WOMEN WELLNESS & EMPOWERMENT CONFERENCE

Wellness. Voice. Action. Empowerment !

Detailed Report

Organised by

Didibahini Women's Network Australia

In partnership with

VicHealth neami national EMCRs of LIMS FeNCAA

Prepared by

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On behalf of Didibahini Women's Network Australia

Acknowledgement of Country

Didibahini Women's Network Australia acknowledges Aboriginal and Torres Strait Islander Peoples as the First Peoples of Australia. We pay our respects to their Elders past and present and recognise that the land on which we live and work was never ceded.

Acknowledgements

We gratefully acknowledge the support of the following partners and organisations:

Partners and Supporters

- VicHealth
- Neami National
- Nourish Nation Foundation
- Smart Health Global
- EMCRs of LIMS
- FENCAA

We also thank La Trobe University for providing the venue.

Conference Organising Committee

- Dr Jamuna Parajuli, Coordinator, Founder President and Advisor DWNA
- Dr Jharana Bhattarai, Deputy Coordinator
- Dr Brinda Shrestha, Secretary
- Reeta Lamichhane, Committee Member
- Roshani Shrestha, Committee Member, President DWNA
- Dr Sanjana Shrestha, Committee Member, Advisor DWNA
- Dr Susan Paudel, Committee Member
- Dr Sumina Shrestha, Committee Member

Acknowledgements

On behalf of the Conference Organising Committee, we extend our heartfelt gratitude to everyone who contributed to the success of the Women's Wellness & Empowerment Conference 2026.

We gratefully acknowledge the generous financial support provided by VicHealth and Neami National. Their investment in this conference reflects a shared commitment to advancing women's wellbeing, mental health, leadership, and community empowerment. Their support enabled the creation of a culturally safe and inclusive platform that brought together community members, researchers, service providers, policymakers, and advocates to learn, connect, and drive meaningful change. We are also deeply appreciative of the ongoing partnership, trust, and collaboration demonstrated by both organisations in supporting community-led initiatives and strengthening outcomes for women from culturally and linguistically diverse, migrant, and refugee backgrounds.

We sincerely thank our partners, supporters, and collaborators, including Nourish Nation, Smart Health Global, EMCRs of LIMS, FeNCAA, and La Trobe University, for their valuable contributions and commitment to empowering women and strengthening multicultural communities.

We are honored by the presence and support of our distinguished guests, including the Honorary Consul of Nepal to Victoria, government representatives, community leaders, academics, researchers, service providers, and advocates. Your participation added immense value to the conference and reinforced the importance of collective action in advancing women's wellbeing and empowerment.

We extend our deepest appreciation to our keynote speakers, presenters, panellists, moderators, and facilitators who generously shared their knowledge, expertise, and lived experiences. Your contributions inspired meaningful dialogue, challenged thinking, and enriched the learning experience for all participants.

A special acknowledgement is extended to the members of the Conference Organising Committee, who remained continuously engaged throughout the planning, coordination, and delivery of the conference. Their dedication, teamwork, leadership, and countless hours of voluntary effort transformed a vision into a high-impact event that fostered learning, collaboration, and action. Your unwavering commitment was instrumental in making this conference a success.

We also thank our volunteers and DWNA members whose behind-the-scenes support, professionalism, and enthusiasm contributed significantly to the smooth running of the event.

Most importantly, we thank all participants for bringing your voices, experiences, and commitment to creating positive change. Your active engagement made this conference a vibrant platform for knowledge sharing, collaboration, and collective action.

Together, we have demonstrated the power of partnership, community leadership, and shared purpose in building healthier, safer, and more empowered communities for women, families, and future generations.

Conference Organising Committee

Women's Wellness & Empowerment Conference 2026

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Executive Summary

The Women's Wellness & Empowerment Conference 2026, convened by Didibahini Women's Network Australia (DWNA) on 7 March 2026, brought together over 170 participants, including women from culturally and linguistically diverse (CALD), migrant, and refugee communities, alongside policymakers, service providers, researchers, and advocates. The conference created a culturally safe and action-oriented platform to explore key challenges and opportunities related to women's wellbeing, mental health, leadership, and access to services.

Across plenary sessions, keynote addresses, knowledge exchange, panel discussions, and concurrent sessions, the conference generated rich insights into the lived realities of women navigating complex and often fragmented systems. The discussions highlighted that barriers to wellbeing and participation are not singular, but multi-layered and interconnected, shaped by systemic, structural, and cultural factors.

A central theme across the conference was that access to services remains unequal, particularly for women from CALD and migrant backgrounds. Barriers such as language, stigma, limited awareness, financial constraints, and complex system navigation continue to restrict timely and meaningful access to support. These challenges are further compounded by structural issues including visa restrictions, housing insecurity, and short-term funding models.

Importantly, the conference underscored that trust is foundational to access. Many women seek support first through informal networks and community organisations before engaging with formal systems. Community-led organisations play a critical role as trusted entry points, yet they often operate with limited resources and capacity.

The discussions also revealed that current systems are largely reactive and crisis-oriented, with insufficient focus on prevention, early intervention, and long-term recovery. Fragmentation across health, legal, housing, and social services further limits the effectiveness of support systems, particularly for women with intersecting needs.

At the same time, the conference highlighted powerful examples of community resilience, leadership, and innovation. Community-led and co-designed approaches demonstrated strong potential to improve engagement, build trust, and empower women as advocates and leaders within their communities.

Emerging areas such as digital health were also explored, revealing both opportunities and risks. While digital solutions can expand access and improve service delivery, there is a risk of deepening inequities if community organisations and vulnerable populations are not adequately supported to participate in digital systems.

Based on these insights, the conference calls for a shift from fragmented, service-driven approaches toward integrated, community-centred systems that prioritise trust, cultural responsiveness, and long-term engagement. Key areas for action include:

- Strengthening community-led and culturally grounded approaches
- Improving accessibility and navigation of services
- Investing in prevention, early intervention, and long-term support
- Embedding cultural responsiveness and inclusion across systems
- Addressing stigma and promoting safe spaces for dialogue
- Enabling inclusive and ethical digital transformation

- Strengthening cross-sector collaboration and partnerships
- Ensuring sustained and flexible funding models
- Centring women's leadership and lived experience in decision-making

The conference concludes with a shared recognition that advancing women's wellbeing and empowerment requires system transformation, not just service expansion. It calls for collective action across communities, institutions, and policymakers to co-create solutions that are inclusive, equitable, and grounded in lived realities.

At its core, the conference reaffirmed that when women are supported, heard, and empowered, they become catalysts for change strengthening families, communities, and society as a whole.

Overview

At a time when women from culturally and linguistically diverse (CALD) backgrounds continue to face systemic barriers to wellbeing and participation, the Women's Wellness & Empowerment Conference 2026 created a critical space for dialogue, connection, and collective action.

On 7 March 2026, the Didibahini Women's Network Australia (DWNA) convened this high-impact, one-day forum, bringing together over 170 participants from CALD, migrant, and refugee communities, alongside policymakers, mental health leaders, service providers, researchers, and advocates.

The conference provided a culturally safe, evidence-informed, and action-oriented platform for dialogue and collaboration. It focused on strengthening women's mental health and wellbeing, enhancing leadership and participation, and improving access to essential services while translating discussions into practical, community-led solutions.

Discussions were guided by three central questions:

- What barriers do women, particularly from migrant and CALD backgrounds, face in relation to health, safety, participation, and economic opportunities?
- How can communities, professionals, and policymakers work together to address these barriers?
- What practical actions can strengthen women's empowerment and support thriving, inclusive communities?

1 Opening Plenary

Moderated by Ms Ashma Chalise

The plenary set the tone for the day grounded in cultural respect, community recognition, and a shared commitment to advancing women's wellbeing and empowerment.

The session began with a traditional Nepalese Khada ceremony, formally welcoming distinguished guests and honouring cultural values. Acknowledgment of Country was followed by a welcome to Australia delivered by Prabha Shrestha, a founding member of the Didibahini Women's Network Australia (DWNA), recognising both Indigenous custodianship and the journeys of migrant communities.

Opening Address – Roshani Shrestha, President, DWNA

In her opening address, President Roshani Shrestha reflected on DWNA's journey from a grassroots initiative established in 2012 to a nationally recognised, women-led organisation supporting over 3,000 community members across Australia.

She highlighted the organisation's key areas of work including health and wellbeing, leadership development, advocacy, and cultural engagement and acknowledged the collective effort of community members, partners, and volunteers in driving this growth.

While celebrating achievements, she also acknowledged ongoing challenges, including increasing demand for services, funding constraints, governance strengthening, and the complexities of scaling nationally. Despite these, she reaffirmed DWNA's commitment to its core pillars:

Women's Health and Wellbeing

Capacity and Confidence Building

Research, Innovation, and Advocacy

Family and Social Connection

Creative Cultural Celebrations

She emphasised that the conference is more than an event; it is a platform where community voice, lived experience, and professional knowledge come together to drive meaningful change. *(Please refer to Appendix 2 for President's speech)*

Conference Overview – Dr Jamuna Parajuli

Dr Jamuna Parajuli provided an overview of the conference, framing it as a platform for dialogue, learning, and collective action aligned with the spirit of International Women's Day.

She highlighted the conference's focus on four interconnected dimensions: wellness, wisdom, action, and empowerment and emphasised the importance of building culturally safe, inclusive, and responsive systems that support women's health, leadership, and participation.

The overview underscored the role of collaboration across communities, researchers, service providers, and policymakers in developing solutions that reflect women's lived realities and experiences. *(Please refer to Appendix 3 for Dr Jamuna's overview)*

Government and Partner Remarks

The opening plenary also featured remarks from government and community representatives, reinforcing the importance of cross-sector collaboration in advancing women's empowerment.

Kathleen Matthews, Ward MP (Member for Broadmeadows) highlighted the importance of supporting women's leadership and wellbeing, noting that empowering women leads to stronger families and communities. She outlined key Victorian Government initiatives aimed at improving health access, economic participation, and safety for women, particularly those from culturally diverse backgrounds.

Sylvia Coombe, Commissioner, Victorian Multicultural Commission (VMC) emphasised the vital role of women in strengthening multicultural communities. She highlighted the need to address the gap between women's contributions and their representation in leadership, and called for greater recognition and support for women as community leaders and change-makers.

Niranjan Gauli, Honorary Consul of Nepal to Victoria, reflected on the progress and ongoing challenges related to gender equality both globally and within Nepal and Australia. He emphasised the importance of continued efforts to strengthen women's leadership, economic participation, and protection from gender-based violence, while recognising the growing contributions of Nepali women in Australia.

Key Insights from the Opening Plenary

The opening plenary surfaced several key themes that shaped the direction of the conference. Across remarks from community, government, and institutional leaders, there was a shared recognition of the systemic barriers faced by women, particularly those from migrant, refugee, and Culturally and Linguistically Diverse (CALD) backgrounds, in accessing services, participating in decision-making, and achieving economic independence.

Speakers emphasised the importance of culturally safe, community-led spaces that enable women to connect, share experiences, and access support. The role of collaboration between communities, service providers, and policymakers was highlighted as essential to developing inclusive and responsive systems.

There was also a strong acknowledgment of women's leadership and contributions within communities, alongside the need to address gaps in representation and recognition. The discussions reinforced a collective commitment to advancing women's wellbeing, strengthening partnerships, and translating dialogue into meaningful action.

2 Keynote Addresses

Moderated by Dr Susan Paudel

The keynote session featured two distinguished speakers who provided critical perspectives on women's leadership, health, and community wellbeing.

Keynote 1 Professor Bircan Erbas

Associate Dean (Research and Industry Engagement), School of Psychology and Public Health, La Trobe University

Professor Bircan Erbas reflected on the transformative role of women's leadership in shaping health systems, research, and community wellbeing. She began by acknowledging Aboriginal and Torres Strait Islander peoples and recognising the contributions of Indigenous women leaders, whose work continues to guide community-centred public health approaches.

Drawing on her collaboration with community leader Shannon Drake, she emphasised that trust is built through relationships through listening, respect, and walking alongside communities. This relational approach, she noted, is central to effective public health practice and research.

Professor Erbas also shared her personal journey as the daughter of an immigrant mother who arrived in Australia in the 1970s. Early experiences supporting her mother in navigating health systems shaped her understanding of the barriers migrant communities face and informed her commitment to bridging gaps between communities and services.

Throughout her academic career, she highlighted the importance of mentorship and collective support from women across generations. These experiences enabled her to move beyond disciplinary boundaries and develop research approaches that connect scientific rigour with real-world health challenges.

A central theme of her keynote was the need for community-led and culturally informed research to address health inequities. She emphasised that meaningful and sustainable change requires researchers to actively engage with communities, centre lived experiences, and co-design solutions.

Professor Erbas also drew attention to the often invisible and undervalued role of women as carers within families and communities. She highlighted ongoing research efforts aimed at better understanding and supporting carers, whose contributions remain under-recognised in policy and service systems.

She concluded by reinforcing the importance of continued collaboration between academia, communities, and institutions to ensure that women's voices and experiences inform research, innovation, and future approaches to health and wellbeing.

Keynote 2 | Professor Nicola Henry

RMIT University – Advancing Law, Policy, and Practice on Sexual Violence

Professor Nicola Henry presented insights from nearly three decades of research on gender-based violence, with a particular focus on technology-facilitated sexual violence and image-based abuse. Acknowledging the sensitive nature of the topic, she emphasised the importance of open dialogue to strengthen understanding, policy, and prevention efforts.

Her presentation traced the evolution of technology-facilitated abuse, highlighting how digital platforms and social media have enabled new forms of harm, including online sexual harassment, non-consensual sharing of intimate images, and digital sexual exploitation. She noted that public awareness and policy responses have often been shaped by high-profile cases, underscoring the urgent need for proactive approaches rather than reactive measures.

Research findings shared during the session indicated that image-based abuse and online harassment affect a significant proportion of the population, with heightened risks for young people, Culturally and Linguistically Diverse (CALD) communities, Indigenous peoples, and people with disabilities. While both men and women experience such abuse, women are more likely to face severe and sustained harm, particularly within contexts of coercive or domestic relationships.

Professor Henry also highlighted important progress in recent years, including the development of clearer legal frameworks addressing image-based abuse, increased public awareness, and growing accountability of technology companies in addressing online harms.

A key emphasis of the keynote was the importance of centring survivors' lived experiences in shaping responses. She called for continued efforts to strengthen laws and policies, invest in prevention, and develop innovative tools such as digital platforms and support systems to better assist victims, bystanders, and communities.

She concluded by underscoring the need for integrated approaches that bring together research, community engagement, technology, and policy reform to effectively prevent gender-based violence and create safer digital environments.

Her keynote reinforced the urgency of addressing emerging forms of digital harm through coordinated, survivor-centred, and prevention-focused approaches.

Synthesis of Keynote Insights

Together, the keynote addresses highlighted the critical intersection of community, research, and systems in advancing women's wellbeing and safety. Both speakers emphasised the importance of centring lived experiences, particularly of women from culturally and linguistically diverse (CALD) and migrant backgrounds, in shaping effective responses to complex challenges.

A shared theme was the need for community-informed and culturally responsive approaches, whether in public health research or in addressing gender-based violence in digital and physical spaces. The keynotes underscored that trust, relationships, and meaningful engagement with communities are essential for developing solutions that are both relevant and sustainable.

At the same time, both speakers pointed to the importance of strong institutional and systemic responses, including improved policies, legal frameworks, and accountability mechanisms. They highlighted that emerging challenges such as technology-facilitated abuse require adaptive, forward-looking approaches that combine research, innovation, and cross-sector collaboration.

