



Australian Government
Australian Institute of Family Studies

Empowering migrant and refugee women

Supporting and empowering women
beyond five-year post-settlement

De Maio, J., Silbert, M., Stathopoulos, M., Rioseco, P., Jenkinson, R. and Edwards, B.





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Report prepared by the Australian Institute of Family Studies for the Department of Social Services

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Views expressed in this publication are those of the individual authors and may not reflect those of the Australian Government or the Australian Institute of Family Studies.

Executive summary

This report presents findings from the Empowering Migrant and Refugee Women study, undertaken by the Australian Institute of Family Studies. This study was commissioned by the Department of Social Services (DSS) to build evidence on practical strategies that could empower migrant and refugee women in the areas of women's safety; economic and social participation; leadership opportunities; and to foster their role in promoting community cohesion.

This report explores various aspects of service delivery to migrant women who have been living in Australia for at least five years. It documents the nature and types of service available, and identifies best practice principles and key service gaps in service delivery for migrant and refugee women. This report also outlines key priorities for addressing these service gaps.

Aims and focus of the research

The study focused on two specific cohorts of migrant women who have been in Australia for more than five years. One cohort is former Humanitarian Programme entrants including Woman at Risk visa holders and the other cohort is women who entered Australia on family visas.

The project had the following key aims:

- Improve understanding of the current state of migrant women's economic and social participation.
- Document the nature and types of services available to these two cohorts of migrant women.
- Assess the extent to which these services/programs are evidence-based or display promising practices.
- Identify best practice and service gaps in relation to services and programs provided to Humanitarian Programme migrants or family stream migrants who have been in Australia for five years or more.
- Provide recommendations on key priorities for government to undertake in filling these gaps.

Research design

The study comprised two distinct components:

- to improve understanding of migrant women's economic and social participation, which involved secondary analyses of two key datasets: 1) the Australian Census and Migrants Integrated Dataset (ACMID; 2011 Census); and 2) the Building a New Life in Australia (BNLA) dataset; and
- to identify good practice and key gaps in service and program delivery, primary data was collected via: 1) stakeholder consultations (and an Expert Reference Group); 2) an online quantitative survey ($n = 129$); and 3) semi-structured qualitative interviews ($n = 13$), with service providers delivering programs and services to migrant and refugee women.

The findings in this report are based on the perspectives of service providers who were asked to reflect on their professional practices and service delivery in the online survey or qualitative interview. Speaking to migrant women themselves about their issues with service delivery access would be a useful future direction to complement this research and further enhance understanding of the service sector.

Key findings

Migrant women's characteristics and economic and social participation

Secondary data analyses of migrant and refugee women who had been in Australia between five and ten years (at 2011) was undertaken to explore characteristics of women according to visa type, and to compare these women's characteristics to those of Australian-born women. Even among migrant women who had arrived on humanitarian or family visas there was considerable diversity. However, on average, the migrant women who had arrived on humanitarian visas and had been in Australia between five and ten years, had relatively low levels of English language proficiency and relatively low levels of educational attainment compared to those arriving on family visas. Women who had arrived on humanitarian visas also had the lowest levels of engagement in employment. Levels of English language proficiency and employment participation were higher for those who had been in Australia longer. A significant number of all the migrant and refugee women included in the analyses were not proficient in English after ten years in Australia, particularly among those who arrived on humanitarian visas. Likewise, employment rates remained low for some groups of migrant women relative to Australian-born women, even after ten years in Australia.

Barriers to employment include poor English language proficiency and low education levels, and this was especially so for humanitarian visa holders. The analyses highlight the importance of the uptake of English classes and other forms of education after arrival to help migrant women engage in employment.

The landscape: program and service delivery for migrant and refugee women

Insights gained through the online survey and qualitative interviews highlighted the complexities of service delivery to migrant and refugee women. Clients accessing these services were reported to be facing many challenges, particularly in regard to English language proficiency and lower education levels compared to the Australian-born women. Therefore, a key challenge in providing services to migrant women was the need to accommodate the diverse language needs of these clients through the availability of information in other languages and bilingual workers. Survey participants told us these aspects of service delivery could sometimes be a particular challenge for mainstream service providers.

Survey participants identified a range of barriers that could hinder the uptake of services by migrant women. These barriers include language barriers; family responsibilities and gender roles of migrant and refugee women; the location of services and transport issues; and inflexible service delivery approaches. Lack of awareness of available services and/or confidence in knowing how to access these services was also identified as a barrier. More generally, participants noted the transition from specialist services to mainstream services could prove challenging for migrant and refugee women, due to the diluted level of language and culturally appropriate responses provided by mainstream services. Furthermore, many people do not take up services and rely on other informal support networks (e.g., family support networks and friends).

The study revealed a wide variety of program and service types being delivered to migrant women. Most service providers reported that their organisations delivered multiple services to their client group rather than just one dedicated program or service. In terms of how clients were referred to services, service providers reported that clients often directly approached services, without referrals. In some cases, informal referral pathways were also used such as hearing about services from community and family members. Otherwise, formal pathways included referrals from other mainstream services or service providers, and referrals from government.

Evidence-based service delivery and program evaluation

A key aim of the study was to assess the extent to which services and programs were evidence-based. Most survey participants reported that evidence-based practices were a feature of the programs and services delivered to migrant and refugee women. For example, a little over one half of participants reported their service or program was based on an already existing

evidence-based program. The majority (around two thirds) reported that aspects of their service, such as program aims and objectives, were documented and readily available to other service providers. A little over three quarters of participants reported that at least one type of evaluation of their program or service had been undertaken to measure impact and client outcomes.

Best-practice principles in service delivery for migrant women and their families

The project aimed to identify best practice in service delivery to migrant women. Five key principles were identified by service providers as being important in supporting migrant women and enhancing service delivery to the cohort.

- Service providers highlighted the need to deliver services in a **gender responsive and culturally appropriate** manner. While it may seem obvious, it is clearly a central aspect of delivering best practice to migrant and refugee women.
- **Culturally competent delivery** was also identified as being critical for both engaging clients and maintaining ongoing relationships with their client base. A culturally diverse and bilingual workforce (including the employment of migrant and refugee women themselves) was identified as a key aspect of best practice.
- Survey participants nominated **collaboration** with other **settlement and mainstream service providers** as an important mechanism for empowering and supporting migrant women, offering referral opportunities that would not be possible otherwise and ensuring holistic service responses. Collaboration with mainstream services was also vital where migrant women services did not have expertise in a particular area, for example partnering with specialised family violence services.
- Fostering **collaborative relationships** with **migrant and refugee community leaders** was also critical as these relationships helped services better understand the needs and experiences of their clients and also served an important purpose in promoting service visibility.
- A **strengths-based approach to service delivery** harnessed the positives and strengths that migrant women and refugees possess and was another key avenue to empowering these women.

Key gaps in service and program delivery and key priorities to fill these service gaps

An important focus of the study was to explore issues around service gaps and key priorities in the provision of services to migrant women. Five service gaps were identified by service providers, and some priorities were identified to help address each of these gaps.

1. **Delivery of services in a gender sensitive and responsive way:** Many survey participants noted that cultural norms and gender roles could hinder the uptake of services. Effective service delivery also needs to be attuned to the added family and caring obligations that migrant women were often responsible for. Flexibility in service access, eligibility and delivery options was seen to be an important mechanism to address these issues.

The service providers gave the example of migrant and refugee women experiencing competing tensions between their need to learn English and secure employment and their need to care for family and children. Clients may then commence English classes and seek employment later, after their family is more settled in Australia. These results highlight the importance of flexible program designs that recognise that clients' needs can vary over time. Along with identifying client needs at intake, **regular and ongoing needs assessments** could therefore help support effective service delivery to migrant women.

Priorities

The design and delivery of services and programs are provided in a gender responsive way, being mindful of particular gender issues within the cultural context.

While eligible Adult Migrant English Program (AMEP) clients can apply for an extension to the five year time limit to commence classes, consideration should be given to making English language classes via AMEP available after five years of settlement to migrant and refugee women with caring responsibilities.

This specific recommendation refers to the broader finding that effective service and program delivery requires an understanding of the potential challenges for migrant women in relation to employment and education, given competing priorities of family and child care responsibilities.¹

Programs that recognise that clients' needs vary at different points in the settlement journey and "one size does not fit all". Identifying client needs at intake and regular and ongoing needs assessments can promote effective service delivery by ensuring that programs and services support clients as their needs evolve over time

- 2. Cultural competency and mainstream service delivery:** Our participants suggested that there was great variation in service providers' ability to deliver services in a culturally and linguistically appropriate manner within mainstream services. Study participants reported that mainstream service providers may sometimes lack the cultural competency required to provide appropriate support to migrant and refugee women. They may also lack knowledge of cultural and religious differences, which may hinder their ability to provide effective services. The service providers emphasised the importance of training and support for mainstream services to enhance understanding of cultural practices within different ethnic groups, which could then be reflected in their program and service delivery.

Priorities

An increased focus for mainstream service providers on the importance of culturally and linguistically appropriate delivery of services for this client group. This will help to ensure that the needs of refugee and migrant women are supported and achieved.

Training and other supports for mainstream programs and services to further enhance culturally and linguistically appropriate service delivery.

- 3. Greater visibility and promotion of service accessibility:** Barriers to service access were identified as a much greater challenge than the availability of services. While many services provided materials and promotion in languages other than English, language barriers were reported by participants to be the most significant barrier hindering migrant women from accessing appropriate services. Study participants reported that up-skilling former clients and volunteers so that they can assist in the delivery of services is one approach to help address language barriers and culturally competent service delivery. The promotion of services to client groups was seen as important to ensuring that migrant women could access the services they require to support their needs. An offering of outreach services was identified by participants as one way to help promote greater levels of service accessibility to migrant women. This would need adequate resourcing.

Priorities

Priority needs to be given to promoting the visibility and accessibility of existing services to key client groups.

Programs and services are supported to up-skill former clients and volunteers from a refugee and migrant background to assist in the delivery of services. This can help to address language barriers and promote service accessibility.

