meet the scale of global displacement and the complexity of needs among humanitarian entrants. Australia, as a wealthy country, has both the capacity and the obligation to do more. Structural reform is required to ensure that the program is protection-focused, needs-driven, and equitable, rather than constrained by blunt numerical limits or weighted primarily toward those with existing Australian connections.

The ANMF’s submission calls for an expanded program of at least 27,000 to 30,000 places, the decoupling of onshore and offshore components, and a rebalancing of program composition to prioritise those identified by the United Nations High Commissioner for Refugees (UNHCR) as most at risk. It also calls for immediate improvements to health access, legal support, and settlement services to ensure that humanitarian entrants are meaningfully supported well beyond initial arrival. These reforms are not only consistent with Australia’s international obligations but reflect the professional and ethical commitments of Australia’s nurses and midwives to health equity, social justice, and the dignity of every person.



The ANMF's principal recommendations are:

1. Expand and move Australia's Humanitarian Program to a demand-driven and protection-focussed model to include at least 27,000 to 30,000 places overall. This expansion could be periodically reviewed and funded through the redirecting of funding from discretionary government spending such as fossil fuel subsidies and large-scale defence projects (i.e., AUKUS) that do not support community health and wellbeing.
2. De-couple the onshore and offshore components of the Humanitarian Program to prevent protection visas granted for refugees already in Australia so that it does not directly reduce the number of places for people waiting for resettlement opportunities abroad.
3. To ensure that humanitarian migrants identified by international experts as at greatest risk of danger are prioritised for resettlement, allocate most places in the offshore component of the Humanitarian Program to the Refugee Category (subclass 200) primarily through UNHCR referrals.
4. Treat the Special Humanitarian Program (SHP) and Community Support Program (CSP) as additional to the core humanitarian program and implement a 2:1 split (such as 15,000 Refugee places to 7,500 SHP places). These numbers could be reviewed and gradually increased over time.
5. Resolve the current eight-year backlog in the CSP by creating an additional once-off allocation of 4,000 places and transitioning the CSP into a structurally distinct, model that does not compete for places within the core humanitarian intake.
6. Ensure the Humanitarian Program continues to explicitly prioritise particularly vulnerable groups, including women at risk, gender and sexually diverse people, children, and health and humanitarian workers fleeing conflict zones. To support protection from harm, prioritisation within the SHP should also focus on acute



humanitarian need and human rights risks rather than primarily on family ties.

7. Ensure all SHP entrants have immediate access to Medicare and basic income support upon arrival rather than making this a 12-month responsibility for the proposer, by automatically linking Medicare to all bridging visas for individuals in the protection process.
8. Explore waivers for mandatory medical examination fees for protection visa applicants and introduce Visa Application Charge (VAC) waivers for family stream visas sponsored by refugees.
9. Provide sustainable funding for free legal advice for all entrants to improve application quality and reduce wait times and financial burden.
10. Introduce separate, affordable family reunification mechanisms (such as waiving visa charges for sponsors with a refugee background) to reduce the oversubscription of the CSP.
11. Incentivise employers to form or join local sponsorship or integration consortia, provide clearer guidance and funding for workplace-to-community transition supports (e.g., mentoring, social connection, family services), and embed accountability for integration outcomes, not just employment outcomes.



Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia’s largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF’s eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives, and PCWs across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia’s health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Department of Home Affairs (the Department) for the opportunity to participate in the consultation on the management and composition of Australia’s Humanitarian Program 2026-27 and longer-term policy settings in this space.
6. Any focus on Australia’s humanitarian program and responsibilities around protecting vulnerable refugees must incorporate consideration of the wider issues that have resulted in the need for such a program. As well as calling for reforms that would see Australia’s humanitarian program expanded and developed to better support refugees, the ANMF stands as a voice for global peace and a call to end the violence that threatens our shared humanity. The right to live in peace and access essential humanitarian support, like healthcare, is a universal right. Despite this, around the world, violence, conflict, and war



continue to devastate and displace communities and destroy critical infrastructure. Further, healthcare workers, their facilities, and the people they care for are being increasingly targeted. Upholding peace is the foundation of human dignity, health, and survival, and associated with this prerogative is the need to ensure that, as a wealthy nation, Australia is doing its part to protect and support those who have been displaced or put in danger by both global conflict and other pressures including climate change.