Overall, the keynotes reinforced that advancing women's wellbeing and empowerment requires integrated action bringing together community voices, research evidence, and policy leadership to create inclusive, safe, and responsive systems.

3 Knowledge Exchange Sessions

Moderated by Dr Jharana Bhattarai

The knowledge exchange sessions brought together service providers to share practical insights and approaches to supporting women and families, particularly those from culturally and linguistically diverse (CALD) communities. These sessions highlighted real-world service models, challenges, and opportunities for strengthening access, coordination, and responsiveness across systems.

Resika KC, *Neami National*

This presentation focuses on amplifying the voices of women from culturally and linguistically diverse (CALD) backgrounds through a co-designed storytelling project on racism. The core message is that when people do not speak about racism, it does not mean it is not happening. The project aims to move participants from silence to voice.

The foundation of the entire initiative is trust first. Building trust is seen as essential before any meaningful storytelling or dialogue can take place.

The project moved from dialogue to action through a workshop involving 24 women. The workshop addressed two key themes: racism and Islamophobia. It also facilitated community-institution dialogue and supported peer leadership development among the participants.

The approach used was co-design, which was both trauma-informed and ethically grounded. Importantly, the women shaped the narrative throughout the process. The presentation includes a video, with an acknowledgment that the story belongs to the women themselves.

As a result of the project, several positive changes occurred:

- **Validation** – women's experiences were acknowledged and affirmed.
- **Dialogue** – open conversations about racism became possible.
- **Leadership** – women developed confidence and skills to lead.

The presentation emphasises that trust must come before storytelling, and that a co-design approach prevents harm to participants. When women feel safe, meaningful change can happen.

The Orange Door – Jessica Sheridan, *Service System Navigator, Hume Merri-bek Area*

Jessica Sheridan presented on The Orange Door, a Victorian Government initiative established to improve access to support for individuals and families experiencing family violence and child wellbeing concerns.

The initiative was developed in response to the 2015 Royal Commission into Family Violence, which identified the need for a more integrated and accessible service system. The Orange Door was designed as a single, coordinated entry point to enable adults and children to access support more easily and remain safe from harm.

The service provides intake, screening, and assessment, supporting a wide range of individuals, including victim-survivors of family violence, children and young people, parents and carers, and individuals who use violence. By integrating family violence and child wellbeing services, The Orange Door helps individuals and families navigate complex systems and connect with appropriate support.

Operating across 18 service areas covering all 79 Local Government Areas in Victoria, The Orange Door ensures statewide access to coordinated support services.

Overall, the presentation highlighted the importance of integrated, accessible, and person-centred service models in improving safety, wellbeing, and outcomes for women and families. *(Please refer to Appendix 4.1 for Jessica Sheridan's Presentation)*

Northern Community Legal Centre – Jenni Smith, *Chief Executive Officer*

Jenni Smith highlighted the critical role of legal support in protecting women experiencing family violence and improving access to justice for victim-survivors. Her presentation focused on the work of the Northern Community Legal Centre (NCLC), the barriers women face in accessing legal services, and the systemic changes required to strengthen support systems.

Northern Community Legal Centre is a community-based legal service supporting residents in Melbourne's north-west, with a strong focus on culturally diverse communities. Through a multidisciplinary approach bringing together legal, social, and financial support, the centre provides holistic assistance to individuals and families navigating complex challenges.

The presentation emphasised the vital role of legal services in supporting women experiencing family violence, including assistance with intervention orders, parenting arrangements, housing security,

migration issues, and financial stability. These interventions are critical in helping women regain safety, autonomy, and control over their lives.

A key focus was the barriers to accessing legal support, particularly for migrant and culturally diverse women. These include limited awareness of services, isolation, fear and misconceptions about legal systems, financial constraints, and systemic challenges within the justice system. Additional complexities arise for women on temporary visas, who may face multiple and intersecting forms of abuse, including threats related to migration status.

The presentation also highlighted the importance of community outreach and partnerships in improving access to justice. Initiatives such as crisis outreach, collaboration with health and social services, and community education programs play a critical role in increasing awareness and supporting early intervention.

To strengthen support systems, Jenni Smith emphasised the need for greater cross-sector collaboration, more integrated service delivery, and sustainable funding for community legal services. She also highlighted the importance of investing in grassroots and community-led initiatives to ensure that services remain accessible and responsive to diverse needs.

Overall, the presentation underscored that addressing family violence requires coordinated, system-wide responses that integrate legal, social, and community support to ensure women can safely access justice and rebuild their lives. *(Please refer to Appendix 4.2 for Jenni Smith's Presentation)*

Your Community Health – Dima Al Tarsha

Dima Al Tarsha presented "In Her Shoes," a community-led anti-racism initiative that amplifies the voices of culturally and linguistically diverse (CALD) women through co-designed storytelling.

The initiative emerged from sustained community engagement over three years in East Preston and East Reservoir, where trust-building and the creation of culturally safe spaces enabled women to openly share their lived experiences of racism. A key insight from the presentation was that while many women experience racism, these experiences often remain unspoken due to fear, social pressure, and concerns about challenging existing systems.

Through a co-design approach, the program ensured that participants retained control over how their stories were

shared, promoting ethical and respectful representation. The initiative involved collaboration between community members and institutions, including Victoria Police, the Islamic Council of Victoria, and Darebin City Council, creating a platform for dialogue on racism, Islamophobia, and systemic barriers.

A central output of the project was a video capturing women's everyday experiences of racism, while also highlighting resilience, solidarity, and leadership. The storytelling process not only raised awareness but also fostered empathy and deeper understanding within the broader community.

The presentation highlighted that participation in the initiative led to increased confidence among women, greater openness in discussing experiences of discrimination, and strengthened relationships between communities and institutions. It also encouraged women to take on more visible leadership roles within their communities.

Key lessons from the initiative included the importance of building trust before storytelling, the value of co-design in ensuring ethical and empowering processes, and the potential for safe spaces to transform silence into voice and action.

Overall, the presentation demonstrated how community-led, culturally grounded approaches can elevate lived experiences, foster dialogue, and contribute to more inclusive and equitable communities. *(Please refer to Appendix 4.3 for Dima Al Tarsha's Presentation)*

Key Insights from Knowledge Exchange Sessions

The knowledge exchange sessions provided practical, field-based insights into how services and community-led initiatives are addressing complex challenges faced by women, particularly those from culturally and linguistically diverse (CALD) backgrounds.

Several cross-cutting insights emerged

i. The Importance of Integrated and Coordinated Service Systems

Presentations highlighted the need for interconnected, easy-to-navigate services. Models such as The Orange Door demonstrate how coordinated entry points and integrated support systems can improve access, reduce fragmentation, and enhance safety for women and families.

ii. Barriers to Access Remain Significant

Despite the availability of services, many women continue to face barriers in accessing support, including limited awareness, language and cultural challenges, fear of systems, financial constraints, and systemic gaps. These barriers are particularly pronounced for migrant and refugee women.

iii. The Critical Role of Community-Based and Culturally Safe Approaches

Community-led initiatives play a vital role in building trust and enabling engagement. Creating culturally safe spaces allows women to share their experiences, access support, and participate more confidently in services and community life.

iv. The Value of Co-Design and Lived Experience

Effective programs are those that are co-designed with communities and grounded in lived experience. Approaches such as storytelling and participatory engagement ensure that services and interventions are relevant, ethical, and responsive to real needs.

v. Legal and Structural Support is Essential for Safety and Justice

Access to legal services remains a critical component of support for women experiencing family violence. Integrated legal, social, and community services are necessary to ensure that women can safely navigate systems and access justice.

vi. Strengthening Partnerships Across Sectors

Collaboration between government, community organisations, legal services, and health providers is essential for delivering holistic support. Cross-sector partnerships enable more comprehensive responses and improve outcomes for women and families.

vii. From Awareness to Action

Across sessions, there was a strong emphasis on moving beyond awareness toward actionable solutions. This includes improving service accessibility, investing in prevention and early intervention, and strengthening long-term support systems.

4 Panel Discussion: Lived and Professional Perspectives

Moderated by Dr Jamuna Parajuli and Shova Lamsal

The panel discussion brought together women with lived experience alongside professional practitioners, creating a powerful space for dialogue across personal and systemic perspectives. The session highlighted the realities faced by women, the gaps within support systems, and the critical role of trust, community, and culturally responsive services.

Lived Experience Perspective

Bobby Lama

Bobby Lama shared her lived experience as a single mother and community advocate, drawing not only from her personal journey but also from years of supporting victim-survivors through her work with community organisations.

Reflecting on her own experience of seeking support, she emphasised that what women need most in moments of crisis is trust, empathy, and human connection, someone who listens, believes, and reassures them that the violence they experienced is not their fault. She noted that this need remains consistent across the many women she now supports.

A key insight from her sharing was the gap between formal services and lived realities. While structured systems such as The Orange Door exist, accessing them is often not straightforward. Many women face multiple barriers even before reaching formal services and require the support of trusted individuals such as friends, community workers, or local leaders to navigate pathways to safety.

Bobby highlighted the impact of social stigma and fear, which can prevent women from reaching out to their immediate networks. In her case, concerns about being blamed or judged led her to seek support from a trusted community leader rather than from friends or family.

Her experience underscored the critical role of trusted community figures and culturally connected organisations as first points of contact for women in crisis. These spaces often provide the initial support that enables women to eventually access formal services.

She also reflected on her journey from seeking support to becoming a source of support for others, illustrating the importance of community leadership and peer support in strengthening responses to family violence.

Overall, her contribution emphasised that effective support systems must go beyond service provision to build trust, reduce stigma, and recognise the central role of community in supporting women's safety and wellbeing.

Ashley Yadav Thapa

Ashley Yadav Thapa shared her lived experience as a trans woman and migrant, offering important insights into what safe and inclusive access to services means in practice.

Reflecting on her journey as an international student who migrated to Australia, she highlighted the importance of feeling safe, respected, and believed when engaging with services. She emphasised that for individuals from marginalised communities, safety is not only physical but also emotional, requiring environments free from judgment, dismissal, and discrimination.

A central theme of her contribution was the importance of empathy and compassion as core values within service systems. She noted that while legal frameworks such as anti-discrimination laws exist, there remains a significant gap between policy and lived reality. Experiences such as cyberbullying and anti-trans discrimination continue to shape how individuals engage with services and institutions.

Ashley highlighted the need for critical reflection on personal and institutional biases, noting that preconceived ideas and prejudices can influence how services are delivered and experienced. She emphasised that creating inclusive environments requires intentional effort to challenge these biases.

Through a personal example, she illustrated how small but meaningful actions, such as visible messages of inclusion, can significantly impact a person's sense of safety and belonging. These signals communicate whether a space is truly inclusive.

She also emphasised the importance of trauma-informed practice and staff training, particularly in relation to cultural understanding and working with diverse communities. As someone who experiences intersectional marginalisation as both a trans woman and a South Asian migrant, she highlighted the additional challenges faced by individuals navigating multiple layers of discrimination.

A key insight from her sharing was the need to move beyond dominant, Eurocentric frameworks and adopt more inclusive, culturally responsive approaches that reflect diverse lived experiences.

Overall, her contribution underscored that creating safe and inclusive services requires more than policies it requires empathy, reflection, and intentional efforts to build environments where all individuals feel seen, respected, and supported.

Sujan Bharati

Sujan Bharati shared her lived experience as a migrant mother navigating disability, legal, and support systems for her children, offering important insights into the challenges faced by families with high support needs.

Arriving in Australia as an international student, Sujan described her journey of raising two children with complex disabilities, including cerebral palsy, intellectual disability, and autism. Her experience highlighted the profound challenges of accessing early intervention, education, and social support services, particularly while on temporary visas.

A key theme in her sharing was the lack of accessible information and support systems for newly arrived families. She described the difficulty of navigating unfamiliar systems, including challenges in enrolling her child in appropriate schooling and identifying available services. While individual acts of compassion, such as support from a school leader, made a significant difference, these were often exceptions.

Sujan also highlighted the intersection of migration status and access to services, noting that her family faced significant barriers in accessing disability support due to visa restrictions. This resulted in limited access to early intervention, therapy, and social support services for many years, despite high needs.

The presentation underscored the financial, legal, and emotional burdens experienced by families in similar situations, including prolonged engagement with the legal system, financial instability, and uncertainty regarding residency status. Even after gaining access to formal support systems, ongoing challenges remain, including limited funding and the need to continuously advocate for adequate support.

A key insight from her contribution was the importance of peer support and community connection. Through her involvement in ‘‘Amazing Parents,’’ a community-led organisation formed by families with similar experiences, she highlighted how shared spaces can reduce isolation, improve wellbeing, and provide critical information and support.

Sujan emphasised that her story reflects the experiences of many families navigating similar challenges. Her contribution highlighted the need for more inclusive, accessible, and equitable systems that respond to the realities of migrant families, particularly those caring for children with disabilities.

Overall, her reflections underscored the importance of integrated support systems, early intervention, and community-based networks in ensuring that families are not left to navigate complex systems alone.

Key Insights from Lived Experience Perspectives

The lived experience contributions highlighted the complex and often intersecting challenges faced by women and families from culturally and linguistically diverse (CALD) backgrounds. Across the panel, several key insights emerged:

i. Trust as the First Point of Access

Before engaging with formal services, individuals often seek support from trusted people and community networks. Trust, built through shared language, culture, and understanding, is critical in enabling women to take the first step toward seeking help.

ii. Barriers Exist Long Before Formal Services Are Reached

Accessing services is not a straightforward process. Many women face multiple barriers, including stigma, fear of judgment, lack of awareness, and system complexity, well before reaching formal support systems. This highlights the gap between service availability and actual accessibility.

iii. The Central Role of Empathy, Compassion, and Being Believed

A consistent theme across all lived experiences was the importance of being listened to, believed, and treated with dignity. Safe and inclusive services are defined not only by policies, but by how individuals are received and supported in practice.

iv. Intersectionality Deepens Vulnerability

Participants highlighted how overlapping identities such as gender, migration status, disability, and sexuality compound experiences of exclusion and marginalisation. These intersecting factors create additional barriers to accessing support and require more nuanced, inclusive responses.

v. Systemic Gaps in Access and Support

Significant gaps exist within service systems, particularly for migrant families, individuals on temporary visas, and those with complex needs. These gaps include limited access to early intervention, legal and social services, and insufficient or delayed support even after entry into formal systems.

vi. The Invisible Burden of Navigating Systems

Families often shoulder the responsibility of navigating complex, fragmented systems on their own, facing legal, financial, and emotional strain. The lack of coordinated support places additional pressure on already vulnerable individuals and families.

vii. **The Power of Community and Peer Support**

Community-led networks and peer support groups play a vital role in reducing isolation, sharing information, and building resilience. These spaces often act as informal but essential support systems, particularly when formal services are inaccessible or insufficient.

viii. **Small Actions Can Create Meaningful Change**

Simple, visible signals of inclusion such as respectful communication, culturally safe environments, and affirming practices can significantly impact a person's sense of safety and belonging within services.

Together, these lived experiences underscore that effective systems must go beyond service provision to build trust, address structural inequities, and centre the realities of those they aim to support. Creating inclusive, responsive, and accessible systems requires listening deeply, acting intentionally, and working alongside communities.

Professional Perspectives

Dr Kate Walker, University of Melbourne

Dr Kate Walker drew on her experience as a general practitioner, educator, and advocate to highlight key barriers faced by individuals, particularly those from refugee and culturally diverse backgrounds, when accessing healthcare and disclosing sensitive issues such as family violence, mental health concerns, and identity-related experiences.