Programs and services are supported to offer flexible services such as outreach and home visits to help promote accessibility of services to migrant and refugee women.

There is a need for the delivery of program and service promotion in languages other than English to ensure clients are matched to appropriate services and client needs are understood.

¹ At the time of writing, participants in AMEP must commence their tuition within 12 months of visa commencement or arrival in Australia and complete their tuition within five years. See <www.education.gov.au/adult-migrant-english-program-0>.

4. **Transition to mainstream services and the move towards mainstream service delivery in large hubs:** The challenges and issues with the transition to mainstream service delivery for migrant and refugee women are those related to gender and culture, as well as the other factors discussed above. The way these services are accessed can be a challenge, with mainstream services increasingly delivered through service delivery hubs, which involves a central intake point that then links or refers clients to other services. While survey participants acknowledged service delivery hubs as an important model, some concerns were raised that this approach had the potential to dilute the cultural and linguistic capacity and flexibility required to provide services and support the needs of migrant and refugee women. Some suggested the move towards more centralised service delivery could also create anxiety and uncertainty for those migrants who lack English language proficiency when they are asked to undertake intake and assessment procedures over the telephone.

Priorities

Further research is needed to explore how best to support migrant and refugee women as they transition from specialist services to mainstream services.

Consideration should be given to providing funding for community and grassroots services to partner with mainstream services to ensure post-settlement needs for migrant women are met.

The provision of funding to ensure migrant and refugee specialists are part of service delivery hubs should be explored.

5. **Funding for post-settlement services and reporting requirements:** A lack of dedicated funding towards support services for migrant and refugee women in the post-settlement period (that is beyond five years after arrival) was identified as a service gap by the service providers participating in the research. Some service providers noted that they provide support to refugee and migrant women across the settlement spectrum, from new arrivals through to women who have been settled in Australia for up to 20 years. However, there is little to no dedicated funding for targeted services beyond the initial five-year settlement period.

Service providers also reported that existing funding arrangements make it necessary for their organisations to undertake several small grant applications and secure funding from a diverse range of sources in order to maintain their presence in the service landscape and deliver services to their client group. Service providers told us that securing funding for their programs and services via these mechanisms often involved additional reporting and evaluation of outcomes and these requirements divert resources from actual service delivery. To balance the need between reporting requirements and efficient service delivery, further consideration could be given to whether information provided through other reporting mechanisms could streamline reporting requirements for service providers working in this space.

Priorities

Explore options to streamline funding sources and reduce red tape to maximise efficient delivery of services and minimise administrative tasks.

Undertake more focused research to better understand how funding arrangements and the provision of services in the post-settlement period (five years after arrival) can best support migrant and refugee women.

1

Introduction

The Empowering Migrant and Refugee Women project was undertaken for the Australian Multicultural Council (AMC) to inform their advice to government on practical strategies to empower migrant and refugee women.

This research focuses on two specific cohorts of particularly vulnerable migrant women who have completed their involvement with Settlement Services and have been in Australia for more than five years. These are former Humanitarian Programme entrants (including Woman at Risk visa holders) and former family stream migrants. See Box 1.1 for more information about these groups. Thinking specifically about these groups, the project had the following aims:

- Understand the current state of migrant women's economic and social participation.
- Document the nature and types of services available to these migrant women.
- Assess the extent to which services/programs are evidence-based or display promising practices.
- Identify best practice and service gaps in relation to services and programs that are funded by the Commonwealth government and provided to these migrant women.

The post-Settlement Services phase is an important time for these women and their families as they negotiate new challenges moving into mainstream services, and continue to build their lives in Australia. Understanding the current state of migrant women's economic and social participation is critical to identifying areas of need for this population.

Some of the challenges faced by migrant women in participating economically and socially in their community are common to those of other Australian women. Barriers to active participation for all women as well as men can include those related to English language proficiency or literacy, having a low level of educational attainment and having mental health or physical health limitations. For migrants these challenges may be more pronounced, with them also having a lack of familiarity with the way the legal system, services, public transport, jobs and training work in Australia. Their experience of these things may have been markedly different, perhaps not existing at all, in their home country. Pre-migration experiences of trauma and violence and existing levels of financial hardship and housing insecurity may add further layers to the challenges faced by some migrant and refugee women, even beyond the initial five years of settlement in Australia. For women also, the caring role associated with family responsibilities is likely to be a priority, perhaps affecting the way they are able to participate socially and economically outside their family. This is of course true for other Australian women but migrant and refugee women (and their families) may have particular cultural beliefs that impact on the roles and responsibilities women feel they should take on inside and outside the home.

This report examines how migrant and refugee women compare to Australian-born women, based on secondary analysis of Australian datasets, with a focus on those factors relevant to economic participation. While social participation is also vital, we are not able to measure this using our key data source, the Australian census.

Understanding how government can help support migrant and refugee women in the community is a significant focus of this research. Broadly, we know that many of the services offered to refugee and migrant women aim to equip them to participate in work or study, and to help link them to others in the community. Most importantly, some address English language proficiency, and are especially targeted at refugees and migrants arriving from non-English speaking

countries. Some specific services help migrant women with interpreting and translating needs, difficulties at home, access to housing, counselling, antenatal care, overcoming social isolation by connecting families with more established communities and community engagement opportunities more broadly.

Mainstream service providers also provide some services including housing programs, employment services, legal services, domestic and violence support and support services related to alcohol and other drug use. It is important to recognise, also, that family and friends and the wider community can be an important source of support to migrant women, as to all Australians. Facilitating or strengthening community connections can be an important means of helping address the needs of migrant women in situations that do not require the input of formal services. Such networks may be particularly important for those who are reluctant to use formal services, given past experiences or cultural sensitivities.

The broad research question that was considered in this research was what practical strategies should the government consider to empower migrant and refugee women and that advance and improve migrant and refugee women's safety; economic and social participation; leadership opportunities; and their role in promoting community cohesion? As highlighted in the aims listed above, this research aims to document what services are available, explore to what extent services and programs are evidence-based or display promising practices, and identify some best practice principles and some gaps in service delivery. Specifically, we summarise the findings by answering the following questions.

- What are five good practice principles in service delivery to migrant and refugee women?
- What are five key gaps in service and/or program delivery?
- What are five key priorities for the government to undertake in filling these gaps?

To answer the above questions, we refer to insights from service providers delivering services to migrant and refugee women. The data were sourced from an online survey and from qualitative interviews with service providers in mainstream as well as targeted refugee services. The scope of this research did not extend to capturing the migrant women's perspectives on these issues, and clearly this would be of great interest as an extension to this research. In interpreting the findings based on the reports of service providers, we are also mindful of existing research that is based on those using or requiring services.

We will see that a number of the best-practice principles, key gaps in service and or/program delivery, and key priorities identified through this research are ones that could apply to the delivery of services to different cohorts, not just migrant and refugee women. That does not reduce their relevance to this group, of course. Further, there are some findings from this research that do relate quite specifically to this cohort of women, with some directly relevant to those in the post-settlement period. For migrant women approaching five years after arrival, we also know the service delivery options available to them are changing as they transition to mainstream services. As we discuss later in this report, this transition can be associated with some challenges around culturally and linguistically appropriate service delivery.

The report is structured as follows:

- Section 2 describes an overview of the methodology and research framework underpinning the study and participant recruitment strategies.
- Section 3 explores economic and social participation outcomes for migrant and refugee women and identifies factors associated with employment for recently arrived humanitarian programme migrants.
- Section 4 highlights important findings from the analysis of qualitative and quantitative data collected from service providers delivering services and programs to this cohort.
- Section 5 describes key service gaps and priorities for filling these gaps.
- Section 6 concludes and summarises the key implications for good practice principles in service delivery and key gaps in service and program delivery for prioritisation. Practice implications for organisations delivering services to migrant and refugee women are also outlined.

Box 1.1: Australia's migration programme: Humanitarian programme entrants and family stream migrants

Australia's immigration programme has two components:²

- Humanitarian programme for refugees and others in refugee-like situations; and
- migration programme for skilled and family migrants.

Each component is briefly described here. Further information on Australia's migration programme can be found at the Department of Immigration and Border Protection's website.

The humanitarian programme offers protection for people through Australia's "offshore" and "onshore" resettlement stream. The offshore stream includes two categories of visa for people who are outside of Australia at the time of applying for a visa (visa sub-classes 200, 201, 202, 203 and 204). The onshore stream (866 visa sub-classes covers individuals who arrive in Australia before applying for a humanitarian visa.

In this report, in some cases, analysis results are presented separately for Woman at Risk visa holders (visa sub-class 204). The 204 visa sub-class is for humanitarian programme applicants who live outside of their home country, do not have the protection of a male relative and are in danger of victimisation, harassment or serious abuse because of their gender.³

Family stream migrants are selected based on their family relationship with a sponsor in Australia. There are no skills or language ability tests for these migrants; however, all family stream visa applicants must be sponsored by a close family relative, a partner or a fiancé/ fiancée (depending on the visa type applied for). The family stream migration programme has four main categories: partner, child, parent, or other family visa.⁴

² <www.border.gov.au/about/corporate/information/fact-sheets/60refugee>

³ <www.border.gov.au/Trav/Visa-1/204->>

⁴ <www.border.gov.au/about/corporate/information/fact-sheets/29overview-family>

2

Research design and methodology

2.1 Project purpose and background

The project used a mixed-method approach to investigate the experiences of service providers delivering services to migrant and refugee women. The project was conducted over a six-month period (May through November 2016), comprising:

- secondary analyses of available data; and
- primary data collection from service providers and analyses of those data.

These two major components are described in the sections below. To help inform the primary data collection instruments and enhance the research team's understanding of the service delivery landscape, initial consultations with key stakeholders working in migrant and refugee women's services were undertaken in the initial phase of the project. Following these consultations, an Expert Reference Group was formed consisting of seven members from government, universities and service providers. Members of this group informed the research approach and survey content development. Further information on the project's planning, governance and ethics clearance is detailed in Appendix A (page 64).