7. As a party to the 1951 Refugee Convention and its 1967 Protocol, Australia is legally obligated to provide protection to individuals who meet the definition of a refugee. This occurs primarily through not returning individuals to danger, and ensuring access to fundamental rights, such as safe haven, work, and education, and is implemented through the *Migration Act 1958*. Reforms to Australia’s ability to rehome and resettle humanitarian migrants under the Migration Act 1958 and associated humanitarian programs largely focus on shifting from a purely government-led model to one that leverages community and skilled pathways. Here, volunteer and philanthropic organisations play a vital role, but they are most effective when they complement government services rather than replacing them. The responsibility to meet Australia’s obligations should remain with government and government services and these should themselves be better funded and enhanced.

Nursing, midwifery and Australia’s Humanitarian Program

8. The ANMF regards Australia’s Humanitarian Program as not only a reflection of our international obligations, but an investment in the social fabric of our nation. Research consistently demonstrates that refugees and humanitarian entrants make substantial contributions to Australian society, including through workforce participation, tax revenue, and community enrichment. A 2019 report by the Refugee Council of Australia found that refugees demonstrate strong long-term economic integration, with employment rates and income levels rising significantly over time to approach those of the broader population.¹ Far from placing strain on public services, humanitarian entrants

¹ Refugee Council of Australia. Economic, civic and social contributions of refugees and humanitarian entrants: a literature review (Online). Refugee Council of Australia. 2019. Available at: <https://www.refugeecouncil.org.au/economic-literature->



are valuable contributors to the Australian economy and community, and our position in the global order as a relatively wealthy and prosperous country means that we are in a position to do more to provide a safe home for a greater number of humanitarian entrants.

9. Welcoming and protecting humanitarian entrants is consistent with Australia's civic values. As a multicultural country that has grown over generations of migration and resettlement of people from diverse communities and cultures, Australia has a demonstrated capacity to integrate refugees and migrants to build stronger, more resilient communities. Concerns that humanitarian entrants negatively impact social cohesion or community safety are not supported by evidence. Studies from the Australian Institute of Criminology and comparable international research consistently show that migrants and refugees are not overrepresented in crime statistics, and that communities with greater diversity tend to demonstrate higher levels of social trust and civic participation over time.² Australia's Humanitarian Program is therefore not a matter of charity, but one that reflects both our civic responsibilities as a nation as well as the same principles of dignity, equity, and care that sit at the heart of nursing and midwifery practice.
10. The professional mandates for nursing and midwifery extend far beyond direct clinical care into the realms of social justice and health equity. The professions are dedicated to upholding the right of every individual to enjoy the highest attainable standard of health through a shared commitment to providing collaborative, culturally safe, and people-centred services.³ Nurses and midwives act and advocate for equitable access to healthcare and safe, sustainable community environments. This is rooted in the professions' philosophical foundations of seeking a better future for every member of the global community. The International Council of Nurses (ICN) specifies that nurses have a declarative function to engage in both conversations and actions related to humanitarian issues and health policy. Because nurses and midwives are often on the front line responding

review/#:~:text=Refugees%20make%20substantial%20contributions%20to,into%20which%20they%20are%20resettled.w

² Mukherjee S. Ethnicity and Crime: An Australian Research Study. A report prepared for the Department of Immigration and Multicultural Affairs (Online). Australian Institute of Criminology. 1999. Available at: <https://www.aic.gov.au/sites/default/files/2020-05/ethnicity-and-crime.pdf>

³ White J, Gunn M, Chiarella M, Catton H, Stewart D. Renewing the Definitions of 'nursing' and 'a nurse'. Final Project Report (Online). International Council of Nurses (ICN). 2025. Available online: <https://www.icn.ch/resources/publications-and-reports/renewing-definitions-nursing-and-nurse>



to disasters, conflicts, and emergencies, they possess unique insights into the experiences of displaced populations and must have a seat at the table regarding policy decision making and actions related to health policy, climate change, humanitarian issues, gender equity, and economics.