She identified three core and interrelated barriers: knowledge, access, and time.

A significant challenge is the lack of knowledge and awareness among patients regarding available services, legal rights, and support pathways. Many individuals also lack the language or confidence to articulate their experiences, particularly when discussing complex or sensitive issues. This is further compounded by limited access to interpreters, which can restrict meaningful communication and disclosure.

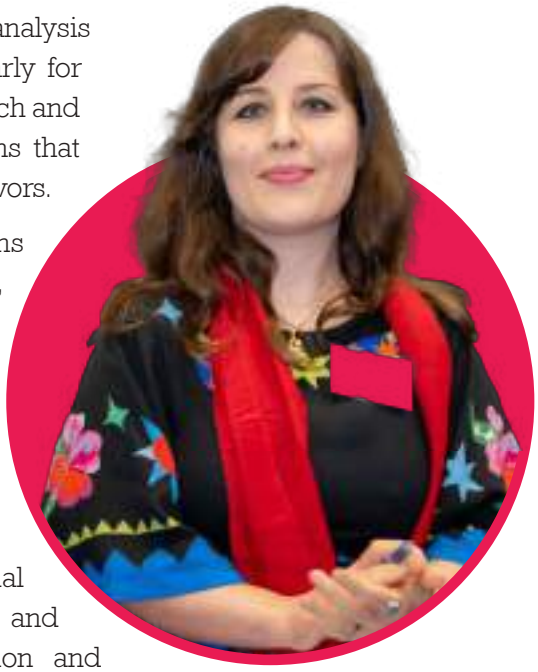
Dr Walker also emphasised persistent barriers to access within primary healthcare systems. These include difficulties in securing timely appointments, limited availability of interpreters, and the absence of culturally safe and inclusive environments. She noted that many healthcare settings lack visible signals of inclusion such as multilingual information, culturally relevant materials, or indicators of LGBTQIA+ safety which can discourage individuals from seeking care or disclosing their needs.

The third critical barrier is time, both as a systemic constraint and a practical limitation. Healthcare providers often operate under significant time pressures, which can limit their ability to build trust, engage deeply with patients, and effectively support individuals requiring interpreters or more complex care. This constraint affects both service delivery and patient experience.

Dr Walker highlighted the need for greater investment in training, culturally responsive practices, and system-level changes to improve accessibility and responsiveness within healthcare. She emphasised that addressing these barriers requires not only awareness but also structural adjustments to ensure that services are inclusive, adequately resourced, and capable of meeting diverse needs.

Overall, her contribution underscored that improving access to care requires a combination of system reform, practitioner training, and more inclusive service environments that enable individuals to feel safe, understood, and supported.

Rojan Afrouz, RMIT University



Rojan Afrouz, a social worker and academic, provided a critical analysis of systemic gaps in responding to family violence, particularly for women from multicultural communities. Drawing on her research and professional experience, she highlighted structural limitations that affect the ability of systems to effectively support victim-survivors.

A central theme of her contribution was that current systems are largely designed for crisis intervention rather than holistic, long-term support. While services may respond at points of immediate risk, they often fail to address the broader and ongoing needs of women, including recovery, healing, and long-term stability.

She emphasised that help-seeking is not a linear process, and that many women rely on informal networks such as family, friends, and community before engaging with formal services. However, insufficient investment in prevention and community-based support systems limits early intervention and support.

Rojan also highlighted gaps in how systems respond to diverse and complex forms of abuse, noting that certain experiences such as forced marriage are often narrowly framed within existing legal categories, without fully capturing their social and cultural nuances. This can result in inadequate or inappropriate responses.

A significant concern raised was the disconnect between awareness of services and actual access to meaningful support. Her research indicates that even when women become aware of available services, they may choose not to leave abusive situations due to the absence of adequate long-term support, including housing, financial security, and recovery pathways.

She further noted the complexity of legal and service systems, which can be difficult to navigate even for well-educated individuals, and the broader structural challenges such as housing shortages, long waiting lists, and limited support for children and families.

Rojan underscored that these systemic issues can ultimately discourage women from seeking help, reinforcing cycles of vulnerability. She emphasised the need for a more holistic, integrated, and survivor-centred system, one that goes beyond crisis response to address prevention, recovery, and long-term wellbeing.

Overall, her contribution highlighted the urgency of system-level reform, including more responsive policies, stronger community-based support, and approaches that are grounded in the lived realities of women from diverse backgrounds.

Narissa Doumani, Neami National

Narissa Doumani provided insights from a national community mental health and wellbeing perspective, highlighting key barriers that individuals, particularly women from diverse and intersectional backgrounds, face in accessing support services.

Drawing on her work across mental health, housing, and suicide prevention services, she emphasised that service awareness remains a significant barrier, with many individuals unaware of available support or unclear about their rights and entitlements. Even where services are free, limited outreach and communication can restrict access.

A central theme of her contribution was the importance of recognising intersectionality. She highlighted that women's experiences of accessing services are shaped by overlapping identities, including culture, migration status, disability, sexuality, and faith. These intersecting factors influence how individuals experience systems, seek support, and engage with services.

Narissa also underscored the impact of stigma and limited understanding of mental health, which can prevent individuals from seeking help or articulating their needs. She emphasised that responsibility lies not only with communities, but with service providers to proactively create accessible and responsive systems.

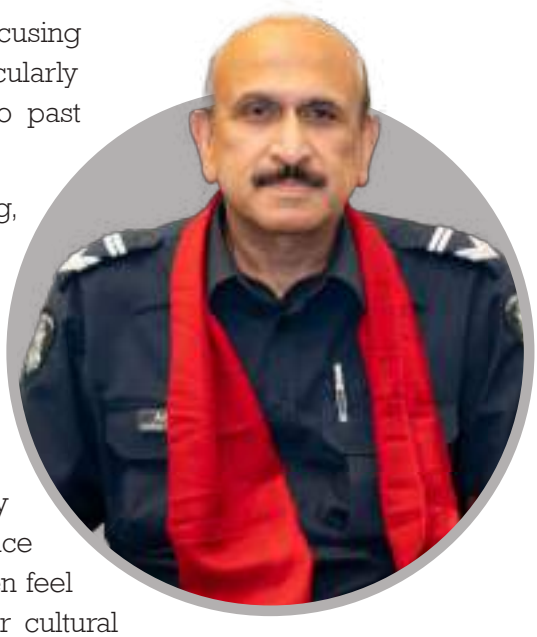
A key barrier identified was trust. Building trust requires services to be culturally safe, inclusive, and genuinely responsive to diverse perspectives. She highlighted that trust is deeply relational and requires time, consistent engagement, and meaningful connection with communities.

She also emphasised the importance of diverse and representative workforces, noting that inclusion must extend across all levels of service delivery from frontline roles to leadership and governance to better reflect and respond to the communities served.

Finally, Narissa pointed to system-level constraints, particularly short-term funding cycles, which limit the ability of organisations to build sustained relationships, deepen community understanding, and deliver long-term impact.

Overall, her contribution reinforced that improving access to mental health and wellbeing services requires culturally responsive, community-informed, and adequately resourced systems, with a strong focus on trust-building, inclusion, and long-term engagement.

Ash Dixit, Victoria Police



Ash Dixit shared insights from his role within Victoria Police, focusing on how law enforcement can build trust with communities, particularly those who may experience fear, trauma, or mistrust due to past experiences.

Drawing on his experience in community-focused policing, he emphasised that trust-building is central to effective engagement with culturally diverse and migrant communities. He noted that for many individuals, particularly those from refugee or migrant backgrounds, perceptions of police are shaped by experiences in their countries of origin, where law enforcement may be associated with fear.

A key strategy highlighted was the importance of culturally representative policing. Increased diversity within the police force has improved engagement, as community members often feel more comfortable approaching officers who understand their cultural backgrounds and experiences.

Ash outlined the role of proactive policing units, which focus on community engagement and relationship-building. Initiatives such as community outreach, participation in cultural events, and informal engagement activities like ''Coffee with a Cop'' create accessible, non-threatening opportunities for dialogue between police and community members.

He also emphasised the importance of partnerships with community leaders and organisations, which act as critical bridges between police and communities. These relationships support information-sharing, guidance, and early intervention, particularly in sensitive situations such as family violence.

Youth engagement was another key focus, with dedicated officers working with young people through schools and community programs to build awareness, trust, and positive relationships from an early stage.

Overall, Ash Dixit's contribution highlighted that building trust requires consistent engagement, cultural understanding, and visible community presence, shifting perceptions of policing from enforcement to partnership.

Key Insights from Professional Perspectives

The professional panel presented critical system-level insights into the barriers and enablers to access to care, particularly for women from culturally and linguistically diverse (CALD) and migrant backgrounds.

Several cross-cutting themes emerged:

i. Access is Constrained by Knowledge, System Design, and Time

A key barrier identified across sectors is the lack of awareness among individuals about available services, rights, and support pathways. This is compounded by limited language access and difficulties in communicating sensitive experiences. At the same time, system constraints such as limited appointment availability and time pressures on service providers restrict meaningful engagement and support.

ii. Services Are Designed for Crisis but not continuity

Current systems largely focus on crisis intervention, with limited provision for prevention, recovery, and long-term wellbeing. This creates gaps in support, particularly for women navigating complex, ongoing situations in which housing, financial security, and healing pathways are critical.

iii. Help-Seeking is Non-Linear and Relational

Help-seeking does not follow a straightforward pathway. Many individuals rely first on informal networks, family, friends, and community before approaching formal systems. However, there is insufficient investment in community-based and preventive support, thereby limiting opportunities for early intervention.

iv. Intersectionality Deepens Barriers to Access

Women's experiences of accessing services are shaped by intersecting identities, including migration status, culture, disability, sexuality, and socio-economic position. These overlapping factors influence how individuals engage with systems and often amplify exclusion.

iv. Trust is Foundational to Engagement

Across all perspectives, trust emerged as a central factor. Individuals are more likely to seek and continue support when services are culturally safe, inclusive, and responsive. Trust requires time, relationship-building, and consistent engagement.

v. Systems Are Complex and Difficult to Navigate

Legal, healthcare, and social support systems are often fragmented and difficult to navigate—even for well-educated individuals. Structural issues such as housing shortages, long waiting times, and eligibility restrictions further limit access to meaningful support.

vii. **Representation and Cultural Responsiveness Matter**

Building inclusive systems requires a diverse and representative workforce across all levels—from frontline staff to leadership and governance. Visible signals of inclusion and culturally responsive practices are essential to creating safe and welcoming environments.

vii. **Short-Term Funding Limits Long-Term Impact**

Short funding cycles and resource constraints undermine organisations' ability to build trust, sustain programs, and engage meaningfully with communities over time. Long-term investment is essential for lasting impact.

viii. **Institutional Trust Requires Active Engagement**

For institutions such as healthcare and law enforcement, trust must be actively built through community engagement, partnerships with local leaders, and visible presence in community spaces. Moving from enforcement or service delivery to partnership-based approaches is critical.

Together, these perspectives highlight that improving access to care requires system transformation, not just service expansion. This includes redesigning systems to be more holistic, culturally responsive, and community-connected, while ensuring that trust, equity, and lived realities are at the centre of all responses.

Key Reflections from Panel Discussion

In response to a closing question on what meaningful shifts could improve access to support systems, panellists shared a range of perspectives that collectively highlighted the need for change at individual, community, and systemic levels.

i. **Change Begins at the Individual and Community Level**

Panellists emphasised that addressing issues such as family violence and exclusion begins with everyday actions. Promoting respectful relationships, challenging harmful behaviours, and fostering open conversations within families and communities were identified as critical starting points. Small, intentional actions such as inclusive language, visible signals of belonging, and culturally safe practices can significantly improve individuals' experiences of services.

ii. **The Urgency of Early and Equitable Access to Support**

A strong call was made to ensure that children, particularly those with disabilities, have timely access to early intervention and support services. Delays in access, especially due to migration or visa-related barriers, were highlighted as having long-term impacts on development and wellbeing. Ensuring equitable access regardless of background or status was identified as a critical priority.

iii. **Strengthening Service Navigation and System Clarity**

Panellists noted the need for clearer service pathways and better mapping of available services, including eligibility and accessibility. Improved transparency and coordination can help both communities and service providers better understand where support exists and where gaps remain, enabling more effective advocacy and access.

iv. Shifting Power and Representation in Decision-Making

The discussion highlighted the importance of increasing the representation of women, particularly those from diverse backgrounds, in leadership and decision-making roles. Panellists emphasised that meaningful change requires shifting power structures to ensure that policies and systems reflect the realities of those most affected.

v. Building Stronger Cross-Sector Collaboration

A recurring theme was the need for stronger partnerships between grassroots organisations, mainstream services, and government systems. Community-based organisations were recognised as holding deep trust and knowledge, while larger institutions bring resources and reach. Greater collaboration and connectivity across sectors are essential to improving service access and outcomes.

vi. Sustained Investment and Long-Term Funding

Panellists reinforced the importance of adequate and sustained funding to support long-term, relationship-based work. Short-term funding cycles were identified as a major barrier to building trust, maintaining programs, and delivering consistent, high-quality support.

The discussion underscored that improving access requires a multi-level approach from individual actions and community engagement to systemic reform and policy change. Meaningful progress depends on sustained collaboration, inclusive leadership, and systems that are responsive to the lived realities of diverse communities.

5 Concurrent Sessions

Concurrent session address three themes - Mental Wellbeing and Family Violence, Bridging Barriers and Access to Care and Digital Health and Leadership

Mental Wellbeing and Family Violence

Soni Rajbhandari

This session presented research on the mental health and wellbeing of Nepalese international students in Melbourne, highlighting the often ''silent struggles'' experienced by this rapidly growing community.

The presentation emphasised that international students face heightened psychological distress due to multiple intersecting pressures, including academic demands, financial strain, work–study balance, cultural adjustment, and separation from family and social support systems. Despite these challenges, the utilisation of mental health services remains low.

The study, based on a survey of 70 Nepalese students in Melbourne, revealed several key insights. Most participants (62.86%) rated their living conditions as poor or fair, reflecting financial and settlement-related pressures. Findings from the Kessler Psychological Distress Scale (K10) indicated that many students frequently experience anxiety, restlessness, depression, and emotional exhaustion. Feelings of social disconnection were also prominent, with over half of the respondents reporting isolation and a lack of belonging. Notably, many students communicated with family and friends less than once a month, further intensifying emotional isolation.

The session highlighted that these challenges are not only individual but deeply structurally linked to access barriers, cultural stigma around mental health, and limited culturally appropriate support systems.

The presentation concluded with key recommendations, including the need for culturally safe mental health awareness, peer support and mentorship programs, improved service navigation, early intervention through community engagement, and stronger collaboration between community organisations and service providers. *(Please refer to Appendix 4.4 for Soni Rajbhandari's Presentation)*

Shikha Basnet

This session, delivered by headspace representatives, focused on promoting mental health awareness and improving access to support services for young people from multicultural backgrounds.

The presentation introduced headspace as a youth-friendly, free, voluntary, and confidential service supporting individuals aged 12–25. It highlighted a holistic range of services including mental health support, peer work, work and study guidance, alcohol and drug counselling, sexual health services, and early intervention for issues such as risk of homelessness.

A key emphasis of the session was the importance of peer support models, where young people and families with lived experience provide guidance, share insights, and create a sense of hope and relatability. The session also highlighted innovative approaches such as moderated online social therapy platforms, which offer personalised support, coping tools, and safe digital communities for young people.

Importantly, the session brought forward voices of multicultural youth, underscoring that mental health challenges are often compounded by stigma, cultural perceptions, and systemic barriers. Young people from diverse backgrounds may hesitate to seek support due to fear of judgment, lack of culturally responsive services, language barriers, and limited awareness of available resources..