2.2 Secondary data analysis: Migrant women's economic participation

Understanding the current state of migrant women's economic participation is critical to identifying service gaps and areas of best practice in the post-settlement service system. Analysis of the Australian Census and Migrants Integrated Dataset (ACMID) and Building a New Life in Australia (BNLA) datasets was undertaken to identify areas where migrant women trail the wider population in economic participation and in factors that are linked to employment. This research contributes statistical evidence that helps to provide an understanding of the areas of need for this population. Analysis of key economic, education and language proficiency outcomes for humanitarian programme and family stream migrant women was undertaken using these datasets. The datasets and results from these analyses are described in Section 3 (page 7).

2.3 Primary data collection from service providers

2.3.1 Online survey

One of the primary data collections undertaken for this project was an online survey of service providers, with questions developed to gain insights on the types of services offered to migrant and refugee women who have been in Australia at least five years, and to capture views of challenges, best practice principles and other aspects of this service delivery.

The online survey was primarily quantitative (being largely closed questions) with some open questions seeking text responses. The survey took around 15–20 minutes to complete, was

administered during August and September 2016, and was open to participants for around five weeks.⁵ The online survey data were collected using LimeSurvey software.

AIFS developed participant recruitment materials including an invitation to participate, an information sheet that explained the study background, the voluntary nature of the research, the purpose of the research and a link to participate in the online survey. The participant recruitment material and data collection instruments were granted ethical clearance through the AIFS Ethics Committee. These materials, as well as a copy of the final survey, are available in Appendix B (page 65).

Participant recruitment was undertaken via a “snowballing” sampling methodology, whereby appropriate service providers delivering services and programs to Humanitarian Programme and family migrants who had been in Australia for at least five years were identified through relevant DSS networks and approached via email to participate in the survey.⁶ Information about the project, including a link to the survey, was promoted in the Settlement Council of Australia (SCoA) newsletter, Settlement and Multicultural e-News, and AIFS and Child Family Community Australia (CFCA) newsletters.

In total, 129 participants were surveyed.⁷ Participants were recruited from a range of services and programs, with the most common service types of participants including accredited language classes (17%), family and domestic violence services (12%), and parent support and education (8%). These services covered ones targeted specifically at migrants or refugees, as well as mainstream services whose clients included migrant and refugee women. Of those service delivery providers who responded to the relevant survey item, roughly equal proportions identified as being from a migrant or refugee background (48%) as not (52%). Table C.1 (page 78) in Appendix C provides further information about the characteristics of the responding sample.

After the survey was closed to participants, the data was exported for analysis from LimeSurvey to Stata 14.2, a statistical software package. Descriptive analysis techniques were used to describe the results of the survey. Open-text fields were also examined and analysed for key themes. When reporting on these open-text fields in this report, a reference is included that notes the type of service that the respondent was employed in.

Qualitative in-depth interviews

Recruitment for more in-depth qualitative interviews was undertaken by drawing on researchers’ networks, recommendations from the Expert Reference Group and respondents who completed the online survey and indicated that they were happy to be invited to participate in a follow-up interview. Analysis of the survey data was undertaken to assist with participant recruitment and ensure that insights were gained from a mix of different service types and locations throughout Australia.

The semi-structured qualitative interviews were conducted between 6 September and 11 October 2016 with 13 participants (from 10 organisations) delivering services and programs to migrant and refugee women or from an organisation having an advocacy role on behalf of migrant and refugee women. Their organisations provided a range of programs and services, and had a mix of refugee and migrant clients, from women who had recently settled in Australia to those who had been living in Australia for over 20 years. See Appendix E (page 83) for information about the qualitative interview participants and their services.

⁵ The survey was open to participants from 22 August to 26 September 2016.

⁶ The survey invitation was circulated to DSS Settlement Policy Branch, Family Safety Branch and Family Policy and Programs Branch and targeted to service providers that were in scope. The survey email was also circulated to representatives from the Australian Multicultural Council (AMC), Settlement Services Advisory Council (SSAC), Office for Women within the Department of Prime Minister and Cabinet, Department of Employment, and the Department of Education and Training, who distributed the survey link through their networks.

⁷ At the close of fieldwork, 139 fully completed interviews had been conducted. After removing those who were out of scope (their organisation had not provided services to migrant women in Australia for at least five years) and including partially completed surveys that had answered at least half the survey content (Question 25 or beyond), the final recruited sample was 129 participants.

The interview included questions to help inform the broader study aims and research questions. Copies of the interview schedule are included in Appendix D (page 80), covering broad themes including:

- information about the participant's service or program;
- collaboration with other service providers (including settlement and mainstream services);
- principles underpinning their program;
- extent to which evaluations have been undertaken of services/programs; and
- key gaps and service priorities for refugee and migrant women.

All interviews were conducted face-to-face or over the telephone, and the average interview length was 45 minutes. The interviews were audio-recorded and professionally transcribed. All transcripts were read by the research team, and interview transcripts were de-identified to protect participant confidentiality. Analysis of the transcripts was then undertaken to identify concepts, themes and issues that emerged from the interview data. When citing findings from these participants' interviews, they are referred to by a unique (random) participant number (1 to 13).

2.4 Limitations

One limitation of the methodology was that, due to the tight timelines associated with the project and project scope, the research was only able to gather insights from the perspectives of service providers delivering services and programs to migrant and refugee women. While noting the very useful insights that service providers shared with the research team around best-practice service delivery for these clients, further information from the clients themselves could shed further light on the services available, barriers to access and the issues that are important in migrant women's lives.

Due to the sampling strategy employed, the survey is not a representative sample of all services and programs in Australia being delivered to migrant and refugee women five years after arrival. For this reason, only broad conclusions can be drawn from the results of this data collection. However, the online survey data does provide several insights from the perspectives of service providers involved in the delivery of services around the types of services available, client needs and outcomes and areas of service gaps and priorities.

The 2011 ABS Census data are used to examine the circumstances and experiences of migrants who had been in Australia for five to ten years at that time, including analysing their labour market outcomes. More recent cohorts of migrants may vary in their own attributes (e.g., countries of origin, pre-migration experiences), and will experience different policy settings during and after the initial settlement period. For example, the Australian Government's *jobactive* program was introduced after the 2011 Census, and so more recent cohorts of migrants may have different employment outcomes to those presented here.

3

Economic participation of migrant and refugee women

3.1 Introduction

To better understand the service needs and potential service gaps for migrant and refugee women, secondary analysis of Australian datasets was undertaken to identify areas where migrant women differ or trail behind the rest of the population. The findings in this section are based on the analysis of two key datasets: the Australian Census and Migrants Integrated Dataset (ACMID; ABS, 2014) and the Building a New Life in Australia (BNLA) study.

ACMID is an Australian Bureau of Statistics (ABS) dataset that was created using statistical techniques to link records from the DSS Settlement Database to the 2011 Census of Population and Housing. It includes people who have migrated to Australia under a permanent skilled, family or humanitarian stream visa and who arrived in Australia between 1 January 2000 and 9 August 2011.

BNLA is a large-scale longitudinal study of recently arrived humanitarian programme migrants funded by DSS and managed by AIFS. To be eligible for the study, participants had to arrive (or receive a permanent visa) three to six months prior to the first interview (i.e., between May and December 2013). The BNLA study, project background, methodology and participant recruitment are further described in De Maio, Silbert, Jenkinson, and Smart (2014).

Throughout this section of the report, the terms Humanitarian Programme migrants and refugees are used interchangeably and indicate migrants who arrived in Australia on a humanitarian migrant visa. Other migrant women include those with a family visa (partner or family other). Where possible, outcomes are reported separately for each migration pathway.

The analyses of the ACMID data are presented first in sections 3.3 through 3.6. Section 3.2 (page 8) describes the methods used for these analyses. Section 3.3 (page 8) provides a demographic profile of migrant women and a comparison with Australian-born women. Section 3.4 (page 14) examines the labour force participation of migrant women. Section 3.5 (page 20) then examines how the characteristics of migrant women vary by migrant women's region of birth. The final ACMID analysis in section 3.6 (page 21) is an analysis of the economic participation of sub-groups of migrant women within the family other category. Together, these analyses provide a profile of the characteristics of migrant women in the visa streams of interest to this project, focusing on those who have been in Australia for five to then years. This provides some insights on the challenges that may be faced by these women in their capacity for economic and social engagement in Australia, and the challenges that services may face in addressing the needs of these women.

The BNLA analysis is presented in section 3.7 (page 22) and describes employment outcomes for Humanitarian Programme migrants who are the focus of the BNLA study. By identifying factors associated with employment among these migrant women, this analysis further extends the ACMID analysis and provides some insights into factors that can assist these migrant women to greater economic participation. While these analyses are based on women who have been in Australia for around three years, these results are likely to indicate which women could face greater challenges in employment outcomes after five years of settlement.

3.2 Analysis of census data: analytical approach

This analysis includes women who migrated to Australia with a family visa (partner or family other) or a humanitarian offshore visa, including Woman at Risk (visa sub-class 204). The scope of the analysis includes women aged 20–70 who arrived in Australia five to ten years before the 2011 Census (all adult population). That is, they arrived between 2001 and 2006.

Analyses were undertaken using TableBuilder (ABS, 2013a). TableBuilder data are confidentialised by randomly adjusting cell values, to avoid the exposure of any identifiable data. These random errors do not impair the value of the table as a whole.⁸ The ABS advises that small number cells may not be reliable (ABS, 2013a) and so in this report, cells with $n < 30$ are noted and need to be interpreted with caution.

Most tables present statistics for the four groups of migrant women mentioned above: family partner, family other, Humanitarian Programme and Woman at Risk. Groups were combined into family and humanitarian when numbers were too small to allow for analysis of the four groups separately. The tables exclude respondents with the answers “not applicable”, “not stated” or “inadequately stated”, unless specified otherwise.