11. The relevance of humanitarian issues and policy for nurses and midwives is reinforced by the Nursing and Midwifery Board of Australia (NMBA) Standards for Practice. For registered nurses (RNs), the standards mandate that nurses must advocate on behalf of people in a manner that respects their autonomy and legal capacity. The Standards also require nurses to work in partnership with populations to determine factors, such as those addressed in the humanitarian program, that affect health and wellbeing to determine priorities for action. Similarly, the NMBA’s Midwife Standards for Practice state that midwifery is grounded in evidence-based maternal health care and that midwives must promote the role of their profession in influencing better health outcomes for women and communities.⁴
12. Considering this, Australia must provide robust support based on the needs of refugees and humanitarian entrants, focusing on health services, housing, education, and employment to facilitate successful integration and support refugee outcomes long after the initial settlement period. Health services and the nurses and midwives who work there are struggling to meet the complex, often intersectional healthcare, mental health and cultural needs of refugees and humanitarian entrants.⁵ Funding for refugee health services is also often inadequate, inconsistent across regions, and fails to adequately support the complex, high-demand, and often specialised care required, particularly for areas with large cohorts of refugees.⁶ Here, while beyond the scope of the current consultation, the ANMF is strongly

⁴ Nursing and Midwifery Board of Australia (NMBA). Midwife standards for practice (Online). NMBA. 2025. Available at: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/midwife-standards-for-practice.aspx>

⁵ Australian Institute of Health and Welfare (AIHW). Health of refugees and humanitarian entrants in Australia (Online). Australian Government. 2023. Available at: <https://www.aihw.gov.au/reports/cald-australians/health-of-refugees-and-humanitarian-entrants/contents/health-service-use/health-services-used-by-humanitarian-entrants>

⁶ University of Queensland Centre for Community Health and Wellbeing. Review of refugee health services in Queensland (Online). University of Queensland. 2024. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0031/1367653/executive-summary-refugee-health-services.pdf



supportive of calls to improve funding for refugee health services including nurse- and midwife-led models of care, to ensure that humanitarian entrants are effectively and appropriately supported in terms of their health and maternity care needs.^{7,8}

13. Beyond the provision of health and maternity care, both the ICN and the NMBA explicitly state that professional practice is not restricted to the provision of direct clinical care. For Australian nurses and midwives more specifically, the NMBA also clarifies that nursing and midwifery practice extends to advisory, regulatory, and policy development roles that impact the safe and effective delivery of services. The ANMF’s submission is therefore made in line with our responsibility as the largest industrial union and professional association for nurses and midwives in Australia, to uphold the professions’ regulatory and ethical responsibilities to shape the social determinants of health and ensure that Australia’s humanitarian settings remain inclusive and culturally safe are upheld.

Composition of Australia’s 2026-27 Humanitarian Program

14. Australia’s Humanitarian Program is designed to provide permanent resettlement for refugees and other individuals displaced by conflict, persecution, and human rights abuses. It operates flexibly to respond to global resettlement needs and evolving humanitarian emergencies. For the 2026-27 period, the program is set at 20,000 places and consists of two primary components: an offshore component and an onshore component.
15. The offshore component focuses on people outside of Australia who are in humanitarian need. It is divided into three categories; 1) a refugee category, 2) the Special Humanitarian Program (SHP) for those experiencing gross human rights violations who have family or community ties in Australia and an eligible proposer, and 3) the Community Support Program

⁷ Gold AW, Perplies C, Biddle L, Bozorgmehr K. Primary healthcare models for refugees involving nurses: a systematic review and narrative synthesis. *BMJ global health*. 2025;10(3): e018105. <https://doi.org/10.1136/bmigh-2024-018105>

⁸ Hughes E, Kean S, Cuthill F. Fluctuating power: an exploration of refugee health nursing within the resettlement context in Victoria, Australia. *Journal of research in nursing*. 2022;27(3):217–28. <https://doi.org/10.1177/17449871221083786>



(CSP) which is a private sponsorship model that allows communities, businesses, and families to propose applicants with employment prospects. The onshore component is reserved for people who lawfully (i.e., they hold a current and valid visa) arrive in Australia and are found to engage Australia’s protection obligations as a refugee or under complementary protection criteria.