The session identified several key barriers to accessing services, including financial constraints, competing priorities, difficulty navigating systems, and concerns around privacy and confidentiality (pages 14–15). These barriers highlight the need for more inclusive, accessible, and culturally sensitive mental health systems.

The session concluded with a strong call for culturally responsive approaches, improved outreach, and building trust within communities to ensure that multicultural young people feel safe, understood, and supported in accessing mental health services. *(Please refer to Appendix 4.5 for Shikha Basnet's Presentation)*

Key Insights

This session brought together research and service perspectives to highlight the complex and often under-recognised mental health challenges faced by Nepalese international students and multicultural youth.

i. **Mental Health Challenges are Multi-Layered and Structural**

International students experience significant psychological distress driven by intersecting pressures, including academic demands, financial strain, work–study balance, cultural adjustment, and separation from family. These challenges are not only individual but deeply rooted in structural conditions such as living arrangements, migration status, and access to support systems.

ii. **Social Isolation is a Critical Risk Factor**

A strong sense of isolation and a lack of belonging emerged as key concerns. Limited social networks, infrequent communication with family, and difficulties in building meaningful connections contribute to emotional distress and reduced wellbeing.

iii. **Low Utilisation of Mental Health Services**

Despite high levels of need, engagement with mental health services remains low. Barriers include stigma, lack of awareness, language challenges, and concerns around privacy and confidentiality.

iv. **Cultural Stigma and Perceptions Shape Help-Seeking**

Mental health continues to be stigmatised in many communities, influencing how individuals interpret distress and whether they seek support. Cultural beliefs, fear of judgment, and lack of culturaly appropriate services further limit access.

v. **Barriers to Access are Systemic and Practical**

Participants highlighted multiple access barriers, including financial constraints, competing priorities, difficulty navigating services, and limited availability of culturally responsive support. These challenges are particularly pronounced for multicultural youth and international students.

vi. **The Importance of Culturally Safe and Youth-Friendly Services**

Services that are culturally responsive, inclusive, and tailored to the needs of young people are critical. Creating safe, welcoming environments where individuals feel understood and respected is key to improving engagement.

vii. **Peer Support and Community Connection are Powerful Enablers**

Peer support models and community-based approaches play a vital role in reducing isolation, building trust, and encouraging help-seeking. Shared experiences create relatability and foster a sense of belonging.

viii. **Need for Early Intervention and Preventive Approaches**

There is a strong need to shift from reactive support to early intervention through awareness, outreach, and community engagement. Prevention-focused approaches can help address issues before they escalate.

ix. **Strengthening Collaboration Across Systems**

Improving mental health outcomes requires stronger collaboration between community organisations, service providers, and institutions to ensure coordinated, accessible, and holistic support systems.

The session underscored that addressing mental wellbeing among multicultural youth requires culturally responsive, accessible, and community-connected systems that move beyond awareness to build trust, reduce stigma, and enable timely support.

Bridging Barriers: Access to care

Dr Sumina Shrestha, La Trobe University

In this presentation, Dr Sumina Shrestha examined the role of culturally diverse women working as personal care assistants (PCAs) in Australia's residential aged care sector. With 17% of Australia's population aged 65 and over, and four in ten older adults expected to require residential aged care in their lifetime, the sector faces increasing demand. At the same time, significant workforce shortages persist approximately 43,000 care worker vacancies were reported in March 2023, with 75% relating to PCA roles.

Culturally diverse women play a critical role in addressing this gap. Around 35% of PCAs are from non-English-speaking backgrounds, and 80% are temporary residents, the majority of whom are women. Despite their essential contribution, their work remains largely invisible and undervalued within the system.

The study highlighted that migrant PCAs often report lower confidence levels compared to their Australian-born counterparts. This is influenced by factors such as age, language barriers, and experiences of everyday discrimination.

However, the findings also revealed a strong preference among older residents primarily from English-speaking backgrounds for care provided by culturally diverse PCAs. Residents described them as more compassionate, attentive, and respectful, valuing their willingness to build relationships, support autonomy, and respect individual beliefs and backgrounds.

At the same time, several challenges were identified, including communication barriers, unfamiliarity with local cultural norms, difficulty with names, and high staff turnover, particularly among overseas workers.

Overall, the presentation underscored that diversity in aged care is a strength. Migrant women contribute significantly through their compassion, commitment, and strong caregiving values. Strengthening support systems and retention strategies for culturally diverse workers is therefore critical to building a more responsive and sustainable aged care system in Australia. *(Please refer to Appendix 4.6 for Dr Sumina Shrestha's Presentation)*

Reeta Lamichhane Chaulagain, University of Melbourne

This session presented a community-led and co-designed intervention aimed at improving access to cervical cancer screening among Nepali and Hindi-speaking women in Victoria. It highlighted persistent inequities in healthcare access for culturally and linguistically diverse (CALD) communities, driven by systemic, cultural, and structural barriers, including visa and Medicare restrictions, stigma, and language challenges.

The initiative engaged migrant women, including those without Medicare, and worked in partnership with GP clinics, pathology services, and community organisations. Through culturally tailored strategies such as community outreach, awareness campaigns, co-designed communication tools, and self-collection screening camps, the project successfully increased participation and awareness.

The intervention reached over 1,000 women, with 103 women attending screening camps, and demonstrated improved knowledge, confidence, and willingness to access services. Key insights highlighted the continued impact of stigma and system gaps, as well as the effectiveness of community-led approaches in building trust and fostering peer advocacy. The project underscores that improving access to care requires culturally responsive, community-driven models that address barriers holistically and empower women to take ownership of their health. *(Please refer to Appendix 4.7 for Reeta Lamichhane Chaulagain's Presentation)*

Dr Rena Shrestha

This session focused on supporting Nepalese mothers and families raising children with autism, highlighting the importance of culturally responsive understanding, early identification, and community-based support systems.

The session emphasised that autism is a natural difference in how individuals experience, understand, and interact with the world. However, within many migrant communities, including the Nepalese community, limited awareness, stigma, and fear of judgment often create barriers to early recognition and support. These factors can lead to isolation for both children and their families.

The session explored how Nepalese mothers, who are often the first to notice developmental differences in their children, can be better supported in understanding, responding to, and advocating for their children's needs.

The presentation highlighted several barriers faced by families:

- Limited access to information about autism
- Cultural stigma and fear of social judgment
- Hesitation in discussing developmental concerns
- Feelings of isolation among mothers and families

These challenges often delay timely identification and access to appropriate support.

A key emphasis of the session was the role of cultural strengths and community values in addressing these challenges. The presentation highlighted how Nepalese values such as strong family bonds, care, and collective support can be leveraged to create more inclusive and supportive environments for children with autism and their families.

- Early identification and timely support are critical for improving outcomes for children
- Culturally safe and strengths-based approaches can help reduce stigma and increase acceptance
- Empowering mothers with knowledge and confidence enables them to become advocates for their children
- Community support networks play a vital role in reducing isolation and strengthening family wellbeing

The session underscored that supporting children with autism requires not only clinical awareness but also community understanding, cultural sensitivity, and family-centred approaches. When mothers feel informed, supported, and connected, they can play a transformative role in advocating for their children and building more inclusive communities.

Empowering mothers through culturally responsive support and community connection is key to improving outcomes for children with autism.

Key Insights

This session highlighted the complex, multi-layered nature of access to care for women and families from culturally and linguistically diverse (CALD) communities, emphasising that barriers are not only individual but also deeply systemic and cultural.

i. Access to Care is Shaped by Intersecting Barriers

Access challenges are driven by a combination of systemic (e.g., visa and Medicare restrictions), cultural (e.g., stigma, modesty, fear), and structural barriers (e.g., language and system navigation). These overlapping factors create compounded difficulties for migrant women seeking care.

ii. **Awareness Alone Does Not Translate into Access**

Even when awareness increases, behavioural barriers such as fear, denial, and stigma continue to limit uptake of services. This highlights the gap between knowledge and action, particularly in sensitive areas such as women's health.

iii. **Health Systems Remain Reactive and Exclusionary**

A key gap identified is the lack of proactive engagement by healthcare providers and structural exclusions based on eligibility criteria. This results in many women being excluded from preventive care and early intervention pathways.

iv. **Cultural Context Strongly Influences Help-Seeking**

Cultural beliefs, taboos, and fear of judgment significantly shape how women perceive health services and whether they engage with them. Without culturally responsive approaches, services remain inaccessible despite availability.

v. **Community-Led Approaches are Critical Enablers**

Community-driven and co-designed interventions were shown to be highly effective in shifting attitudes, building trust, and increasing participation. Women not only accessed services but also emerged as peer advocates and health champions within their communities.

vi. **Trust and Social Connection Drive Engagement**

Engagement improves when interventions are delivered through trusted community spaces, peer networks, and culturally familiar platforms. Trust-building is essential to overcoming both stigma and system-related barriers.

vii. **Empowerment Leads to Sustained Impact**

When women are informed, supported, and engaged, they gain confidence to take ownership of their health and influence others. This creates ripple effects within communities, strengthening long-term outcomes.

viii. **Early Intervention and Family-Centred Support are Essential**

In areas such as autism and women's health, early identification and timely support are critical. Family-centred and culturally grounded approaches help reduce delays and improve outcomes.

ix. **Strengthening Systems Requires Collaboration and Investment**

Effective responses require coordinated efforts across healthcare providers, community organisations, and policy systems. Long-term impact depends on sustained funding, culturally competent workforces, and integrated service delivery.

The session reinforced that bridging access gaps requires a shift from system-centred service delivery to community-centred, culturally responsive engagement, where trust, inclusion, and empowerment are at the core. Access to care improves when systems move beyond provision to build trust, address cultural realities, and enable community-led pathways to health

Digital Health & Leadership

This session brought together perspectives on digital transformation from both systems-level innovation and community-based realities, highlighting the opportunities and challenges of digital health in multicultural contexts.

Prof Nilmini Wickramasinghe, La Trobe University

This session was further enriched by a presentation from Professor Nilmini Wickramasinghe (OPTUS Chair of Digital Health, La Trobe University), who offered a global, strategic perspective on how digital health, AI, and inclusive leadership can transform healthcare systems and access.

The presentation emphasised that digital health is not only about technology, but about empowerment, leadership, and meaningful engagement. It highlighted the growing role of AI and emerging technologies in enabling personalised, continuous, and location-independent healthcare, delivering 24/7 support that is patient-centred, clinically grounded, and outcome-driven.

A key insight was the shift toward integrated health ecosystems, where digital solutions are embedded across:

- Care delivery systems
- Daily health routines
- Preventive and predictive care
- Risk mitigation and early intervention

This approach reflects a move toward what was described as ''Health 4.0'', where care is no longer confined to institutions but extends into homes, communities, and everyday life through digital platforms.

The presentation also outlined a range of emerging digital health capabilities, including:

- Multi-lingual empathetic chatbots for education and support
- AI-driven clinical decision support systems (CDSS)
- Teleassessment tools using IoT and sensors for remote diagnosis
- Smart solutions for self-management of chronic conditions
- Avatars, robotics, and remote monitoring systems to support adherence and continuity of care
- Intelligent analytics to inform decision-making and improve value-based care
- Strong emphasis on security, privacy, and ethical data use.

Importantly, the session underscored that technology alone is insufficient without inclusive leadership and system design. Effective digital health transformation requires:

- Human-centred and culturally responsive design
- Trust-building and meaningful engagement with communities
- Strong governance, privacy, and ethical frameworks
- Alignment between technology, policy, and practice

(Please refer to Appendix 4.8 for Prof Nilmini Wickramasinghe's Presentation)

Manoj Khadka, Smart Health Global

This session, presented by Manoj Khadka (Co-Founder and CEO of Smart Health Global), explored how digital health innovations can transform healthcare access and empower women, particularly in remote and underserved communities in Nepal.

The session began by highlighting the gendered realities of rural healthcare, where women face significant barriers including long travel distances, high out-of-pocket costs, limited access to doctors, and systemic inequities. These challenges are further compounded by difficult geography, workforce shortages, and fragmented health systems. The presentation emphasised that these are not isolated issues but reflect broader concerns of equity, dignity, and collective responsibility.

A key focus was the journey of Smart Health Global, a community-driven initiative that leverages digital-first solutions to bridge healthcare gaps. Starting from grassroots innovation in Bajura district, the initiative has scaled significantly, expanding from 2 to 55 health facilities across 19 local governments and 7 districts. Through telehealth services, communities now have 24/7 access to doctors, even in areas where such access previously did not exist.

The session highlighted several impactful outcomes:

- Over 1,860 telehealth consultations delivered
- Significant reduction in hospital referrals and travel costs
- Expansion of services from basic outpatient care to include maternal health, child health, nutrition, family planning, and IMNCI
- Strong inclusion of marginalised communities, with 36.8% of users from Dalit communities
- High engagement of women, with 74.4% female service users (page 7)

A central strength of the model is its systems approach, built across five domains:

1. Digital health tools and scalable use cases
2. Policy integration and local ownership
3. Local diagnostics and capacity building
4. Digital data for decision-making
5. Emergency response and support systems.

Importantly, the session illustrated real-life impact through case narratives, such as saving the lives of a mother and child with remote telehealth guidance and enabling successful pregnancies through consistent antenatal care. These stories demonstrated how digital health not only improves service delivery but also builds confidence, capacity, and trust within communities.

The session concluded with a powerful message: rural women do not lack strength, but access, proximity, and systemic support. When digital health solutions are locally led, human-centred, and embedded within primary care, they can shift power dynamics, transforming healthcare into a trusted, accessible partner and serving as a platform for women's empowerment. *(Please refer to Appendix 4.8 for Manoj Khadka's Presentation)*

Shova Lamsal, DWNA

Shova Lamsal's presentation shared the leadership journey of Didibahini Women's Network Australia (DWNA) and highlighted the critical role of grassroots organisations in supporting migrant women, particularly in addressing family violence, social isolation, and barriers to accessing services.

DWNA's work is grounded in community need, particularly among Nepalese migrant women who face:

- Language and systemic barriers
- Under-reporting of family violence due to stigma
- Limited early access to culturally safe education and prevention programs

Over time, DWNA has evolved into a strong community-led platform with five key pillars:

- Cultural connection
- Women's health and wellbeing
- Capacity and confidence building
- Family and social connection
- Research and innovation (page 5)

The organisation has demonstrated significant growth since its founding in 2012, culminating in national expansion through leadership development, partnerships, and community-driven programs.

However, the presentation strongly highlighted digital challenges faced by grassroots organisations, including:

- Lack of standardised and centralised data systems
- Reliance on fragmented tools (WhatsApp, Excel, paper records)
- Limited funding for digital infrastructure

- Volunteer turnover leads to loss of knowledge and continuity
- Difficulty meeting compliance and reporting requirements

These challenges directly impact the organisation's ability to demonstrate impact, ensure accountability, and scale its work.