When relevant, the profile of migrant women is compared with the Australian-born female population in the same age group. Some analyses of labour force participation were conducted for a more limited age group to focus on a prime working age of 25–54 years. These comparison data were obtained from the Census of Population and Housing 2011.

Analyses using TableBuilder involves the cross-tabulation of variables but in analysing a particular outcome of interest (e.g., employment participation) does not allow us to take account of all variables that may contribute to this outcome. For example, employment participation is likely to be a factor of age, educational attainment and English language proficiency but in exploring differences by visa category we were unable to take all these factors into account simultaneously. We have presented some detail through building up more complex cross-tabulations but we could not include all key variables. This limitation needs to be taken into account when interpreting the results. The analysis of the BNLA data (in section 3.7) uses multivariate analysis to extend the findings that emerge from the census analysis.

3.3 Characteristics of migrant and Australian-born women

As noted above, here we explore the characteristics of migrant women in the visa streams of family (partner or other) and humanitarian (Woman at Risk and other), who arrived in Australia between 2001 and 2006, and who were in Australia in 2011. This focuses our attention on migrant women in these visa streams who have been in Australia for between five and ten years. Comparisons are also made to the Australian population of women aged 20–70 years at 2011. Box 3.1 (page 9) summarises the key findings from this section. The characteristics explored here are age, marital status, number of children ever born, educational attainment, English language proficiency, remoteness of region of residence in Australia and socio-economic status of area of residence. More detailed analysis of the location of migrant women is reported in Appendix F (Table F.1) (page 84). In section 3.5 we look in more detail at characteristics by migrant women’s region of birth and in section 3.6 we look in more detail at women in the family “other” migrant stream.

Table 3.1 (page 9) shows that just under 12,500 women were in Australia in 2011 who arrived between 2001 and 2006 under the four visa categories considered in this analysis. The family partner stream is the largest group, while the Woman at Risk category is the smallest. A higher proportion of migrant women in this analysis arrived in Australia more recently (38% arrived in 2005 or 2006) compared with 28% who arrived between 2000 and 2001.

The **age distribution** of migrant women differs across groups, which is likely to mean that the needs for services are going to vary across these different groups. For example, younger migrant

⁸ Percentages were calculated using the cell numbers and the totals extracted from TableBuilder. Because of the perturbation of cells by the ABS, the total in the extracted table may not exactly equal the sum of the cells in the table. Small variations could be expected in replicating these analyses.

women are more likely to be in need of assistance in relation to education and reproductive health, while older migrant women may be needing assistance with community engagement, aged care and other forms of health care.

Table 3.1: Number of migrant women aged 20–70 years in 2011, by visa category and year of arrival

Year of arrival	Family partner	Family other	Humanitarian	Woman at Risk	Total
2001	13,230	1,071	1,870	216	16,387
2002	14,351	990	2,302	184	17,827
2003	15,474	1,371	3,074	218	20,137
2004	14,909	2,104	3,066	172	20,251
2005	17,069	1,983	3,112	416	22,580
2006	18,857	1,898	3,179	355	24,289
Total	93,890	9,417	16,603	1,561	121,471

Note: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas.

Source: 2011 AC MID

Figure 3.1 (page 10) shows the age profile of Humanitarian Programme migrant women and the general female population, indicating that Humanitarian Programme migrants are on average younger than women born in Australia. The mean ages for Humanitarian Programme migrant women are 37.3 years for Woman at Risk visa holders and 36.5 for those with other Humanitarian Programme visas. The mean age of Australian-born women (aged 20–70 years) is 42.8. Regarding the family stream Figure 3.2 (page 10) shows that women in the family other category are older, on average, than those in the family partner group (mean age 47.3 and 36.0 respectively), while women in the family partner category are younger than Australian-born women.

Box 3.1: Key characteristics of in-scope migrant and other Australian women

Women who migrate on family partner, Woman at Risk and other Humanitarian Programme visas are younger than Australian-born women, while those who migrate on family other visas are older on average.

Marital status varies by migration pathway: over one quarter of women on Woman at Risk visas are widows while over three quarters of woman on partner visas are married.

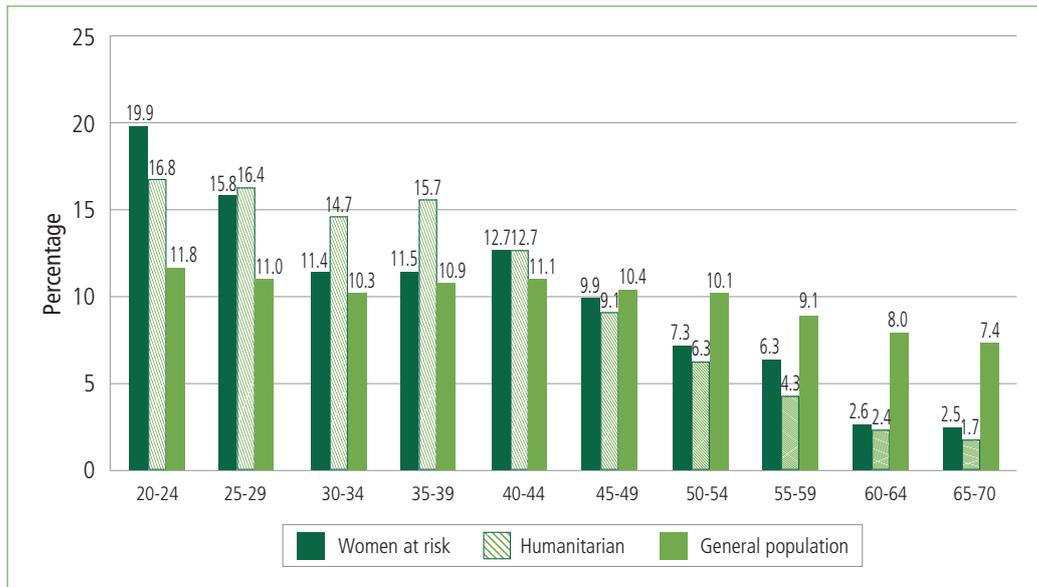
Women on Humanitarian Programme visas, including Woman at Risk, have more children on average than Australian-born women.

Humanitarian Programme migrant women have the lowest levels of education, with the highest proportion of women having never attended school. Women on partner visas have the highest levels of education.

The majority of migrant women live in major cities. The proportion of migrant women in regional and remote areas is lower than for Australian-born women.

More than a third of Humanitarian Programme migrant women live in areas of most disadvantage and lowest advantage. Women in the family stream are somewhat over-represented in areas of disadvantage but have good representation in areas of lesser disadvantage.

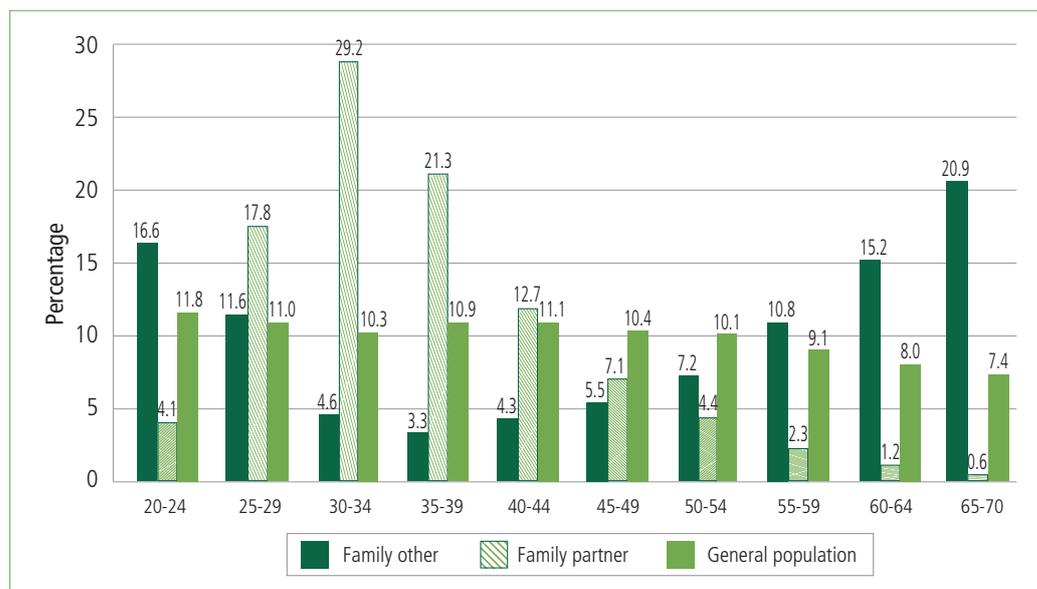
Women migrating on partner visas have the highest levels of English proficiency. English proficiency improves over time for the other three groups, but around one in four of these women are not proficient in the English language after being in Australia for ten years.



Note: The figure population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years.

Source: 2011 ACMIID and Census of Population and Housing 2011

Figure 3.1: Age distribution of women: Woman at Risk visa holders, other Humanitarian Programme visa holders and women in the Australian-born female population



Note: The figure population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years.

Source: 2011 ACMIID and Census of Population and Housing 2011

Figure 3.2: Age distribution of women: family other visa holders, family partner visa holders and women in the Australian-born female population

Table 3.2 (page 11) shows **marital status** for migrant women and the Australian-born female population aged 20–70. The marital status and the number of children distributions are, of course, likely to be functions of the age structure of each particular group, which is not taken into account in these tables. As shown in the figures above, there are differences in age structure by migration pathway. As may be expected, women in the family partner group include a higher percentage of married women than the other groups (Table 3.2). Those in the Woman at Risk category have high rates of widowhood.

Table 3.2: Marital status by visa category and compared with Australian-born population

Marital status	Family partner (%)	Family other (%)	Humanitarian (%)	Woman at Risk (%)	Australian-born women (%)
Married	76.2	49.0	55.8	27.4	51.1
Never married	11.1	27.4	23.5	32.9	32.4
Separated	4.3	1.8	8.8	7.3	3.6
Divorced	7.3	11.6	4.3	6.7	10.3
Widowed	1.2	10.2	7.6	25.7	2.6
Total	100.0	100.0	100.0	100.0	100.0

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Percentages may not total exactly 100.0% due to rounding and perturbation of data in TableBuilder (see footnote 8).