16. In 2026, several factors underpin the need to reconsider elements of Australia’s Humanitarian Program. High global need, including rising numbers of people facing forced displacement and regional pressures in the Asia Pacific and Middle East mean that globally, humanitarian programs are under extreme demand and lengthening wait times. Australia is a wealthy country and can do more in our region and globally to support and care for displaced populations. Here, protection decisions should be driven by need, high quality evidence, and level obligations, rather than by blunt quotas.
17. Australia’s Humanitarian Program is structurally unique as it is the only resettlement country in the world that manages both its onshore protection and offshore resettlement components under a single numerical cap on entrants. This model means that the number of protection visas granted to refugees already in Australia directly reduces the number of places available for those in need of resettlement from overseas, as there is one overarching numerical limit on the number of entrants for both programs rather than two separate numerical limits. Further, in comparison to other major resettlement nations, the scale of Australia’s intake is considerably smaller. In terms of total volume, in 2024 the United States received approximately 105,500 resettled refugees and Canada received 49,300. By contrast, Australia received just over 17,200. Canada also resettles refugees at a higher per capita rate than Australia; in 2023, Canada’s rate was 0.12% per capita, whereas Australia would only reach a rate of 0.1% even if its program were expanded by around 10,000 to 27,000 places.
18. Australia’s response to specific crises has also been more limited than other countries. For example, between 2021 and 2024 Australia granted roughly 19,787 offshore humanitarian visas to Afghan nationals, while Canada granted 40,000 and the United States offered nearly



100,000. While Australia’s formal resettlement program is arguably more generous compared to the United Kingdom, Germany, and France, each of these countries host significantly more refugees in proportion to their populations through other means. Likewise, international frameworks such as the Global Compact on Refugees recommend that states set aside 10% of resettlement places as ‘unallocated’ to maintain flexibility for urgent and emerging protection needs. While the program ‘operates flexibly to respond effectively to evolving humanitarian emergencies and global resettlement needs, Australia’s program currently lacks this level of unallocated flexibility, which often results in emergency responses being facilitated outside the formal Humanitarian Program.

19. The ANMF calls on the Australian Government to restructure the 2026-27 Humanitarian Program to better reflect Australia’s capacity as a wealthy nation and its international obligations to protect the most vulnerable. This should include expansion of the program to at least 27,000 to 30,000 places overall. This figure could be reviewed periodically and funding for this expansion could be feasibly sourced through the re-direction of discretionary government spending, such as through the redirection of funding released from fossil fuel subsidies and the AUKUS agreement that do not contribute to community health or wellbeing.
20. To ensure integrity and fairness across the Humanitarian Program, the Government should numerically de-couple the onshore protection component from the offshore resettlement component. Managing both components under a single cap fosters unethical and unfair competition for places, as granting protection to a refugee already in Australia should not reduce the number of places available to those in desperate need overseas.
21. Regarding the offshore component, the ANMF advocates for a program composition that prioritises global humanitarian need and equitable access for vulnerable populations. Here, we recommend that most places should be allocated to the Refugee category (subclass 200), primarily through United Nations High Commissioner for Refugees (UNHCR) referrals. This would help to ensure that resettlement is directed toward those identified by international



experts as being in the greatest danger, regardless of their financial status or existing ties to Australia.

22. For the SHP and CSP, while these streams are vital for fostering unity and community connection, they should be treated as additional to the core intake. The ANMF supports a split similar to the 2:1 ratio proposed by the Refugee Council,⁹ such as 15,000 Refugee places to 7,500 SHP places. This would maintain a primary focus on the most disadvantaged people. As proposed by the Refugee Council, these numbers could be reviewed and gradually increased over time.
23. The ANMF also recommends that to resolve the current eight-year backlog in the CSP, an additional once-off allocation of 4,000 places should be implemented as a matter of priority. This would help to ensure that families and community groups who have already invested significant resources are not left in a state of indefinite uncertainty.
24. In the 2026-27 composition, the Government should also explicitly prioritise the protection of particularly vulnerable groups including women at risk, gender and sexually diverse people, children and young people, and health and humanitarian workers fleeing conflict zones or climate change afflicted areas. Inclusion of this last group aligns with the enforcement of the Geneva Convention and international protections for those providing life-saving care in global emergencies.