Looking ahead, DWNA identified priorities such as:

- Building standardised digital systems and data capacity
- Strengthening governance and sustainability
- Expanding prevention, leadership, and wellbeing programs nationally

(Please refer to Appendix 4.10 for Shova Lamsal's Presentation)

Key Insights

This session highlighted both the transformative potential of digital health and the realities of implementing it across diverse and resource-constrained contexts, emphasising the need to bridge innovation with community realities.

i. **Digital Health is a System Transformation, Not Just Technology**

Digital health extends beyond tools and platforms; it represents a shift toward integrated, continuous, and patient-centred care. The move toward "Health 4.0" reflects a future in which healthcare is embedded in everyday life, enabling prevention, early intervention, and real-time support.

ii. **Technology Can Expand Access and Reduce Inequities**

Digital innovations such as telehealth, AI-driven tools, and remote diagnostics can significantly improve access to healthcare, particularly in remote and underserved areas. These solutions reduce travel burdens, lower costs, and bring services closer to communities.

iii. **Community-Led Digital Solutions are Most Effective**

Digital health initiatives are most impactful when they are locally owned, community-driven, and embedded within existing systems. Community leadership and trust are critical to ensuring uptake, relevance, and sustainability.

iv. **Women's Empowerment is Linked to Access and Design**

Digital health can act as a platform for women's empowerment by improving access to services, information, and care. However, the key issue is not women's capacity, but systemic barriers such as access, proximity, and structural exclusion.

v. **Trust, Inclusion, and Cultural Responsiveness are Essential**

For digital health to succeed, systems must be human-centred, culturally responsive, and built on trust. Technology must align with community needs, values, and lived realities to ensure meaningful engagement.

vi. **Grassroots Organisations Face Significant Digital Gaps**

Despite being key actors in service delivery and community engagement, grassroots organisations often lack the digital infrastructure needed to operate effectively. Challenges include fragmented data systems, limited resources, and a lack of standardised tools.

vii. **Digital Inequality Risks Reinforcing Existing Gaps**

Without intentional inclusion, digital transformation may widen inequalities. Communities and organisations without access to digital tools, capacity, or funding risk being excluded from emerging systems.

viii. **Strong Governance, Ethics, and Leadership are Critical**

Effective digital health systems require robust governance, ethical data use, privacy protection, and alignment between technology, policy, and practice. Inclusive leadership is essential to guide this transformation.

ix. **Collaboration Across Systems is Key to Scale and Impact**

Successful digital health implementation depends on partnerships between communities, service providers, technology innovators, and policy systems. Integrated approaches enable scalability and long-term impact.

The session underscored that digital health will only be transformative when innovation is grounded in community realities, ensuring that technology strengthens human connection, trust, and equity.

Digital health succeeds when technology, community leadership, and inclusive systems come together to expand access and empower people.

6 Closing Plenary and Reflections

The conference concluded with a plenary session that brought together reflections from across the day's sessions. Session leaders presented brief summaries of key discussions, highlighting major themes, insights, and emerging priorities from their respective sessions.

This was followed by a comprehensive conference synthesis delivered by Dr Raju Adhikari, who drew together cross-cutting insights from the keynote addresses, panel discussions, knowledge exchange sessions, and concurrent sessions. The synthesis emphasised common threads across the conference, including the importance of culturally responsive approaches, community-led solutions, trust-building, and stronger cross-system collaboration to improve access and wellbeing outcomes.

The conference formally concluded with a vote of thanks and closing remarks by Dr Sumina Shrestha, who acknowledged the contributions of speakers, participants, partners, and organisers. She reflected on the collective learning from the day and reinforced the importance of continuing dialogue, collaboration, and action to advance women's wellbeing and empowerment.

The closing session reaffirmed the conference's shared commitment to translating dialogue into action and strengthening partnerships to drive meaningful, community-led change.

7 Cross-Cutting Insights Across the Conference

Across plenary discussions, keynote addresses, panel conversations, knowledge exchange sessions, and concurrent sessions, several interconnected themes emerged. These insights reflect shared realities across sectors and highlight critical areas for action in advancing women's wellbeing, inclusion, and access to care.

A key finding across all sessions was that access to support is multi-dimensional and uneven. Access is not simply a matter of service availability; it is shaped by a complex interplay of systemic, structural, and cultural barriers. Systemic barriers such as eligibility requirements, funding constraints, and policy limitations often restrict access at the institutional level. Structural challenges, including language barriers, difficulties in navigating systems, limited transport, and time constraints further hinder engagement. In addition, cultural factors such as stigma, modesty, and fear of judgment significantly influence whether women feel able to seek support. These intersecting barriers disproportionately affect women from CALD, migrant, and refugee backgrounds, underscoring persistent inequities within health and social systems.

Across the conference, it was consistently emphasised that trust is the foundation of engagement. Women are more likely to seek support through informal and familiar channels, such as family members, friends, community leaders, and community-based organisations.

Formal systems are often approached only after trust has been established through these networks. This highlights the importance of relationship-based approaches and reinforces the role of trusted community actors as critical entry points into formal services.

Another prominent theme was the fragmented and crisis-oriented nature of existing systems. Participants described current systems as largely reactive rather than preventive, focusing on crisis intervention instead of long-term wellbeing. Services are often difficult to navigate and poorly coordinated, with limited integration across sectors such as health, legal, housing, and social support. As a result, women particularly those with complex and ongoing needs experience significant gaps in care.

The importance of cultural responsiveness emerged as a consistent and critical priority. Participants emphasised that services must be culturally safe and responsive to be effective.

This includes ensuring language accessibility, respecting cultural values and lived realities, increasing representation within the workforce, and creating visible signals of inclusion and safety. Without these elements, services remain inaccessible in practice, even when they are technically available.

Stigma and silence were also identified as major barriers to help-seeking. Issues such as mental health, family violence, and women's health continue to be deeply stigmatized in many communities. Fear, shame, and potential social consequences often prevent women from seeking support early. This underscores the need for community-led awareness, safe spaces for dialogue, and normalization of conversations around wellbeing and support.

One of the strongest insights from the conference was the effectiveness of community-led and co-designed approaches. These approaches were consistently highlighted as more effective in building

trust, increasing participation, and ensuring relevance. They also empower women as leaders and advocates, while contributing to the development of sustainable, locally owned solutions. Community organisations play a vital role as bridges between individuals and formal systems, facilitating access and engagement.

The conference also highlighted the importance of intersectionality in understanding women's experiences. Women's access to support is shaped by multiple, overlapping identities, including migration status, disability, socio-economic position, gender identity, sexuality, and cultural or faith backgrounds. These intersecting factors create complex, compounded barriers that cannot be addressed with one-size-fits-all solutions. Systems must therefore adopt flexible, inclusive, and context-sensitive approaches.

Digital transformation was identified as both an opportunity and a risk. On one hand, digital technologies have the potential to expand access, reduce geographic and financial barriers, and provide flexible support. On the other hand, without deliberate inclusion, digital solutions risk deepening existing inequities. Digital divides may exclude vulnerable populations, and grassroots organisations may lack the capacity to engage effectively with technological systems. To be effective, digital transformation must be human-centred, inclusive, and grounded in community realities.

Participants also emphasised the need for sustained investment and cross-sector collaboration. Meaningful change requires long-term funding, strong partnerships among community organisations, government, service providers, and academia, and investment in workforce diversity and capacity. Short-term and fragmented approaches were widely recognised as undermining trust, continuity, and long-term impact.

Finally, the central role of women's leadership and agency emerged as a powerful and recurring theme. Women were recognised not only as beneficiaries of services but also as leaders, advocates, peer supporters, and agents of change within their communities. When supported with knowledge, confidence, and opportunities, women play a critical role in driving transformation at both individual and community levels.

In conclusion, the conference underscored the need for a shift from service delivery to systems transformation. Advancing women's wellbeing and empowerment requires approaches that are integrated, community-led, and culturally responsive. Trust, equity, lived experience, and long-term commitment must be placed at the centre of action to create meaningful and sustainable change.

8 Conclusion

The Women's Wellness & Empowerment Conference 2026 brought together diverse voices, community members, practitioners, researchers, policymakers, and leaders to collectively reflect on the realities, challenges, and possibilities surrounding women's wellbeing and empowerment in multicultural contexts.

Throughout the conference, a clear and consistent message emerged: women's experiences are shaped by interconnected systems that are often fragmented, inaccessible, and insufficiently responsive to cultural and lived realities. Barriers to access are not isolated; they are layered across structural, cultural, and systemic dimensions, limiting opportunities for women to seek support, participate fully, and thrive.

At the same time, the conference highlighted powerful examples of resilience, leadership, and innovation within communities. Women are not only navigating these challenges, they are actively shaping solutions. Community-led initiatives, peer support networks, and culturally grounded approaches demonstrated that when trust, inclusion, and lived experience are placed at the centre, meaningful change becomes possible.

A central insight from the conference is that trust is the gateway to access. Formal systems alone cannot reach those who feel excluded or unsafe; rather, engagement begins within relationships, communities, and culturally familiar spaces. This underscores the critical role of grassroots organisations as trusted bridges between individuals and broader systems.

The discussions also reinforced the urgent need to move beyond reactive, crisis-driven models toward more holistic, preventive, and sustained approaches. This includes strengthening early intervention, improving system integration, and ensuring that services are not only available but also accessible, culturally responsive, and relevant.

Importantly, the conference pointed to the need for systems transformation, not just incremental improvement. This requires long-term investment, cross-sector collaboration, inclusive leadership, and a commitment to embedding equity and cultural responsiveness across all levels of policy and practice.

Looking ahead, the way forward lies in deepening partnerships, amplifying community voices, and co-creating solutions that reflect the realities of those most affected. It calls for a shift in how systems engage with communities not as recipients of services, but as partners, leaders, and drivers of change.

The conference reaffirmed that advancing women's wellbeing and empowerment is not a single intervention, but an ongoing, collective journey one that requires trust, courage, and sustained commitment to building systems that are inclusive, connected, and grounded in humanity.

When women are heard, supported, and empowered, they do not only transform their own lives they strengthen families, communities, and the systems around them.

9 Appendices

Appendix 1 : Women's Wellness and Empowerment Conference 2026 Program

Date : 07 March 2026 | Venue : West Lecture Theatre, La Trobe University, Melbourne

Organised by Didibahini Women's Network Australia (DWNA) in celebration of International Women's Day 2026

8:30–9:00 Arrival & Registration – Foyer

OPENING PLENARY

West Lecture Theatre 1

9:00–9:20 Opening Ceremony
Welcome | Dignitaries | Khada Ceremony | Housekeeping

9:20–9:25 Conference Impact Question

9:25–9:35 Welcome to Country

9:35–9:40 President's Address – Roshani Shrestha - DWNA

9:40–9:45 Conference Overview – Dr Jamuna Parajuli

9:45–10:05 Government & Partner Remarks
MC – Ashma Chalise

KEYNOTES

10:05–10:30 Prof Bircan Erbas – La Trobe University
Biostatistics, Public Health & Community Impact

10:30–10:55 Prof Nicola Henry - RMIT University
Advancing Law, Policy & Practice on Sexual Violence
Moderator - Dr Susan Paudel

10:55–11:10 Morning Tea - Foyer

KNOWLEDGE EXCHANGE

11:10–12:00 Resika KC - Neami National
Jessica Sheridan – The Orange Door
Jenni Smith - Northern Community Legal Centre
Dima Al Tarsha - Your Community Health
Short presentations + Panel Q&A
Moderator - Dr Jharana Bhattarai

PANEL DISCUSSION

12:00–13:15 **Breaking Barriers: Improving Service Access**
Lived Experience
Bobby Lama
Ashley Yadav Thapa
Sujan Bharati – Amazing Parents
Professional Panel
Dr Kate Walker – University of Melbourne
Dr Rojan Afrouz – RMIT University
Narissa Doumani – Neami National
Ash Dixit- Victoria Police
Kim Mckeown - VIC Police
Moderators - Dr Jamuna Parajuli and Shova Lamsal

13:15–13:30 Dr Emma Grant – La Trobe University
Inspiring Girls Australia

13:30–14:15 Lunch and networking – Foyer

CONCURRENT SESSIONS

14:15–15:00

Room 1 – **Mental Wellbeing & Family Violence**
Preethi Vergis & Headspace Team
Soni Rajbhandari - DWNA
Mi Nguyen – Multicultural Centre for Women's Health
Moderator - Dr Pragya Gartoulla
Reporter: Dr Smriti Ghimire

Room 2 – **Bridging Barriers: Access to Care**
Dr Sumina Shrestha – La Trobe University
Reeta Lamichhane – University of Melbourne
Dr Rena Shrestha – Murdoch Children's Research Institute
Moderator – Dr Kritika Paudel
Reporter: Dr Susan Paudel

Room 3 – **Digital Health & Leadership**
Prof Nilmini Wickramasinghe – La Trobe University
Manoj Khadka – Smart Health Global
Shova Lamsal - DWNA
Moderator - Dr Jharana Bhattarai
Reporter – Ms Ruchee Gautam

PLENARY & CLOSE

West Lecture Theatre 1

15:00–15:30 Session Reports + Group Discussion
Dr Smriti Ghimire | Dr Susan Paudel | Ruchee Gautam
MC - Dr Jharana Bhattarai

15:30–15:45 Conference Synthesis – Dr Raju Adhikari

15:45 – 15:50 Final Impact Question & Feedback

15:50 – 16:00 Vote of Thanks & Closing
MC - Dr Sumina Shrestha

16:00 – 16:30 Afternoon Tea & Networking - Foyer

***Conference Reporter - Dr Sanjana Shrestha**

Appendix 2 : Opening Speech – Roshani Shrestha, President, DWNA

Good morning, everyone,

Namaste and a very warm welcome to you all.

It is with great pride and gratitude that I stand before you today as the President of Didibahini Women's Network Australia (DWNA) to officially open our Women's Wellness & Empowerment Conference 2026.

Before I begin, I would like to acknowledge the Traditional Custodians of the land on which we gather today and pay my respects to Elders past, present and emerging.

Today is a historic moment for our organisation. What began in October 2012 in Victoria as Didi Bahini Samaj Victoria (DBSV) — a women-led, community-driven initiative — has now grown into a national movement. As highlighted in our Growth Journey report

DWNA Growth Journey, we have expanded from Victoria to Australia, supporting over 3,000 community members through health, wellbeing, leadership, advocacy and cultural programs.

From leading Nepal Festival Melbourne parades, publishing ''Nepalese Women's Tales of Resilience'', supporting survivor families, conducting capacity-building workshops, to being recognised in Federal Parliament — our journey reflects compassion, courage, respect and change.

Today, as we gather at La Trobe University, I would like to sincerely thank the university for providing us this wonderful venue and for supporting community-led empowerment initiatives.

I would also like to extend our heartfelt gratitude to:

- Our distinguished University Professors and keynote speakers,
- Our respected community leaders,
- Our panel presenters and facilitators,
- All partner organisations and sponsors,
- And every conference attendee who has taken time to be here today.

Your presence strengthens our shared commitment to women's leadership and wellbeing.

This conference aligns strongly with the International Women's Day 2026 theme, reminding us that empowerment is not just a word — it is action. It is voice. It is visibility. It is leadership.

However, as we celebrate our achievements, we must also acknowledge our challenges.

We are a women-dominated organisation operating in a growing community with increasing demand. We face funding constraints, digital transformation challenges, the need for stronger governance structures, and the responsibility of managing a larger committee as we expand nationally. Growth brings opportunity — but also responsibility.

Yet despite these challenges, we remain committed to our five pillars:

- Women's Health & Wellbeing
- Capacity & Confidence Building
- Research, Innovation & Advocacy
- Family & Social Connection
- Creative Cultural Celebrations

As we move from Victoria to a national presence, our vision is clear: To expand violence prevention initiatives, strengthen early intervention programs, build youth and women's leadership, establish DWNA chapters across Australia, and continue advocating for the voices of Nepalese women.

Today's conference is not just an event — it is a platform for dialogue, collaboration, research, and action. It is a space where academic insight meets community wisdom. Where lived experience meets policy discussion. Where resilience meets opportunity.

Finally, I would like to offer a very special thank you to our organising committee and management team. Your tireless dedication, late nights, planning, coordination and passion have made today possible. I salute your commitment and leadership.