Source: 2011 AC MID and Census of Population and Housing 2011

Information on the number of children ever born is shown in Table 3.3. Women in the Humanitarian Programme and Woman at Risk categories tend to have had more children than women in the family stream and the Australian-born population. As the Census data refer to the number of children ever been born, it is possible that children may not be living with these women. In the case of migrant women, it is possible that some children may not have migrated to Australia.

Table 3.3: Children ever born by visa category and compared with Australian-born population

Number of children	Family partner (%)	Family other (%)	Humanitarian (%)	Woman at Risk (%)	Australian-born women (%)
No children	30.2	32.9	23.6	30.9	30.2
One child	27.8	19.5	10.5	14.4	11.9
Two children	28.8	29.8	16.3	13.7	29.7
Three children	8.6	9.0	13.5	12.2	17.8
Four or more children	3.1	6.2	31.3	24.0	9.5
Not stated	1.5	2.7	4.8	4.7	1.0
Total	100.0	100.0	100.0	100.0	100.0

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Percentages may not total exactly 100.0% due to rounding and perturbation of data in TableBuilder (see footnote 8).

Source: 2011 AC MID and Census of Population and Housing 2011

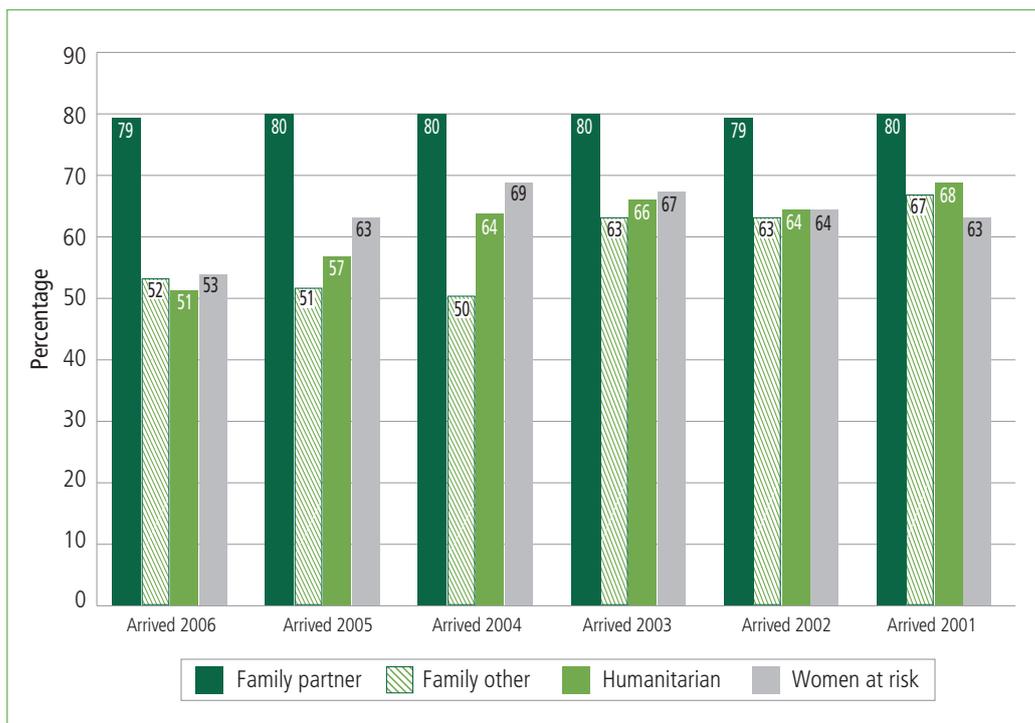
Table 3.4 (page 12) presents the **highest level of education** achieved for the four migrant groups and the Australian-born population. Educational attainment can be an important variable in measuring likely economic participation, although this is less relevant when thinking about the opportunities for older women, as is also true in relation to Australian women more generally (Baxter & Taylor, 2014). Humanitarian Programme migrants, including those in the Woman at Risk group, have the lowest levels of educational attainment, with over 17% of these women never having attended school. This is compared to less than 1% in the Australian-born female population. Women who migrated as a partner have the highest level of education relative to the other three migrant groups and the Australian-born female population, with over 40% holding a university degree. If these data are analysed for the more limited prime working-age population (25–54 years), a higher proportion have a bachelor degree or higher in each of the categories but the differences are not markedly different from those shown in Table 3.4 (page 12).

Table 3.4: Highest education level achieved by visa category and compared with Australian population, women aged 20–70 years

Highest level of education	Family partner (%)	Family other (%)	Humanitarian (%)	Woman at Risk (%)	Australian-born women (%)
No school	1.6	3.6	16.2	17.6	0.1
School only	36.9	56.4	53.1	50.3	49.7
Diploma or certificate	21.5	20.3	23.6	26.2	25.0
Bachelor or higher	40.0	19.7	7.1	5.9	25.1
Total	100.0	100.0	100.0	100.0	100.0

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Percentages may not total exactly to 100.0% due to rounding and perturbation of data in TableBuilder (see footnote 8).

Source: 2011 ACMID and Census of Population and Housing 2011



Note: The figure population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas. Calculations exclude those who only speak English.

Source: 2011 ACMID

Figure 3.3: Proficiency in spoken English by year of arrival and migration stream (% who speaks “very well” or “well”)

Proficiency in the **English language** is beneficial for migrants to be able to participate actively in Australian society. Based on self-reported census data, a high proportion of migrant women are not proficient in spoken English after being in Australia for five to ten years, and this varies by visa category (Figure 3.3). For instance, those arriving on a partner visa have higher levels of English proficiency, and this does not vary with time in Australia. Women arriving on family other visas and on Humanitarian Programme visas have similar levels of proficiency after five years in Australia (in 2011 for those who arrived in 2006), and their proficiency appears to improve over time; 67–68% of women in these groups are proficient in spoken English after

being in Australia for ten years.⁹ However, these data also highlight that between 20% and 37% of women who have been in Australia for ten years are still not proficient in spoken English. This equates to more than 3,700 women across the visa categories considered in this report, for those who arrived in 2001.

Table 3.5 shows that the majority of migrant women in the visa streams in scope for this research, who arrived between 2001 and 2006, live in major cities. More detailed information in Table F.1 (Appendix F, page 84) shows that the majority of migrant women live in Sydney and Melbourne, followed by Perth, Adelaide and Brisbane. A comparison by visa category shows that the family partner category has the highest proportion of women living outside of major city areas but this is still the minority, with 87% of these women living in major city areas.

Table 3.5: Remoteness by visa category and compared with Australian-born women

Remoteness	Family partner (%)	Family other (%)	Humanitarian (%)	Woman at Risk (%)	Australian-born women (%)
Major city areas	87.4	93.5	93.7	95.3	53.9
Inner regional	7.1	4.3	4.6	3.5	28.9
Outer regional	4.5	2.0	1.6	1.3 [†]	13.5
Remote/very remote	0.9	0.1 [†]	0.1 [†]	0.0 [†]	3.4
No usual address	0.1	0.1 [†]	0.1 [†]	0.0 [†]	0.2

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Percentages may not total exactly to 100.0% due to rounding and perturbation of data in TableBuilder (see footnote 8). † = cell with number < 30.

Source: 2011 AC MID and Census of Population and Housing 2011

To provide insights on the relative disadvantage/advantage of the areas in which migrant women live, we refer to the 2011 SEIFA Index of Relative Socio-economic Advantage and Disadvantage (IRSAD). This index is calculated by the ABS using 25 variables based on census data including measures of relative disadvantage such as the percentage of people in the area with low education, the percentage of people with low income, the percentage of people in low-skill occupations, as well as measures of relative advantage such as the percentage of people with university education and the percentage of people with high incomes (ABS, 2013b). This information is presented as deciles with Decile 1 being those areas with most disadvantage/least advantage, and Decile 10 being those areas with least disadvantage/most advantage.

Table 3.6 (page 14) shows that the migrant women in-scope for this research are all more likely to be in the lowest decile compared to the Australian-born population of women aged 20–70 years. This is particularly so for women on Humanitarian Programme or Woman at Risk visas, who are over-represented in the areas of most disadvantage and lack of advantage. More than 30% of these women live in areas that are characterised by the markers of disadvantage as measured in the SEIFA index, and the percentages in higher deciles were low compared to Australian-born women and migrant women arriving on a family visa. Women in the family stream were somewhat over-represented in the areas of most disadvantage and lack of advantage but to a lesser extent (13–16%), with percentages in deciles 5–10 similar to those of Australian-born women aged 20–70 years.

⁹ Longitudinal data would be needed to confirm this. These data are based on migrants who have arrived at different times in Australia, and it is possible that they arrived with different levels of proficiency in English.

Table 3.6: Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) national deciles at SA2 Level (Area)¹⁰

IRSAD deciles	Family partner (%)	Family other (%)	Humanitarian (%)	Woman at Risk (%)	Australian-born women (%)
Decile 1	13.5	15.9	31.9	35.3	8.8
Decile 2	7.3	6.3	10.3	10.4	9.4
Decile 3	8.0	7.5	14.1	11.8	9.8
Decile 4	7.1	7.0	9.5	9.9	9.9
Decile 5	9.9	10.4	9.2	7.5	10.0
Decile 6	11.3	11.1	8.6	9.3	10.0
Decile 7	9.4	8.7	6.3	6.5	10.3
Decile 8	12.0	12.3	5.1	4.6	10.4
Decile 9	10.4	10.7	3.3	3.7	10.7
Decile 10	11.1	10.2	1.7	1.5†	10.3
Total	100.0	100.0	100.0	100.0	100.0

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Percentages may not total exactly 100.0% due to rounding and perturbation of data in TableBuilder (see footnote 8). † = cell with number < 30. Those whose areas were not assigned a SEIFA score (presented as “not applicable” in TableBuilder) are included in the total (0.4% of Australian-born women, and < 0.1% of migrant women).