Government priorities within the Special Humanitarian Program

25. While the ANMF agrees that family unity should remain a core principle of the program, the Humanitarian Program must retain its focus as a protection tool and equally prioritise refugees for resettlement first and foremost based on protection need. The Government should prioritise applicants based on an assessment of acute humanitarian need and human

⁹ Refugee Council of Australia. 2026-27 Prebudget Submission. Refugee Council of Australia (Online). 2026. Available at: [2026-27 Pre-Budget Submission](#)



rights risks rather than solely on family ties. Under current settings, family ties are a primary driver and a central structural component of Australia's Humanitarian Program. The heavy weighting of family ties arguably undermine the program's primary goal of providing settlement to those in the greatest humanitarian need and by prioritising applicants with Australian links, the government may be reducing available places for UNHCR-referred refugees who lack local connections but face higher risks of persecution.

26. From the ANMF's perspective, the SHP should prioritise those fleeing conflict zones who have been targeted while providing life-saving care. Likewise, the "gender apartheid" in regions like Afghanistan, the program must prioritise women who lack protection and are at extreme risk of victimisation. Priority should also remain high for groups facing targeted violence, including gender and sexually diverse people, and ethnic groups facing high levels of persecution.
27. Existing priorities, which currently focus heavily on the closeness of family connection, should be reviewed and include consideration of elements such as the assessment of occupational risk. Those working in the health and care sectors should be formally included in the high-priority tier of the SHP.
28. The ANMF strongly cautions against shifting the Government's fundamental humanitarian obligations and risk onto private citizens. Proposers currently face significant financial risks, with costs for a family of four reaching up to around AUD \$60,000.¹⁰ The ANMF believes that the Government must retain primary responsibility for essential health and social safety nets, as without this, those who lack financial means to cover these costs might delay or avoid seeking care resulting in a greater health and cost burden. To ensure successful long-term settlement and support for the health and wellbeing of those accessing the SHP, the Government should ensure all SHP entrants have immediate access to Medicare and basic income support, rather than making these the sole responsibility of the proposer for the first

¹⁰ Refugee Council of Australia. 2026-27 Prebudget Submission. Refugee Council of Australia (Online). 2026. Available at: [2026-27 Pre-Budget Submission](#)



12 months. This could be achieved through ensuring that all individuals in the protection process be granted bridging visas that are automatically linked to Medicare to ensure health access while awaiting final visa outcomes.

Sustainability of settlement services

29. To ensure that settlement services effectively support the most vulnerable humanitarian entrants amidst rising costs and finite resources, the ANMF recommends a transition toward flexible and dedicated funding models, community-led settlement, and structural efficiency, recognising that work is already underway in terms of the Government’s transition to the Humanitarian Integration and Settlement Program (HISP) and expansion of the Community Refugee Integration and Settlement Pilot (CRISP). Dedicated funding support for the CRISP program is also recommended to ensure sustainability.

30. To manage finite resources, complementary pathways that utilise public-private cost-sharing arrangements are important. Programs like the CSP and the Skilled Refugee Labour Agreement Pilot allow for places to be differentially costed within the Federal Budget by shifting initial settlement and financial responsibilities to businesses, communities, and families. However, as highlighted above, to protect the most vulnerable, the Government must ensure that these entrants still have access to essential health and social safety nets to prevent financial distress for their sponsors.

31. Improving the efficiency of Australia’s visa system is a critical method for preserving resources. Currently, there are over 30,000 people seeking asylum in Australia with significant backlogs in the processing system.¹¹ This is causing substantial distress and mental harm on those who have applied. ¹² People who have applied for asylum in Australia’s humanitarian system have experienced traumatic events and insecurity both before and

¹¹ Refugee Council of Australia. *Statistics on people seeking asylum in the community – Delays and what happens to them*. (Online). Refugee Council of Australia. 2024. Available at: <https://www.refugeecouncil.org.au/asylum-community/5/>

¹² Kenny, M.A., Procter, N. & Grech, C. Mental deterioration of refugees and asylum seekers with uncertain legal status in Australia: Perceptions and responses of legal representatives. *International Journal of Social Psychiatry*. 2023;69(5):1277–84. Available at: <https://doi.org/10.1177/00207640231159297>



after leaving their home country. Their mental health is further affected by the Refugee Status Determination (RSD) process where they are required to detail their fear of persecution and the risks they face if they were to return home. The long process, sometimes taking up to six years of uncertainty can cause increased feelings of hopelessness, deepening mental distress as well as defeat and entrapment.¹² Ensuring the efficiency of the Australian humanitarian visa processing system is critical for the wellbeing of those seeking protection visas.