To everyone here — thank you for believing in this vision. Thank you for walking this journey with us.

Together, let us continue building a future where every woman's voice is heard, valued, and empowered.

Thank you. Namaste

Appendix 3 : Overview Speech - Dr Jamuna Parajuli

Good morning and Namaste, everyone. This is my honour to stand here amongst you as a conference coordinator and to welcome you to the 1st Women's Wellness & Empowerment Conference, 2026, proudly organised by the Didibahini Women's Network Australia.

I begin by acknowledging the Traditional Owners of this land where we are meeting today, and I pay my respects to their Elders, past and present. I also honour the strength, wisdom, and leadership of Aboriginal and Torres Strait Islander women who continue to shape and uplift our communities.

I also wish to acknowledge the presence of our distinguished guests. Thank you for inspiring us with your time and leadership — including my dear friend Kathleen, MP; the Consulate General of Nepal to Victoria; the VMC Chairperson; community leaders from various organisations, (including RCAA chairperson, FeNCAA– chairperson, NAV president, Narinikuncha Coordinator, Himalayan youth), SBS media and our respected members of the community and all participants. To our keynote speakers, presenters, panellists, and volunteers — your commitment and effort in joining us today truly strengthen the purpose and impact of this conference.

Today is more than a gathering— it is a call to action. A moment where leaders, advocates, professionals, researchers, and community voices stand together with one common purpose: **to strengthen the well-being, voice, and leadership of women across our multicultural communities.**

In the spirit of International Women's Day, and having this year's themes, ''Balance the Scales'' and ''Give to Gain,'' ask us-to stand together with a clear message that justice must be fair, inclusive, and accessible for every woman and girl, And we are reminded that generosity is not a soft virtue — it is a powerful force that strengthens our communities. When we give our time, our knowledge, and our compassion, we all rise. We construct something larger than ourselves…..We build communities that are stronger, safer, and more connected. We develop a society where every woman has the opportunity not just to survive, but to thrive.

Our conference theme, **"Empowered Women – Thriving Communities,"** speaks a simple truth: empowerment is collective. When women rise, families rise. When women lead, communities transform.

Today's conference is grounded in four pillars: Wellness. Voice. Action. Empowerment.

These are not just words — they are commitments.

Commitment — to listen deeply, to lead courageously, and to construct pathways that uplift every woman, especially those from CALD, migrant, and refugee backgrounds.

Throughout the day, we will hear from Keynote speakers, lived-experience leaders, health and community professionals, researchers, change-makers and policy influencers who bring deep insight into the realities women face, from health access and mental wellbeing to family violence, digital inclusion, justice and leadership. Their insights will challenge us, inspire us, and push us to build systems that are accessible, culturally safe, trauma-informed, and truly responsive to women's lived realities. Together, we will learn, connect, reflect, and be inspired to act and walk together!

I hope that you will leave today with new knowledge, stronger connections, practical tools, and a renewed commitment to shaping a future where every woman — regardless of culture, identity, or circumstance — can stand tall, safe, healthy, and empowered.

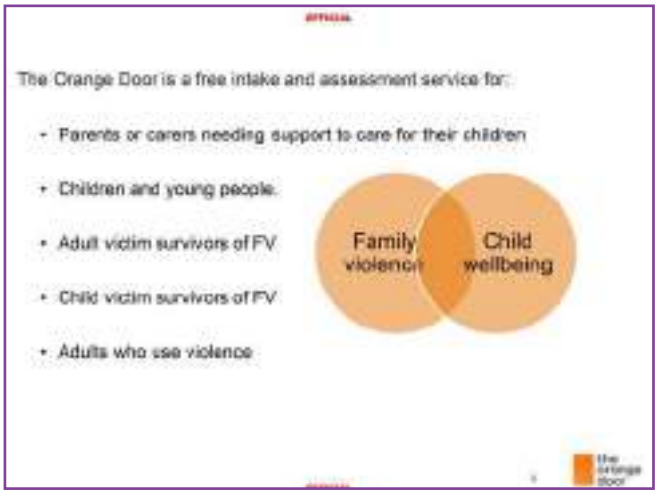
Thank you for bringing your voice, your expertise, and your heart to this conference today

My sincere thanks to VicHealth and Neami National for standing with us as key partners and proud sponsors. Your support means a lot to us. Deep appreciation to the EMCR of LIMS for your generous support. And our community partners Nourish Nation, Smart Health Global and our supporter, FeNCAA. Our Media partner – SBS Radio Melbourne. Last but not least, to Dr Yakindra Timalshina, CEO of Nourish Nation, whose tireless coordination made this conference possible in this beautiful venue — we are so proud to have you all alongside us. Your collective support strengthens our mission and fuels our ever-thriving organisation.

Together, let's make today meaningful, energising, and truly transformative — a day that inspires us, strengthens us, and reminds us of the extraordinary power we hold when we stand together. Let's begin. Thank you.

Appendix 4 : Presentations

1. Presentation of Jessica Sheridan



2. Presentation of Jenni Smith

NORTHERN COMMUNITY LEGAL CENTRE

From Awareness to Action: Access to legal support for women experiencing Family Violence

Jenni Smith CEO

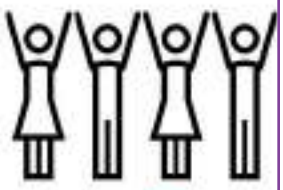
Acknowledgment of Traditional Owners

Housekeeping + Language

We acknowledge the gendered nature of Family Violence. I will refer to victim-survivors throughout the presentation using the pronouns of she/her.

I acknowledge that gender diverse and trans people also experience family violence disproportionately.

I acknowledge the contribution of victim-survivors and their lived experience which supports us to do the work we do today.



What I will talk about today:

- How Northern CLC supports victim-survivors with legal help
- Barriers to accessing help when experiencing family violence
- What is being done
- What is needed

About Northern Community Legal Centre

WHO WE ARE

- Community Legal Centre established in 2016 for Melbourne's North-West
- Offices in Broadmeadows and Wallan and outreach across Hume, Merri-bek, & Mitchell Shire
- Our team includes lawyers, a social worker, financial counsellor and a community development team (including Arabic speaking Community Development workers).

WHO DO WE SEE

In the last year:

- we saw 2234 people
- 76% of all our clients are women
- 74% were experiencing family violence (1,653 clients)

Of these:

- 9% were living in crisis accommodation
- 44% were born overseas, and
- 18% had arrived in Australia within the past ten years.

CASE STUDY: JACINDA

Jacinda has several children including a newborn and is living in Australia on a temporary partner visa. Her husband controls all her movements and her money and is verbally abusive. On two occasions he has pushed her to the ground. He threatens to take the children and have her deported when she complains.

She has experienced physical abuse, financial abuse, psychological abuse, and controlling behaviours. The children are also being impacted from witnessing the violence. They are living in a rental property, and his name is on the lease.

How would a Northern CLC Lawyer assist?

Providing advice about what could make her and her children safe (Applying for a family violence intervention order)
Confirming confidentiality, and her control and choice of pace to proceed with:

- having his name removed from the lease
- help to put in place safe child contact arrangements
- help to apply for child support
- migration visa support including access to work rights
- debt waivers
- VOCAT – Safety related expenses and financial assistance

Barriers to accessing legal help

Challenges in how the justice system responds:

- Misunderstanding of what constitutes family violence
- Misidentification – around 15% of female victims are misidentified as perpetrators
- Barriers in applying for Intervention Orders and Family Law Applications and attending court

Barriers to accessing legal help

- Isolation and knowledge of available services
- Fear and myths about lawyers
- Conflict and confidentiality
- Legal Costs and funding of Community Legal Centres and Legal Aid

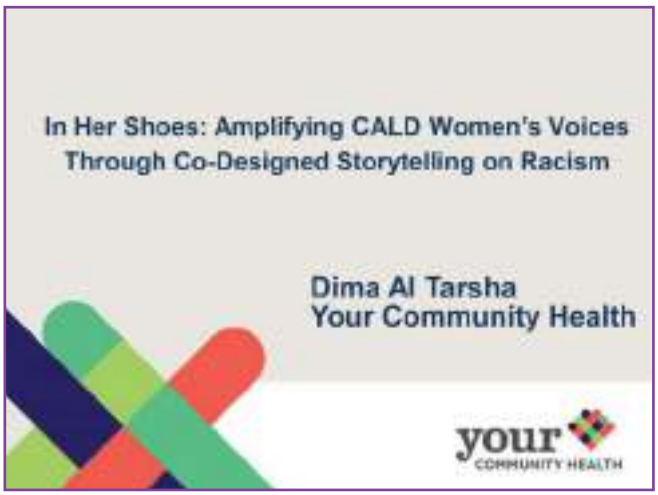
WHAT HELPS

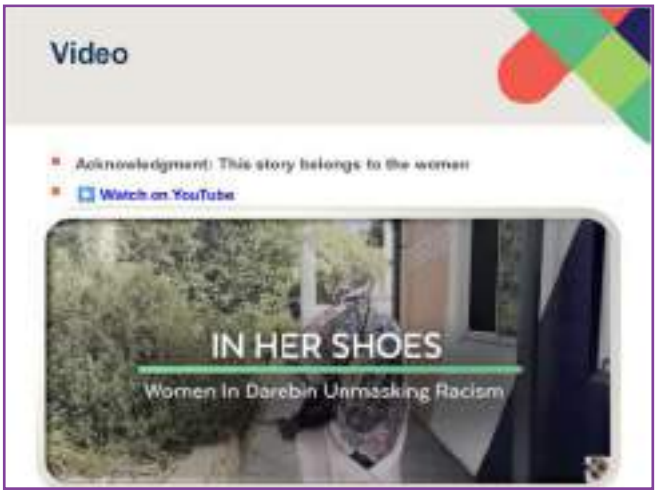
- Providing the right access through outreaches and partnering programs – Family Violence Crisis outreach, Maternal Child Health partnerships, Lawyers in school program.
- Getting the word out through community education and family violence prevention programs – i.e. *Take the First Step* Peer Education Program

WHAT'S NEEDED

- Better cross sector knowledge
- Better integrated services
- Sustained funding models
- Funding of grassroots initiative

3. Presentation of Dima Al Tarsha





What Changed

- Validation
- Dialogue
- Leadership

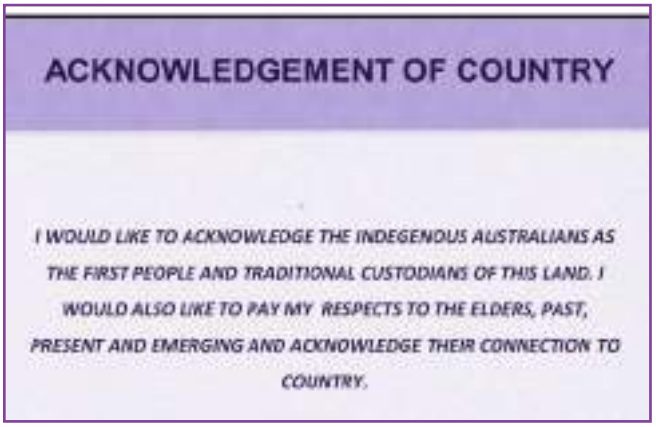
Key Lessons

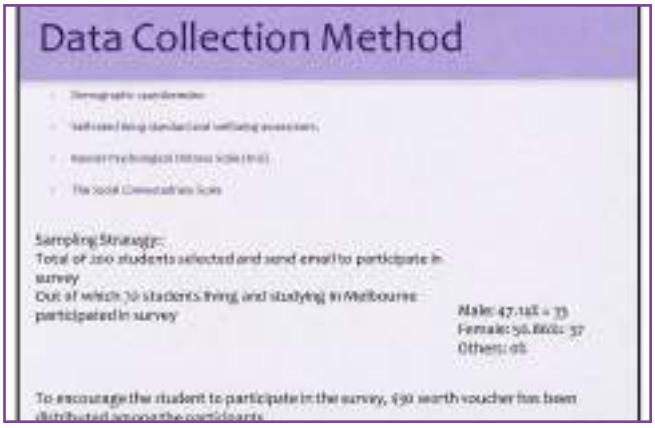
- Trust before storytelling
- Co-design prevents harm
- When women feel safe, their voices are heard

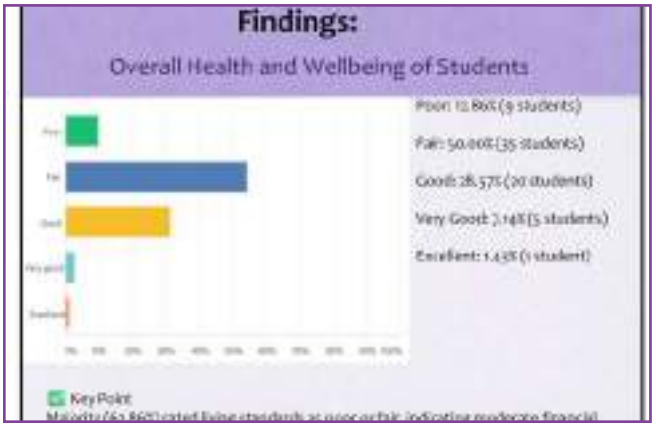
Closing Reflection

- Listening deeply creates change
- Thank you!

4. Presentation of Soni Rajbhandari







Kessler Psychological Distress Scale(K10)

Mental Health and Well-being Assessment

Key Findings from the Kessler Psychological Distress Scale :

- Some of the time:
- 25.37% - So nervous nothing could calm you
- 37.88% - Restless or fidgety
- 23.88% - Feeling hopeless
- 29.85% - Feeling depressed
- 32.84% - Everything felt like an effort

Most of the time:

34.33% - Feeling tired for no good reason

28.3% - Feel very nervous

21.21% - Restless or fidgety

22.39% - Feels everything was an effort

13.43 - Feels so nervous nothing could calm down

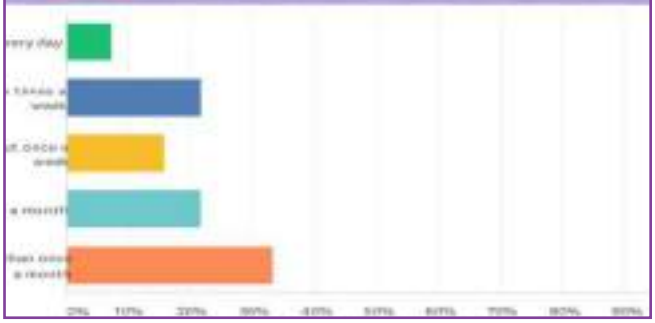
All the time:

8.96% - Feeling depressed

7.46% - Feels everything was an effort

The Social Connectedness Scale (Lee, R. M., & Robbins S. B)

Frequency of Students Communicating with Family/Friends ar Seeking Emotional Support

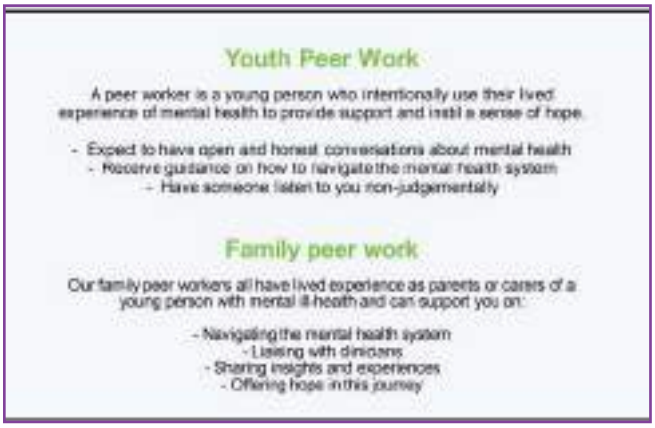


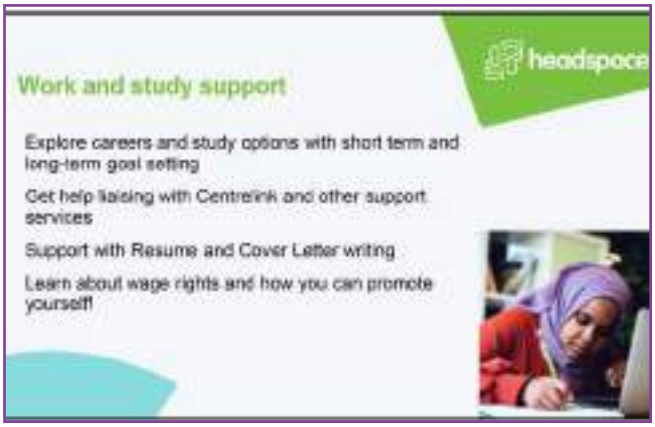
Recommendations and Implications

- Culturally Safe Mental Health Awareness
- Peer Support and Mentorship Programs
- Early Intervention Through Community Engagement
- Information and Service Navigation Support
- Social Connection and Belonging Initiatives
- Employment and Settlement Support

Thank you for your time and attention

5. Presentation of Sikha Basnet





Sexual Health Nurse

Free and confidential community service for anyone aged 12 – 25.
You can ask questions about:

- Sexually transmitted infections (STIs)
- Contraception options
- Relationships
- General questions about health and wellbeing

Risk of homelessness

Free early intervention service for all 12-24 year olds

- Youth coaching/case management
- Help with renting, legal issues, health, sports, social activities and being independent
- Family mediation and support

Contact reception to book an appointment!