Source: 2011 ACMIID and Census of Population and Housing 2011

3.4 Economic engagement

3.4.1 Overview

To look at economic engagement, we explore the labour force participation of migrant women. The definition of employment used in this analysis refers to those who worked in the week prior to census night.¹¹ We have not explored work hours, income, types of jobs or the quality of these jobs.

In this subsection, we start with an overview, exploring economic engagement by visa category and year of arrival. We expand on this in subsection 3.4.2 (page 16) to further analyse this by women’s educational attainment and in subsection 3.4.3 (page 19) by English language proficiency. Box 3.2 (page 15) provides an overview of key findings relating to economic engagement for this population reported in the remainder of this section.

Table 3.7 (page 15) shows the percentage of migrant women employed in 2011 by year of arrival and visa category, with women at risk included in the humanitarian category due to smaller population numbers. With longer time in Australia, there is generally a higher percentage employed.¹² However, the employment rates remain relatively low for women who arrived on a humanitarian (including Woman at Risk) visa. The employment rates of migrant women in all categories are lower than for Australian-born females, which was 68% for women aged 20–70 years in 2011.

10 “Area-based deciles: All areas are ordered from lowest to highest index score, then the lowest 10% of areas are given a decile number of 1, the next lowest 10% of areas are given a decile number of 2 and so on, up to the highest 10% of areas, which are given a decile number of 10. This means that areas are divided up into 10 equal-sized groups, depending on their index score” (ABS Census website <www.abs.gov.au/websitedbs/censushome.nsf/home/seifabdeciles?opendocument&navpos=260>).

11 Employed: persons who, during the week prior to the census on 9 August 2011 worked for one hour or more for pay, profit, commission or payment in kind in a job, business or farm (comprising employees, employers, and own account workers); or worked for one hour or more without pay in a family business or on a farm (i.e., contributing family workers); or were employees who had a job but were not at work.

12 As noted previously, these are not longitudinal data, so differences in women’s characteristics across each of the year of arrival cohorts will also contribute to differences across these groups in their labour force participation.

Box 3.2: Key findings on economic engagement

- The proportion of migrant women in paid employment increases with time in Australia but it is lower than for Australian-born women.
- Even among women with similar levels of education, migrant women have lower levels of employment compared with Australian-born women. The gaps are larger for Humanitarian Programme migrant women than for those who migrated through the family stream.
- In general, women who have ever had fewer children are more likely to be employed.
- Women on Humanitarian Programme visas are less likely to be employed than those in the family stream and Australian-born women, even when comparing women with the same level of education and same number of children.
- Migrant women with higher levels of English proficiency are more likely to be employed. However, when comparing women with similar levels of English proficiency, Humanitarian Programme migrants are less likely to be employed than those in the family stream.

Table 3.7: Percentage of migrant women employed in 2011 by year of arrival and visa category

Visa category	Arrived 2006 (%)	Arrived 2005 (%)	Arrived 2004 (%)	Arrived 2003 (%)	Arrived 2002 (%)	Arrived 2001 (%)
Family partner	54.6	55.0	56.9	56.7	57.4	59.4
Family other	36.4	37.9	37.1	46.5	47.6	56.1
Humanitarian	22.4	27.1	29.8	31.9	32.6	37.8
All family and humanitarian	48.6	49.2	50.6	52.1	53.4	56.5

Note: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas.

Source: 2011 ACMIID

Table 3.8 shows labour force status at 2011 by selected visa category for migrant women who arrived in Australia between 2001 and 2006. Consistent with Table 3.7, the lowest employment rates are for women arriving on a humanitarian visa including Women at Risk. The majority of women who arrived in Australia five to ten years before 2011 are not in the labour force in 2011, except for women in the family partner group, who have higher levels of employment participation. Unemployment is most likely for women who were humanitarian migrants, including those arriving on Women at Risk visas, indicating that these women are most likely to be facing barriers to employment, given their classification as unemployed indicates that they do not have a job, have been looking for work and are available to start work should a job opportunity come up.

Table 3.8: Labour force status by visa category arrived between 2001–06

Labour force status by visa category	Family partner (%)	Family other (%)	Humanitarian (%)	Woman at Risk (%)	Total migrant (5 years) (%)	Australian-born female population (%)
Employed	56.5	41.7	29.5	29.8	51.4	68.4
Unemployed	5.0	5.3	8.0	8.9	5.5	2.9
Not in the labour force	38.5	53.0	62.4	61.3	43.1	28.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Note: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years.

Source: 2011 ACMIID and Census of Population and Housing 2011

3.4.2 Labour force participation and education

Educational level is a strong predictor of labour force participation (Austen & Seymour, 2006), and we have seen earlier that there is considerable variation in the educational attainment of these migrant women, with a substantial proportion having low educational attainment relative to the Australian population (see Table 3.4, page 12). To explore the links between educational attainment and employment for migrant women we focus just on those in prime working age (25–54 years). Table 3.9 presents the labour force participation of migrant women by level of education for each visa group.

Results indicate that among women with similar levels of education, migrant women are less likely to be employed. The exception is among those who never attended school, with Australian-born women having the lowest employment rates, but given that education is compulsory in Australia, this is likely to include those who have been unable to complete schooling due to significant barriers such as having limiting health conditions.

The gap between Australian-born women and migrant women is most apparent in the comparison with women in the Humanitarian Programme visa category, for those with at least some school education. Employment rates of women in the family stream are higher than for Humanitarian Programme migrants but they are still below the employment rates of Australian-born women for those with school education or higher.

Table 3.9: Percentage employed by level of education for family partner, family other and humanitarian migrants aged 25–54 arrived between 2001 and 2006

Percentage employed for each visa category and Australian-born women	No school	School only	Diploma	Bachelor
			or certificate	or higher
% employed				
Family partner	26.9	44.3	62.4	68.0
Family other	39.3	51.0	71.0	75.8
Humanitarian	12.4	23.7	51.4	54.7
Australian-born women	14.7	67.2	79.5	87.3

Notes: The table population is 25–54 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 25–54 years. † = cell with number < 30. Australian-born women with no school are likely to comprise those who have been unable to complete schooling due to significant barriers such as having limiting health conditions.

Source: 2011 ACMIID and Census of Population and Housing 2011

Table 3.3 (page 11) in the demographic section showed that women on humanitarian visas tend to have had more children than those in the family stream and the Australian-born female population. The number of children could be a factor that has influenced these women's participation in employment. Here we return to the 20–70 year old population rather than limiting to prime working ages. Similar findings are observed if limited to 25–54 years.

Table 3.10 (page 17) presents the percentage of women employed by number of children ever born, for each educational level and migration pathway. Due to low numbers, Woman at Risk visa holders and women in other Humanitarian Programme visas have been combined in one group. In general, women who have had more children are less likely to be employed, across visa categories and educational levels. Among women with the same level of education and same number of children, women on Humanitarian Programme visas have lower levels of employment compared with women in the family stream and the Australian population. For example, among women with only school education who have had one child, 46% of those in the family partner group are employed, compared with 25% of Humanitarian Programme migrants and 56% of Australian-born women. Furthermore, among those with a bachelor degree or higher education and no children, 67% of Humanitarian Programme migrant women are employed, compared with 75% of women with family other visas, 84% of women with family partner visas and 90% of Australian-born women. Figure 3.4 and Figure 3.5 illustrate these differences in employment rates by number of children for women with school-only education and women with a bachelor degree or higher education, respectively.

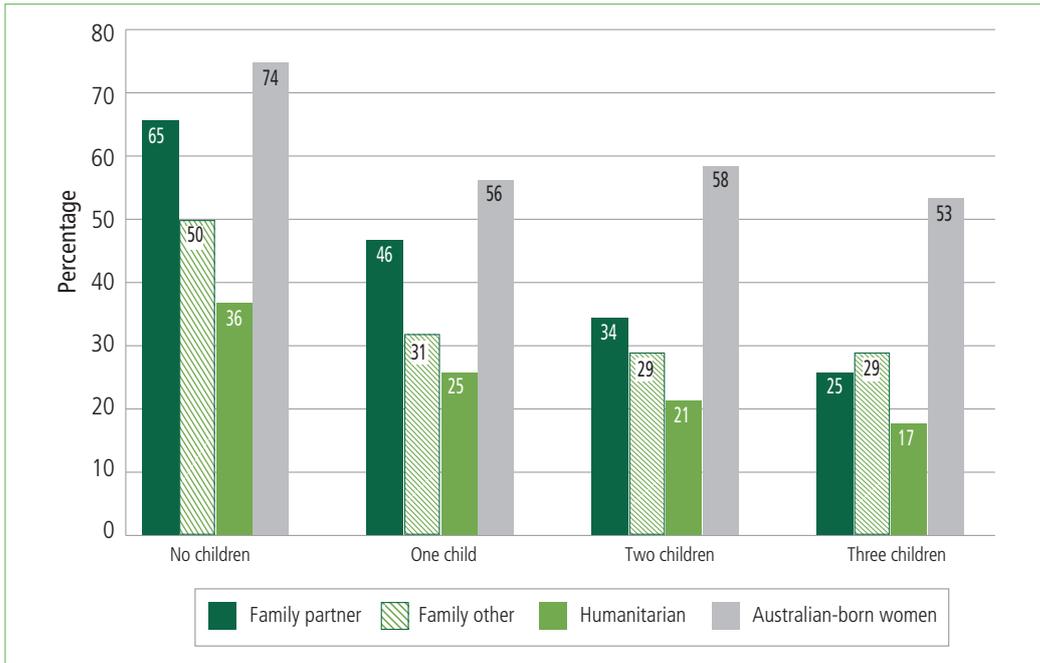
Table 3.10: Percentage employed by visa category and Australian-born women, by number of children and educational attainment

Level of education and visa category		Four or more children	Three children	Two children	One child	No children
		% employed				
No school	Family partner	4.0†	10.4†	22.7	33.8	49.8
	Family other	9.3†	11.8†	17.8†	37.8†	36.7†
	Humanitarian	8.4	11.1	15.3†	14.9†	17.2
	Australian-born women	0.0	19.8	19.0	28.0	8.0
School only	Family partner	24.3	25.2	33.9	46.1	65.0
	Family other	16.2	28.8	29.2	31.1	49.9
	Humanitarian	15.3	16.7	20.5	24.9	35.9
	Australian-born women	39.0	52.8	58.3	56.1	73.5
Diploma or certificate	Family partner	46.6	47.0	50.9	58.2	79.7
	Family other	32.3†	44.3	38.5	45.4	69.3
	Humanitarian	45.6	48.7	48.3	42.3	57.4
	Australian-born women	63.7	70.5	72.5	70.0	86.4
Bachelor or higher	Family partner	39.3	45.5	54.6	65.0	84.4
	Family other	20.6†	38.8	35.2	46.5	75.6
	Humanitarian	35.8	42.7	44.7	56.3	67.0
	Australian-born women	71.4	76.2	80.4	80.0	90.0

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. † = cell with number < 30. Australian-born women with no school are likely to comprise those who have been unable to complete schooling due to significant barriers such as having limiting health conditions.