32. The ANMF supports calls from advocacy groups including the Asylum Seeker Resource Centre and the Refugee Council of Australia to ensure greater access to mainstream services including Medicare by automatically linking Medicare to bridging visas. This would help to reduce the burden on specialised programs like the Status Resolution Support Services (SRSS). Further, to reduce the financial burden on vulnerable individuals, waivers for mandatory medical examination fees could be explored for protection visa applicants as well as introducing Visa Application Charge waivers for family stream visas sponsored by refugees. The ANMF also agrees with the Asylum Seeker Resource Centre that providing free legal advice improves the quality of applications and reduces wait times,¹³ which prevents entrants from falling into protracted destitution that eventually requires more intensive and costly crisis interventions.

33. Another issue that must be considered in this field is that exploitation of those seeking asylum unfortunately persists in Australia’s employment system. Refugees experience higher levels of psychosocial stressors, shaped not only by past traumatic experiences but also by the instability and marginalisation they face.³ Sadly, these people can experience higher levels of unfair treatment due to fears around their visa status and unfamiliarity of workplace rights.¹⁴ These issues are known to occur in the care workforce, where

¹³ Asylum Seeker Resource Centre (ASRC). 2025-26 Humanitarian Program. Asylum Seeker Resource Centre (Online). 2025. Available at: [ASRC Humanitarian Program Submission 2025-26.docx](#)

¹⁴ Cain P, Daly A, Reid A. How refugees experience the Australian workplace: A comparative mixed methods study, *International Journal of Environmental Research and Public Health*. 2021;18(8). Available at: <https://doi.org/10.3390/ijerph18084023>



employers have been known to take advantage of migrant workers and use their visa status against them. This is particularly concerning, as the wider nursing, midwifery, and carer workforce is also subject to increasingly and persistent shortages and growing rates of burnout. It is imperative that people seeking a visa on humanitarian grounds are afforded support to not only find meaningful work that aligns with their skills but are given the opportunity to understand fair work practices to ensure they are able to identify a situation that is exploitive and prevents increased psychosocial stress.³

34. From a broader economic perspective, redirecting national spending away from discretionary items such as fossil fuel subsidies toward safe healthcare and social justice would help support the sustainability of Australia's Humanitarian Program.

Reformation of the Community Support Program

35. A redesigned CSP should address the current backlog and oversubscription by transitioning into a structurally distinct and community-led model. This could partially be achieved through ensuring it no longer competes for limited places within the core Humanitarian Program but offers places that are additional to the core humanitarian intake. As noted above, creation of a once-off allocation of additional places would also be effective in reducing backlogs. Another reform would be to introduce separate, affordable family reunification mechanisms (such as waiving visa charges for refugee-background sponsors) so that families are not forced to use the expensive and oversubscribed CSP.

Other reforms

Climate change and Australia's Humanitarian Program

36. The ANMF recognises that the climate emergency is an unprecedented human rights crisis that directly threatens the rights to life, health, and sustainable environments. As nurses and midwives, our professional mandate extends into the realms of social justice and health equity, providing us with unique insights into the experiences of displaced populations increasingly affected by the "Triple Planetary Crisis". To ensure a sustainable and equitable



Humanitarian Program, the Government must integrate planetary health into its resettlement and protection frameworks.

37. As the region with among the largest resettlement needs, Asia and the Pacific are on the front lines of climate-induced displacement. The ANMF advocates for a program composition that acknowledges the heightened vulnerability of cohorts such as Rohingya refugees in Bangladesh and Pacific Island communities. These populations face cascading climate impacts, including cyclones, flooding, landslides, and extreme heat which deteriorate basic living conditions and exacerbate health fragility.