Moderated Online Social Therapy

MOST PROVIDES YOUNG PEOPLE WITH A RANGE OF FEATURES

Gurvinder's story in supporting her sister

https://youtu.be/gVw-kMBJAPk

What are young people from Multicultural backgrounds saying about Mental Health

"I think the mental health system sometimes falls short in meeting the needs of multicultural young people. In many cultures, mental health challenges are stigmatised and seen as weaknesses or something to be hidden, which can make seeking help feel daunting or even shameful. Additionally, some may think what they are experiencing isn't "bad enough" to warrant support, which can further discourage young people from reaching out"

"Furthermore, current support structures might not fully grasp or address the unique challenges that multicultural young people face. Language barriers, cultural differences, and varying norms from their backgrounds can make accessing effective support even harder and may leave young people feeling misunderstood. I believe there is a real need for a more inclusive approach that acknowledges and respects these cultural differences, fosters open and comfortable dialogue, removes barriers, and builds trust to ensure that multicultural youth receive the support they need."

Neerja, as part of our headspace YAC member and CMY's rework group

Barriers to accessing services for young people and families from Multicultural backgrounds

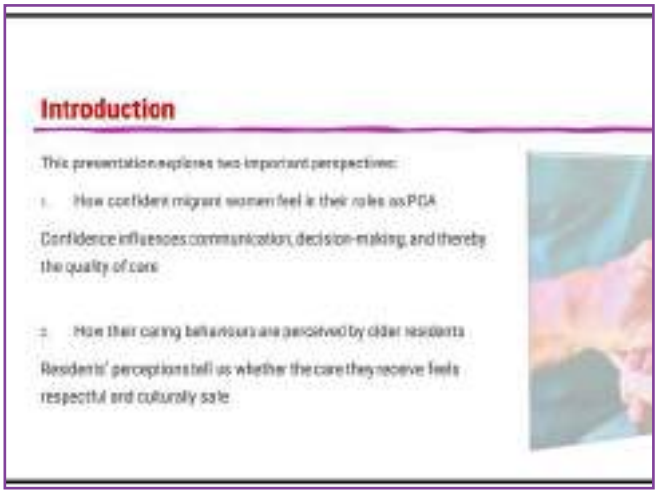
Many multicultural young people and families face barriers in accessing services and supports due to limited information available in language, stigma of mental health, unaware of services available and limited culturally responsive services.

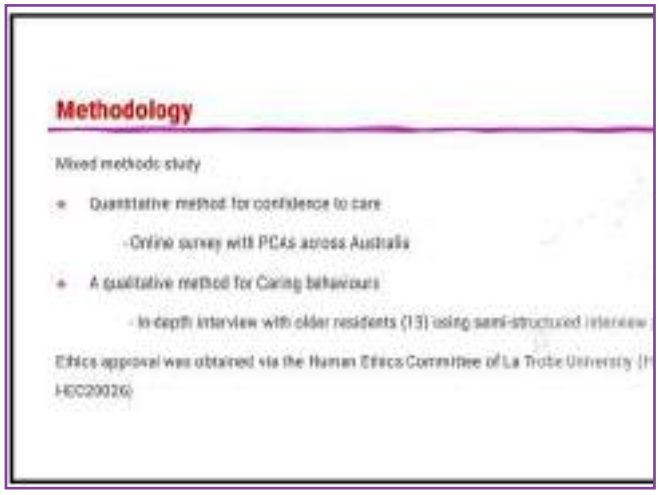
This list is not exhaustive and is provided to give a snapshot

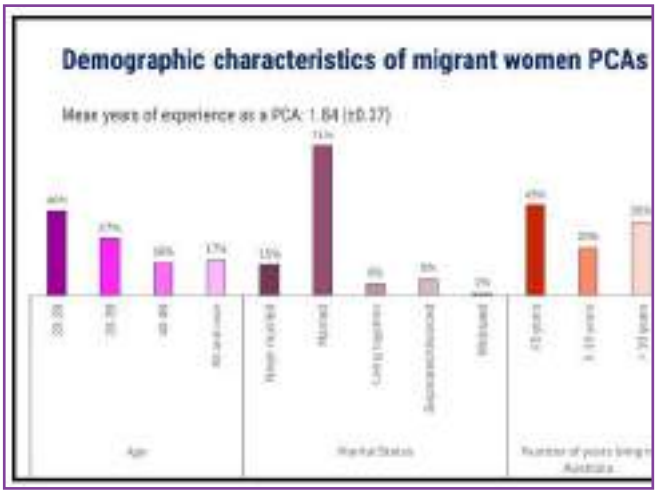
- Lack of information
- Cost of services and financial problems
- Stigma around mental health
- Competing priorities and time constraints
- Navigating the system
- Privacy and confidentiality
- Language and cultural barriers

thank you!

6. Presentation of Dr Sumina Shrestha







PCAs' characteristics based on Country of Birth

Migrant women PCAs from non-English-speaking countries:

- younger
- more likely to be married
- higher academic qualification
- less work experience
- higher job satisfaction
- less likely to continue work

Confidence in caring

- Caring confidence of migrant PCAs from non-English-speaking countries was lower than that of Australian-born PCAs
- PCAs' age, primary language spoken at home, and their experience of everyday discrimination had independent statistical associations with their confidence to care

"Sometimes, I, as a foreign worker, feel like native workers treated me as if I do not know much about my task. I have to do extremely hard work compared to natives to prove myself that I am good at it."

How caring behaviours are perceived by older reside

All residents were from English-speaking background, mostly born in Australia

1. Attending to individual needs

Patient and attentive in understanding residents' abilities and routines

About culturally diverse PCAs – more compassionate and interested to get to know them

*"New ones, the ones from other countries, **like to get to know you and know what you are doing and how you are doing it**, whereas ours (Australian-born) don't bother. In fact, I prefer the overseas ones." (F, 73)*

How caring behaviours are perceived by older residen

2. Respect in everyday care interactions

Feeling heard and respected as a key element of quality care

About culturally diverse PCAs – more willing to take the time to listen and engage

*"[A] yes, they **don't brush you off**." – (F, 99)*

Respect meant being given time, attention, and genuine engagement. Not being 'brushed off' reflects feeling valued as a person, not just treated as a task.

How caring behaviours are perceived by older residents

3. Practising knowledgeably and skilfully

Understood routines and care preferences

About culturally diverse PCAs – clear about their role and brought valuable life experience and strong motivation

*"I think they are **well-trained** and they know just what they are expected to do and what they have to do." (F, 99)*

I actually like the overseas [ones]. They also have more [life] experience than some of the Aussies... (M, 88)

How caring behaviours are perceived by older residents.

4. Respecting autonomy

PCAs supported their independence and respected their ability to make decisions

About culturally diverse PCAs – support decision-making in different ways

*I suppose **different carers are different**; they've got **different ways** [of supporting us make decisions]' (F, 99)*

"Maybe they do a little bit, but we are not familiar with their culture. So we are not going to condemn them for that." – (M, 86)

How caring behaviours are perceived by older residents...

5. Supporting spiritual or religious beliefs

Not a central part of daily care interactions, but respectful of their values and beliefs

About culturally diverse PCAs - learning about the cultural or religious backgrounds of their carers created connection but need support in understanding local traditions

> *"New carers and especially ones from somewhere else, not knowing Australian traditions or the British traditions, need special help." – (M, 87)*

> *"I think I had a Japanese carer tell me the other day she'd been to church in Brisbane on Christmas day." – (F, 73)*

Perceived challenges of being cared for by culturally diverse P

1. **Communication**

"Language is what troubles me sometimes because some of the people don't use straight out Australian language." (F, 91)

2. **Unfamiliarity with residents' traditions**

"Quite often, there's some that you just can't get on with because they think too much differently than you, I guess." (M,80)

Perceived challenges...

3. **Unfamiliarity with PCAs' foreign names**

"I **can't tell who is who**. *They do have name tags on, but the name tags are either turned over or something, and I'm trying to see, but that got turned over and off we go! I think they've been here so long now, I feel a bit silly asking what their names are." (F, 89)*

4. **Staff turnover - the good ones move on too quickly**

"We had a lot of people from Nepal, and they are good. . . We have carers from the Philippines, and yeah, they're all good. All the good [ones], they have a little bit of time here, and then **they disappear**." *(M, 85)*

Conclusion

Female migrant care workers felt less confident than Aussie-born counterparts

BUT **residents often valued and preferred their care.**

These carers were especially strong in:

❤ Emotional support 🤝 Kindness and attentiveness → Practical day-to-day care

What Does This Tell Us?

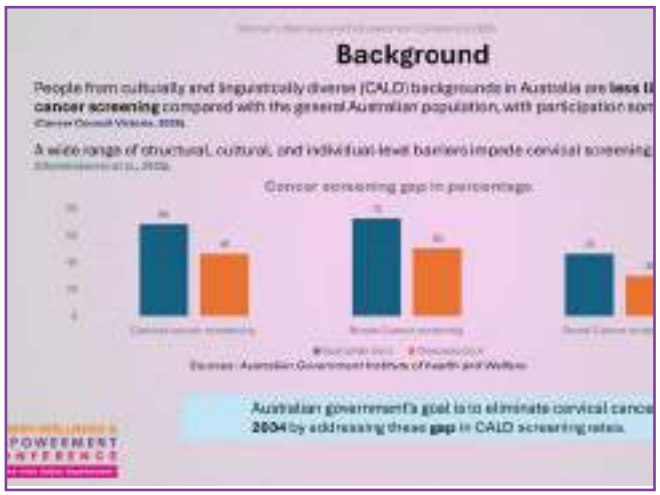
- Reminds us that **diversity in our aged care workforce is not something to worry about, appreciate and support.**
- Migrant care workers bring **compassion, dedication and strong caring values**
- Develop strategies to **support and retain multicultural women** in the aged care workfor

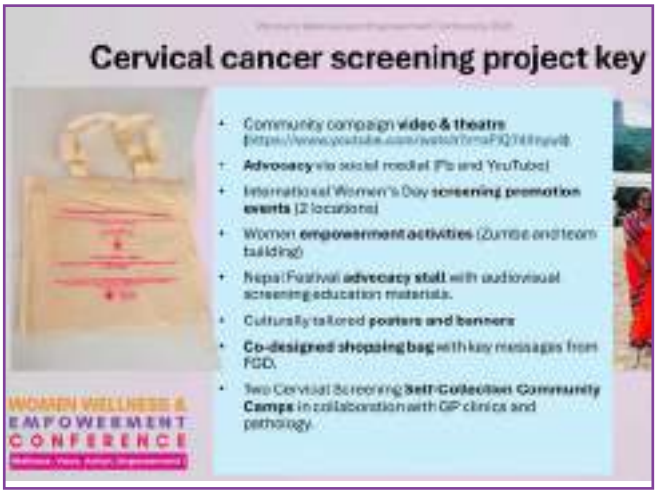
When we support multicultural female care workers in aged

strengthen the entire system of care for Australian ageing po

Thank You!

7. Presentation of Reeta Lamichhane Chaulagain



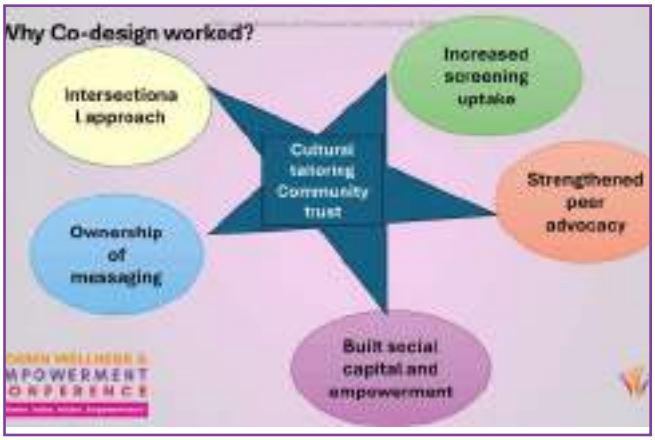



Project activities as a snapshot


Participation & reach
Participation
Over 1,000 women engaged through Nepal festivals
124 women completed pre- and post-session surveys
103 women attended self-collection screening camps following promotion sessions.
Knowledge Improvement
Correct knowledge of screening increased from 52% to 87%.
Understanding of 5-year screening interval improved significantly.
Improved awareness and confidence to undergo screen.