Source: 2011 ACMIID and Census of Population and Housing 2011

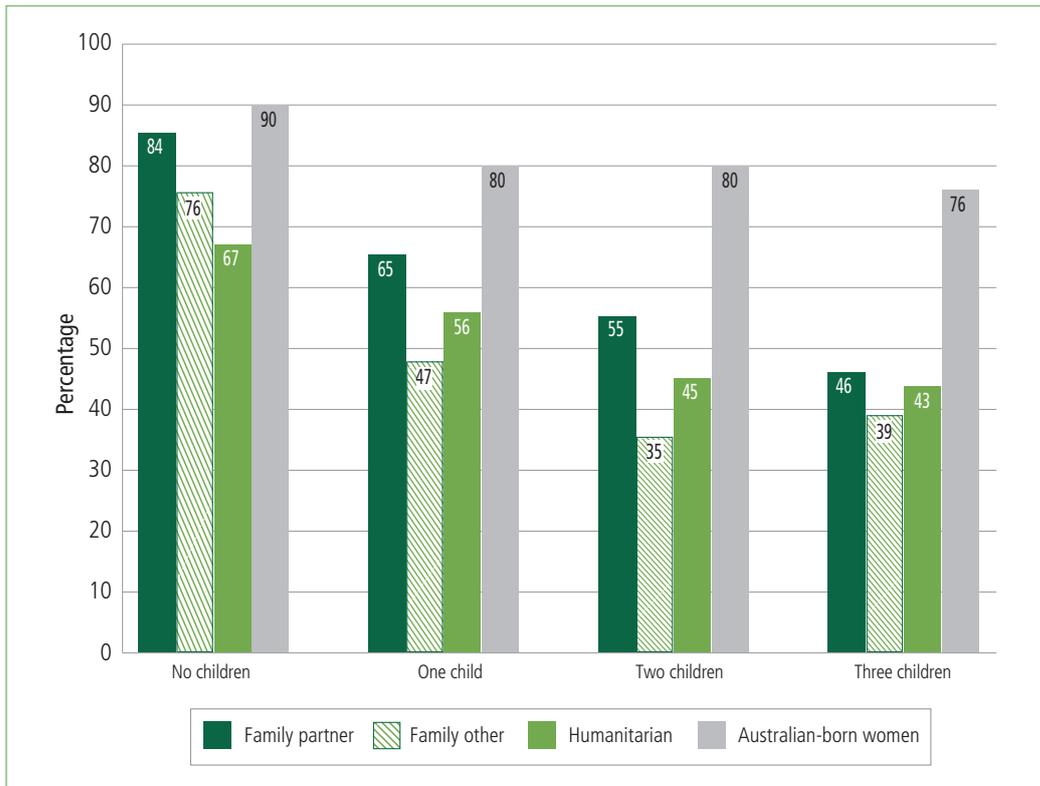
These results suggest that women on Humanitarian Programme visas are less likely to be employed, even when educational and child care barriers were not present. This is not surprising, given that these women are likely to have additional factors contributing to their ability to engage economically, related to their pre-migration experiences. Of course, another factor is their level of English language proficiency, which is lower than those arriving on a family partner visa, as shown in Figure 3.3 (page 12). English language proficiency is examined in the next subsection.



Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Excludes those with four or more children.

Source: 2011 ACMIID and Census of Population and Housing 2011

Figure 3.4: Percentage employed by number of children ever born and migration pathway for those whose highest level of education was school only



Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas; plus Australian-born women aged 20–70 years. Excludes those with four or more children.

Source: 2011 ACMIID and Census of Population and Housing 2011

Figure 3.5: Percentage employed by number of children ever born and migration pathway for those whose highest level of education was bachelor degree or higher

3.4.3 Labour force participation and English proficiency

This section examines labour force participation by proficiency in English language for women in the family partner, family other and Humanitarian Programme groups. Table 3.11 shows employment rates for women aged 20–70 years, and also shows the same figures for women aged 25–54 years. When focusing on the 25–54 age group, Humanitarian Programme migrant women have lower levels of participation in the labour force at all levels of English proficiency, relative to family stream migrants. Employment rates are higher for women from English-speaking backgrounds in the three migrant groups.

The patterns (by visa category and English language proficiency) are generally the same for each of these age groups, with higher employment rates when the focus is on prime working ages. However, in the 20–70 years age group, women on family other visas who only speak English have lower employment participation rates than those on Humanitarian visas. We saw in Figure 3.2 (page 10) that a significant proportion of the family other migrants are aged over 50 years, and in section 3.6 (page 21) will see that the family other visa holders are quite diverse, with low employment participation among those whose visa is related to their status as a parent or aged relative.

Table 3.11: Labour force participation by English proficiency for migrants arrived in 2001–06

Visa category women	Speaks English only	Proficient in spoken English	Not proficient in spoken English
	% employed		
Aged 25–54			
Family partner	71.3	58.0	31.3
Family other	81.9	66.5	42.1
Humanitarian	56.7	41.1	14.4
Aged 20–70			
Family partner	69.7	57.3	30.1
Family other	45.3	53.1	24.5
Humanitarian	51.8	38.9	12.4

Note: The table population is women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas.

Source: 2011 ACMID

Table 3.12: Labour force participation by highest level of education and English proficiency for migrants arrived in 2001–06, aged 25–54 years

Highest level of education	Visa category women	Speaks English only	Proficient in spoken English	Not proficient in spoken English
		% employed		
Bachelor degree or higher	Family partner	84.6	71.8	47.1
	Family other	85.4	78.9	54.2
	Humanitarian	71.1	65.8	37.8
Diploma or certificate	Family partner	83.9	69.3	50.2
	Family other	84.6	76.7	63.2
	Humanitarian	71.3	62.2	39.1
School or no school	Family partner	75.5	56.8	39.4
	Family other	83.4	69.1	52.1
	Humanitarian	54.0	47.2	21.4

Note: The table population is women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas.

Source: 2011 ACMID

Table 3.12 (page 19) shows that English language proficiency is an important factor associated with employment, and this association is maintained after controlling for educational level. For example, among women with a bachelor degree or higher education, the proportion who are working is significantly higher among those who are proficient in spoken English or speak English only, compared with women who are not proficient in spoken English, in each migration stream. A similar pattern is observed across all levels of education. Table 3.12 also shows that women from a humanitarian background are less likely to be employed, even when they are compared with women with similar levels of education and similar English language proficiency. This difference in the proportion employed is larger among women with lower levels of education.

3.5 Analysis of economic participation by country of birth

It is important to acknowledge that migrants are not a homogeneous group, with one important difference being their country of origin. This section briefly illustrates this, taking a subset of the migrant and refugee women analysed in the sections above, to focus on those who arrived in 2005 or 2006, that is, those who reported having arrived in Australia five years prior to the 2011 Census.

For women in the family stream, the main countries (and associated region) of origin were Egypt (North Africa), Iraq (Middle East), Vietnam and Thailand (South-East Asia), Afghanistan (Central Asia), Ghana (Central and West Africa) and South Africa (Southern and East Africa). Among refugee women the main countries of origin were Sudan (North Africa), Iraq (Middle East), Myanmar (South-East Asia), Afghanistan (Central Asia), Sierra Leone and Liberia (Central and West Africa) and Ethiopia (Southern and East Africa).

Table 3.13 shows that women from Central Asia had low levels of English language proficiency and the highest proportion with no school education. In contrast, 47% of women from Central and West Africa had a post-school qualification and over 55% of them were employed in 2011, which is the highest rates among the regions examined. Notably, 30% of women from Central and West Africa speak English only and few of these women were not proficient in spoken English.

Table 3.13: Labour force participation, English language proficiency and education, migrant women by region of origin

Measure of economic participation	North Africa (%)	Middle East (%)	Mainland South-East Asia (%)	Central Asia (%)	Central and West Africa (%)	Southern and East Africa (%)
Labour force participation						
Employed	22.2	12.6	31.5	6.9	55.6	23.9
Unemployed	13.1	5.4	6.0	3.9	10.8	10.1
Not in the labour force	64.7	82.0	62.4	89.3	33.6	66.0
English proficiency						
Speaks English only	2.8	0.7†	1.0†	0.0†	30.6	1.7†
Proficient	55.5	53.4	38.9	34.4	55.6	49.6
Not proficient	41.7	46.0	60.2	65.6	13.8	48.7
Education						
No school	19.4	12.5	14.9	44.9	8.3	23.3
School only	46.1	54.6	62.1	39.5	28.2	42.8
Diploma or certificate	13.9	16.8	14.6	6.2	44.1	17.3
Bachelor or higher	2.3	8.3	3.0†	2.5†	3.2	2.1†
Other	18.3	7.7	5.4†	6.9	16.3	14.5
Approximate <i>n</i> per region	2,118	1,456	500	940	1,153	751

Notes: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2005–06 on humanitarian or family visas. Other includes inadequately described and not stated. † = cell with number < 30.