Community integration beyond employment outcomes

38. Another area where reform could occur is in relation to Australia’s current model of community settlement which occurs through the CSP and the Skilled Refugee Labour Agreement Pilot which both lean heavily on employer intermediaries and focuses on employment as the primary integration mechanism. Employment, while important, is just part of the wider picture of enabling humanitarian entrants to Australia to thrive in their new communities. Likewise, even when employed, many entrants can still experience significant challenges and financial hardship. Our members with lived experience as refugees have told us of the considerable strain they have experienced when undertaking additional day time studies to qualify to work as nurses in Australia while being employed on night shifts as carers or assistants in nursing. Along these lines, addressing racism and prejudice is essential to improving refugee intake and settlement. A national education campaign is one approach that would be crucial to address negative attitudes, misinformation, and discrimination that hinders Australia’s humanitarian response.¹⁵ The Refugee Council of Australia’s submission to the National Anti-Racism Framework outlines some valuable information about this.¹⁵

39. Beyond employment outcomes, social and community connections are vital to ensuring that humanitarian entrants are well supported to integrate into Australian communities and also

¹⁵ Refugee Council of Australia. National Anti-racism Framework submission (Online). Refugee Council of Australia. 2022. Available at: <https://www.refugeecouncil.org.au/national-anti-racism-framework-submission/>



supports better health and wellbeing for individuals and families. Internationally, alternative approaches show that business-led integration works best when employers act as “connectors” to community, not just employment sponsors of jobs. These members have also told us that they have faced racism in the workplace and in the wider community. Workers from many backgrounds, including refugees, can be negatively impacted by racial discrimination either directly, or vicariously as a bystander. It is imperative that a unified effort is made to address instances of racism.¹⁶

40. Examples of how outcomes beyond those that are employment-related are found internationally. In Canada, employers participate in or co-fund community sponsorship groups that combine employment with housing, social networks, and mentoring.^{17,18,19} Similarly, in Germany, employers partner with municipalities and civil society to deliver structured onboarding pathways, including language training, cultural orientation, and peer-to-peer systems inside and outside the workplace.²⁰ In Sweden, sector-wide collaborations in health and construction link employers with unions, training providers, and local communities to create bridged pathways into both work and community.²¹

41. For Australia, improvement would mean shifting from a facilitated employment model to a more collaborative and integrated model that better connects employment with wider

¹⁶ New South Wales Nurses and Midwives Association (NSWNMA). Standing together against racism. Exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work (Online). NSWNMA. 2025. Available at: <https://www.nswnma.asn.au/wp-content/uploads/2025/09/Standing-Together-Against-Racism-Report.pdf>

¹⁷ Government of Canada. Refugee resettlement CIMM October 21, 2025. Ottawa: Immigration, Refugees and Citizenship Canada (Online). 2025. Available at: <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/cimm-oct-21-2025/refugee-resettlement.html>

¹⁸ United Nations High Commissioner for Refugees (UNHCR). Global Refugee Sponsorship Initiative promotes Canada’s private refugee sponsorship model (Online). UNHCR. 2016. Available at: <https://www.unhcr.org/au/news/news-releases/global-refugee-sponsorship-initiative-promotes-canadas-private-refugee>

¹⁹ Refugee Pathways & Integration Canada. Employment pathways: building sustainable career opportunities for refugees (ONLINE). Refugee Pathways and Integration Canada. 2024. Available at: <https://www.refugeecanada.org/economic-empowerment-livelihoods/employment-pathway>

²⁰ Organisation for Economic Co-operation and Development (OECD). Language training for adult migrants: integrating language with vocational training and employers. (Online) OECD. 2021. Available at: https://www.oecd.org/en/publications/language-training-for-adult-migrants_02199d7f-en/full-report/component-9.html

²¹ Dahlberg M, Egebark J, Özcan G, Vikman U. Labor market integration of refugees: RCT evidence from an early intervention program in Sweden. *J Econ Behav Organ*. 2024;217:614–30.



community integration. Here, the government could better incentivise employers to form or join local sponsorship or integration consortia, provide clearer guidance and funding for workplace-to-community transition supports (e.g., mentoring, social connection, family services), and embed accountability for integration outcomes, not just employment outcomes, within its programs. Better integration, funding, and scale-up of settlement services would support this endeavour, as currently many such services are regionally divided resulting in uneven coverage and inconsistent operation across jurisdictions.