Key findings and major observations
2 Health System Gap
- GPs rarely initiated screening discussions
- Visa and Medicare barriers limited access
- Ethical tension: awareness without guaranteed access
3 Community Attitud Shift
- Increased confidence and intention to screen
- Peer advocacy emerge
- Women became healt ambassadors


Strengths & Limitations
2 Limitations:
Unique professional skill set among volunteers
Primarily female volunteer perspective
May not be generalisable to all CALD community groups

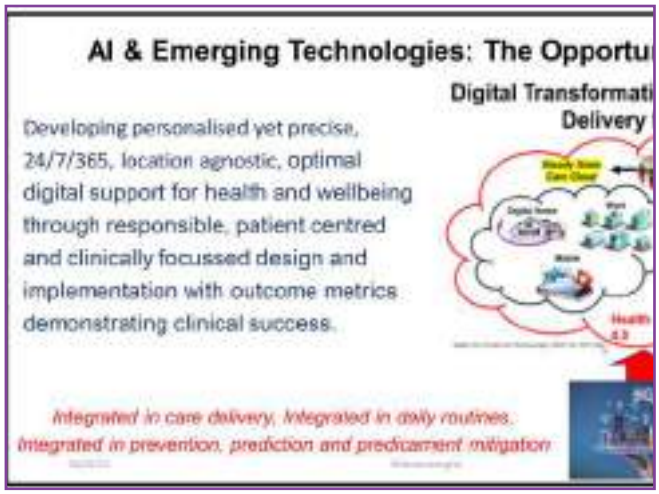

Why Co-design worked?
Intersectiona l approach
Increased screening uptake
Cultural tailoring Community trust
Strengthened peer advocacy
Ownership of messaging
Built social capital and empowerment

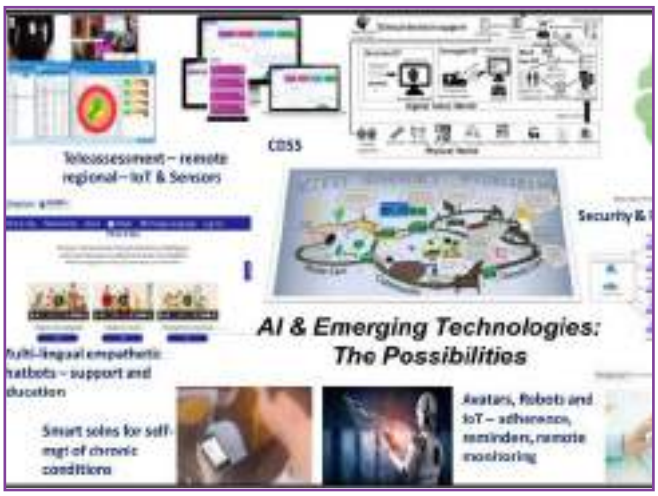

Partnerships & Future Directions
Key partnerships during the campaign
Australian Multicultural Health Collaborative
GP clinic
VCS Pathology
Community organisations & volunteers
Recommendations
Continue culturally tailored screening programs
Expand self-collection community camps
Invest in bilingual workforce training
Secure regular funding for sustained impact


Campaign resources cont ...

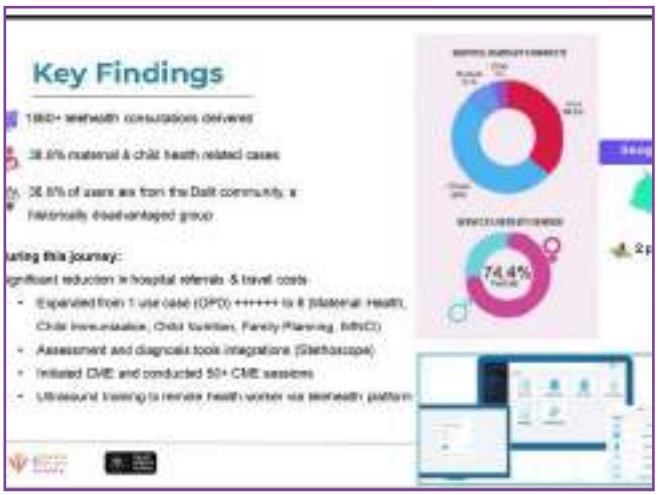

Together, we can ensure equitable, culturally safe access to healthcare services for all multicultural community, especially women.
Thank you
Any Questions?

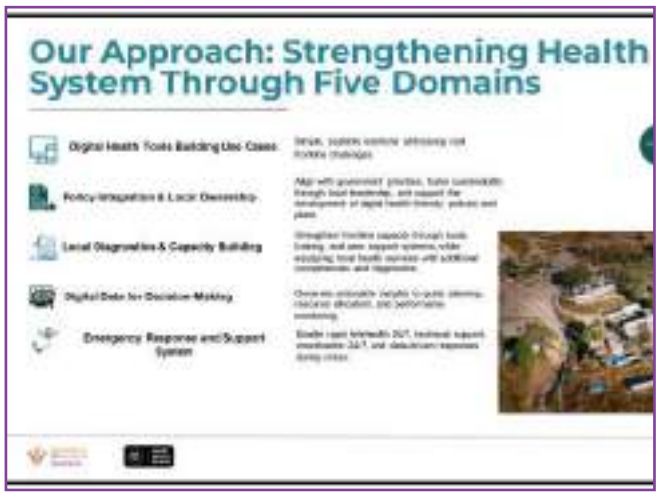
8. Presentation of Prof Nilmini Wickramasinghe





9. Presentation of Manoj Khadka


Key Findings
74.4%


Our Approach: Strengthening Health System Through Five Domains
Digital Health Tools Building Use Cases
Policy Integration & Local Ownership
Local Diagnostics & Capacity Building
Digital Data for Decision-Making
Emergency Response and Support System

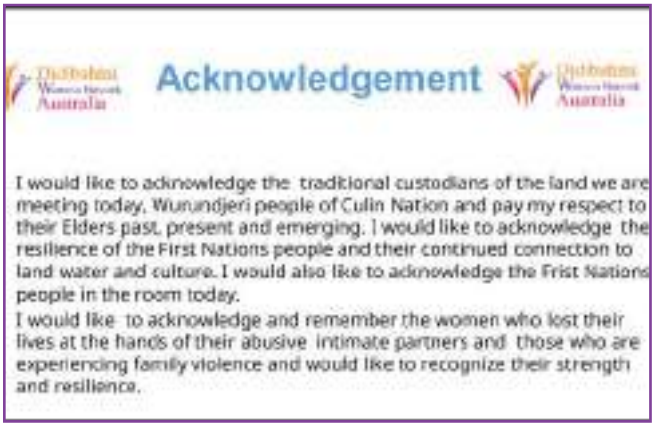

Case Narratives (Human Impact)
Case 1: Maternal Health – A mother in a remote village accessing safe pregnancy care
Case 2: Frontline Worker Empowerment – Health worker using digital tools for diagnosis & decision-mak
Case 3: Local Governance – Municipality adopting digital health strategy as official policy
Dr. Sourabh Tiwari, MDDS

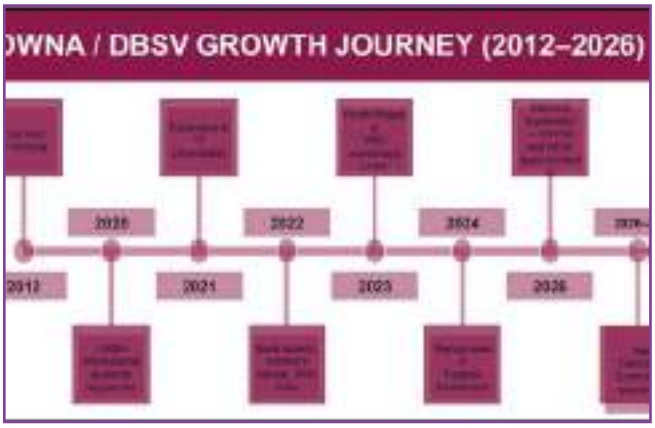

Case Narratives (Human Impact)
Tara Shahi | Gr. AHW | Bajura Health Post


Conclusion
Rural women do not lack strength.
They lack proximity, access, and systemic support.
When digital health is locally led, human-centered, and embedded within primary care, it does more than deliver services — it shifts power.
It transforms healthcare from a distant institution into a trusted, accessible partner in women's lives.
That is how digital health becomes a platform for women's empowerment.


THANK YOU

10. Presentation of Shova Lamsal





Where are we now?

Our Own Office
DWNA now operates from a dedicated office space — a significant milestone in our organisational growth and permanence.

Federal Parliament Recognition
Recognised in Federal Parliament by Peter Khalil MP for our outstanding contribution to multicultural communities.

University Collaborations
Active collaboration with 3 universities, strengthening our research, innovation, and community engagement capacity.

Media — Beyond Hap
Media presence through Boy Happiness, amplifying our st reaching wider audiences.

Coordinating Units
Established coordinating unit strengthen internal governan community outreach.

Now We Are DWNA
Proudly operating as Diaspor Network Australia — an evol that reflects our vision, value growing impact.

Leadership expansion

New women leadership in each unit committee coordinating meaningful cultural celebration, collaboration with with local governments, strengthening social connection

Various support and activity group in local government areas led by locals in specific issues to create meaningful impact for local communities

Range of capacity building trainings like public speaking, confidence building, developing and promoting women entrepreneurship and financial independence

Programs in promoting h through cooking and skil training like, photography hairdressing, digital liter safety

Leadership development in T across Melbourne and Regi Recently, a new team has be NSW which is a significant s for DWNA

Digital Challenges

Lack of Standardised Systems
Records stored in multiple formats(paper, Whatsapps, Excel and emails),no centralised database, duplicate and incomplete records, no naming conventions or files .All these hinder efficiency and evidence of work and impacts in the community

Funding Constraints
As a small community organisation, challenges include limited or no IT su limited or no budget to pay for softwa reliance on the free tools which reduc security and scalability. Grant reportin requires detailed data tracking that cu systems cannot easily provide.

Volunteer Turnover
Given that DWNA is operated by volunteers when key volunteers leave passwords may not be transferred, knowledge of systems is lost, files may remain on personal device which disrupts continuity and accountability.

Compliance & Reporting Challenges
Grant providers and government agencies often require accurate attendance record, financial documentation and impact measurement data and due to not having organised digital systems, reporting is stressful and time -consuming for DWNA

FUTURE PRIORITIES (2026–2028)

- Expand family violence prevention programs
- Grow health(physical and mental) and wellbeing initiatives
- Expand women & youth leadership
- Establish DWNA nationally
- Stronger governance
- Standardised database through improved digital education
- Sustainability of DWNA through funding partnership and collabo

11. Conference Convenors and Committee Members

DR JAMUNA PARAJULI
Lead Convenor

Dr Jamuna Parajuli is a refugee health expert, public health researcher, and published author with over 20 years' experience advancing equity in women's and refugee health. She holds a PhD in Refugee Women's Health, grounded intersectional, gender-responsive, rights-based frameworks aligned with global priorities. Her research informs policy across cancer screening, mental health, and gender-based violence prevention. Founding President of Didibahini Women's Network Australia, she translates research into action, champions women's leadership, and has received Multicultural Excellence and Honouring Women Awards.

DR JHARANA BHATTARAI
Convenor

Dr Jharana is a research-focused social scientist and academic in Human Service Management, specialising in interdisciplinary studies of complex social and policy challenges. She combines rigorous research design and publication experience and practical application to advance understanding of diverse communities. Passionate about ethical, high-impact research, Jharana has extensive experience in developing AI-driven educational content and assessments to help university students develop critical skills for the modern world. Since 2016, she had been an integral part of the DWNA, contributing her passion and expertise to the organisation.

DR BRINDA SHRESTHA
Secretary

Dr Brinda Shrestha is a senior Project and Program Delivery Leader with over 20 years of experience delivering complex digital, lending, and remediation programs within the Banking sector. She holds a Doctorate in Project Leadership, bringing a strategic, evidence-based approach to governance and delivery. Since 2023, Brinda has volunteered with DWNA and currently serves as Secretary on the DWNA Executive Committee (2026–2028). She is deeply committed to women's empowerment, inclusive leadership, and building capability for sustainable impact.

ROSHANI SHRESTHA
Committee Member

Roshani Shrestha is a dedicated community leader, women's rights advocate, and social development practitioner based in Victoria, Australia. She is the Founding President of Didibahini Women's Network Australia and has served over a decade with Didi Bahini Samaj Victoria, empowering Nepali women through ledadership and wellbeing programs. She has led initiatives including ''Now I Rise'' retreats, ''Screening Saves Life'' campaigns, COVID-19 student relief, and ''Week Without Violence'' walks. Passionate about multicultural communities, she promotes domestic violence prevention, women's health, social justice, and inspires lasting change.

SHOVA LAMSAL
Committee Member

Shova Lamsal is Vice-President of Didibahini Women's Network Australia (DWNA) and has volunteered with the organisation since 2017. She completed a Master of Social Work at Monash University in 2016. Shova works in specialist family violence and child wellbeing sectors as a Practice and Team Leader, providing guidance to promote safety for women, children, and families affected by violence, abuse, neglect, and trauma. She also supervises students and practitioners, supports self-care, and values collaboration to empower communities through targeted programs and holistic community-based interventions nationwide.

REETA LAMICHHANE
Committee Member

Reeta Lamichhane Chaulagain is a Research Nurse Manager at the University of Melbourne with experience in research, clinical practice, and public health across Nepal and Australia. She leads antimicrobial research improving infection prevention. Reeta holds a Master of Public Health in Epidemiology and Biostatistics from Curtin University on an Awards Scholarship and a Master of Nursing Science from the University of Melbourne. A PhD candidate, she has been active with DWNA since 2020, serving as executive member since 2023, contributing to grants, planning, and programs.

DR SUMINA SHRESTHA
Committee Member

Dr Sumina Shrestha is a public health academic specialising in institutional and community-based ageing and palliative care. She completed her PhD at la Trobe University and has over a decade of experience in research, teaching, and program implementation. As a Research Fellow at La Trobe's Public Health Palliative Care Unit, she leads the Healthy End of Life Planning Program, coordinating national social-prescribing and literacy projects. Her research examines aged-care workforce self-efficacy, resident's care experiences, and supports adults and carers navigating multimorbidity, dying, and bereavement together.

DR SANJANA SHRESTHA

Committee Member

A strategic leader and facilitator with over 20 years' experience, I work at the intersection of gender, inclusion, and community wellbeing across Nepal and South Asia. My work centres on enabling women and communities to shape decisions affecting their lives. As Executive Director of READ Global (USA), I lead initiatives in Nepal, India, and Bhutan, strengthening community-owned learning spaces. I hold a PhD from The University of Queensland, researching power and participation. Committed to bridging research and practice, I design facilitation-led, inclusive approaches supporting women's leadership, dignity, and sustainable social change.

DR SUSAN PAUDEL

Committee Member

Dr Susan Paudel is a Postdoctoral Research Fellow in Paediatrics at the University of Melbourne. Her research examines how physical activity and screen time influence long-term health and support active lifestyles. She completed a PhD in Epidemiology at Monash University and Undertook postdoctoral training at the University of Sydney and Deakin University. Dr Paudel holds public health qualifications from Nepal and a Master's in Health Promotion from Curtin University. Her work partners with culturally diverse adolescents and families to co-design responsive programs promoting activity, equity, and lifelong wellbeing.

ASHMA CHALISE

Committee Member

Ashma Chalise is a dedicated Executive Member of DWNA and a respected community leader based in Melbourne. Known for her strong organisational skills, warm presence, and commitment to service, Ashma plays an active role in advancing DWNA's mission of unity, empowerment, and wellbeing within the community. Witha professional background in Software Engineering and experience in large-scale system delivery projects, she brings strategic thinking and structured leadership into her community work. She currently serves as VIC State Manager at Eve Zone, supporting businesses across hospitality, medical, and cleaning sectors while fostering meaningful community partnerships. As Master of Ceremonies for the DWNA Wellness Conference, Ashma brings energy, grace, and professionalism to the stage.

SALIL DHUNGEL

IT & Media Coordinator

Salil is serving as the IT and Media Coordinator for the DWNA. He has a professional bacakground in digital marketing, media, and technology, with experience working across Nepal and Australia in areas including digital strategy, community initiatives, and media promotion. Throughout his career, he has contributed to building digital platforms, developing marketing strategies, and supporting organisations in strengthening their online presence and community engagement. He is passionate about leveraging technology, media, and storytelling to create meaningful social impact and empower communities.

12. Volunteer List

- Geeta Chhetri
- Durga Parajuli
- Ruchee Gautam
- Satshu Gaire
- Anjana Nepal
- Asmita Nepal
- Nirmala Acharya
- Mayush
- Anju Adhikari
- Barsha Panta
- Bijan Panta
- Reeya panta
- Jeeban Panta
- Smriti Ghimire
- Kritika Poudel
- Nunzia
- Ashma Chalise
- Nishan Adhikari















WOMEN WELLNESS & EMPOWERMENT CONFERENCE

Wellness. Voice. Action. Empowerment !

Didibahini
Women's Network
Australia