Source: 2011 ACMIID

3.6 Analysis of visa type within the family other category

Women who migrate to Australia as a non-partner family member can be broadly classified in three groups: those who came in a carer-related visa category or other family member, those who came in a parent-related visa category and those who came in a child-related visa category.¹³ They have been included altogether in previous analyses but here we provide some brief analysis of how the characteristics of these migrants varied when examined in more detail.

These groups differ greatly in their age distribution, which in turn affects their process of settlement. Carers and other family are more evenly distributed across the age groups, while parents are mostly concentrated in older age groups and children in younger age groups. The parent group had the highest average age of 61 years, followed by carer and other family (42 years) and child visa (24 years).

Given the different characteristics of these groups, it is not surprising that women who migrated to Australia in a child-related visa have higher levels of education, English proficiency and labour force participation relative to the other two groups (Table 3.14). Parents, in turn, have the lowest levels of education, English proficiency and labour force participation.

Table 3.14: Labour force participation, English Language proficiency and education, migrant women in the family other category by sub-group

Measure of economic participation	Carer and other family (%)	Parent and aged relatives (%)	Child-related (%)
Labour force participation			
Employed	53.3	25.6	59.5
Unemployed	7.2	2.2	8.0
Not in the labour force	39.6	72.2	32.5
English proficiency			
Speaks English only	17.8	31.7	12.9
Proficient	49.6	22.5	80.7
Not proficient	32.6	45.8	6.4
Education			
No school	3.6	4.4	0.9†
School only	52.9	63.1	47.6
Diploma or certificate	22.2	16.0	26.9
Bachelor or higher	21.3	16.6	24.6
Approximate <i>n</i> per sub-group	3,370	4,290	1,719

Note: The table population is 20–70 year old women in the 2011 Census who arrived in Australia 2001–06 on humanitarian or family visas. Other includes inadequately described and not stated. † = cell with number < 30.

Source: 2011 ACMIID

13 Carer and other family: preferential family (104), remaining relative (115,835), carer (116,836). Parent: parent (103), aged dependent relative (114,838), contributory parent (143), aged parent (after entry) (804), contributory aged parent (residence) (864). Child: child (101), child for adoption (102), orphan relative (117), child (after entry) (802), close ties (832).

3.7 Factors associated with refugee women's employment: BNLA analysis

3.7.1 Introduction

The above analyses of the census data presented the economic engagement of migrant women in four visa categories: family partner, family other, Humanitarian Programme and Woman at Risk. A limitation of the above census analysis was that the cross-tabulations do not allow us to simultaneously take account of a range of factors, to determine which factors most strongly explain variation in employment (or other) outcomes.

In this section, we focus specifically on employment outcomes for humanitarian migrants who are the focus of the BNLA study, and limit analysis to female participants in the study. Using these data, we examine factors associated with employment among these women. The study includes principal applicants on the visa application as well as adult secondary applicants and this analysis includes women who were either principal or secondary applicants. Further information about the BNLA study methodology and participant recruitment can be found in De Maio et al. (2014).

The BNLA, to date, has collected data on the first three years of migrants' settlement, so does not yet cover the period after the first five years of settlement. Nevertheless, the study can provide significant insights on the main factors that contribute to employment participation among this population early in their settlement journey.

In section 3.7.4 (page 25) we return to a discussion of the main findings and implications from both secondary data analyses.

3.7.2 Analytical approach

Wave 3 of the study was the main focus, which for most study participants is two to three years after arrival in Australia. Logistic regression analysis was conducted in order to identify significant factors associated with female humanitarian migrants being in paid work at this time, focusing on those aged 20–70 years. The indicator of employment is based on participants' response when asked whether they had done any paid work in a job, business or farm in the week before their interview (between October 2015 and February 2016).

The logistic regression model allows us to observe the relationship between the outcome of interest (being employed) and other factors such as English language proficiency, while controlling for other socio-economic factors such as participant's age and education level, which also might vary with the outcome in a systematic way. The model results can help us better understand how key outcomes are associated with particular characteristics of recent migrants.

Most variables included in the analyses were captured at Wave 3: age, whether has a partner, number of children, remoteness of area of residence, health (self-rated health and indicator of possible post-traumatic stress disorder), English language proficiency (understanding of spoken English), and whether has done study or training since arrival. The pre-migration information (captured at Wave 1) included in the analyses was highest level of education pre-arrival, whether they had family or friends in Australia before arrival, and region of origin. Information included relating to the migration and settlement experience was whether they had experienced discrimination since previous interview, whether they were a principal or secondary applicant on the visa application, and whether they were on a Woman at Risk visa.

Logistic regression findings are presented as odds ratios. When an odds ratio for a particular characteristic is higher than 1, this indicates an increased probability of being employed associated with this characteristic, relative to the category that is designated the reference category. Conversely, an odds ratio lower than 1 indicates a reduced probability of being employed associated with that particular characteristic. In noting statistically significant findings,

a significance level of 0.05 is used in this analysis.¹⁴ A significance level of 0.05 indicates that there is a 5% likelihood that the observed differences could have occurred by random chance.

3.7.3 Results

The findings from the statistical modelling of Humanitarian migrant programme women's employment using BNLA are presented in this subsection. These findings refer to the factors that explain variation in women's employment participation. Overall, only a minority of women (8%) were employed at this point around three years after their arrival in Australia.¹⁵ Box 3.3 summarises the key findings from this analysis.

Box 3.3: Key findings on humanitarian migrant women and employment

Humanitarian migrant programme women are more likely to be in paid work if they:

- are partnered (compared with those not partnered);
- live in regional areas (compared with those living in major cities);
- have attended school or have post-school qualifications (compared with those who have not attended school);
- have studied or done job training in Australia (compared with those who have not);
- were principal applicants in the visa application (compared with secondary applicants); and
- are on a Woman at Risk visa (compared with other offshore humanitarian visas).

Table 3.15 (page 24) presents the odds ratio, robust standard errors and assessment of significance of results from the logistic regression model. A number of variables from different areas showed a significant association with employment status. Regarding socio-demographic characteristics, humanitarian migrant women who live in inner or outer regional areas are more likely to be employed relative to those who live in major cities. Both education-related variables included in the model have a significant association with employment, showing that, not surprisingly, education is one of the strongest predictors of employment participation. Women who did not go to school were less likely to be employed relative to those who had school-level education or post-school qualifications. Furthermore, after controlling for the level of education pre-arrival, those who had done any study or training since arrival in Australia (other than English classes) were much more likely to be employed than those who had not done any study. Migrant women who were secondary applicants on the visa application were less likely to be employed, while those who migrated on a Woman at Risk visa were more likely to be employed, after controlling for other characteristics.

Some variables that were expected to explain employment participation were not statistically significant. In part, this is likely to be related to the small number of women in the sample who were employed, which makes it less likely that all of the variables that are important will be detected as statistically significant, especially in a model that includes a number of variables that are to some extent correlated.

In particular, proficiency in English language did not have a significant association with women's employment after controlling for all other factors. In further analysis, we find that there is a significant association between English language proficiency and having undertaken study or training since arrival in Australia. Among women included in this analysis, 53% of those who understand English well or very well have done study or training since arrival, compared with 38% of those who report their level of understanding is "not well" and 13% of those who do not understand at all. We did find some marginally significant differences if the training variable is omitted from the model, for the comparison of those who speak English "not at all" to those who speak English "well/very well".

14 Robust standard errors were calculated, such that standard errors were adjusted to take into account the non-independence of some individuals in the model (i.e., individuals were clustered in migrating units). That is to say, since some individuals in the analysis migrated together and live together, their employment outcomes could be related and it is necessary to control for this in the statistical model.

15 As a consequence, the sample size representing those who were in paid work was relatively small ($n = 52$) out of a total sample of 687 women in-scope at Wave 3.

Table 3.15: Logistic regression predicting being employed among female humanitarian migrants aged 20–70, 2–3 years after arrival

Independent variables	Odds ratio
Socio-demographic characteristics	
Age at interview (in years)	0.99
Has a partner	2.21*
No partner	1 (reference)
Number of biological children	1.14
Lives in inner/outer regional area	5.60***
Lives in major city	1 (reference)
Health	
Self-rated health	
Poor/very poor	0.33
Good/ fair	0.84
Excellent/very good	1 (reference)
Likely to have post-traumatic stress disorder ^a	1.02
Unlikely to have post-traumatic stress disorder	1 (reference)
Education and English proficiency	
Highest level of education pre-arrival	
Post-school qualification	7.71***
School only	4.48***
No school	1 (reference)
Has done study/training since arrival	4.12***
Has not done study/training since arrival	1 (reference)
Understands spoken English	
Well/very well	1 (reference)
Not well	1.25
Not at all	0.28
Migration experience	
Knew family/friends in Australia before arrival	2.72**
Did not know family/friends in Australia before arrival	1 (reference)
Region of origin ^b	
Central and Southern Asia	2.50**
Other region	2.12
Middle East	1 (reference)
Has not experienced discrimination	0.70
Has experienced discrimination	1 (reference)
Secondary applicant	0.36***
Principal applicant	1 (reference)
On Woman at Risk visa (204)	3.65*
On other humanitarian offshore visa	1 (reference)

Notes: Ref. = reference category. *OR* = odds ratio. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Pseudo $R^2 = 0.21$. $n = 687$. ^a Information on post-traumatic stress (PTSD) was collected via a short 8-item version of the Post-Traumatic Stress Disorder Scale (Hansen et al., 2010), from the Harvard Trauma Questionnaire (Mollica, et al., 1992). The scale seeks information on respondent's reactions over the past week concerning hurtful or terrifying events experienced previously. ^b Middle East comprises Iran, Iraq and Syria; Central and Southern Asia comprises Bhutan, India, Nepal, Pakistan, Sri Lanka, Afghanistan; Other region includes Egypt, Sudan, Myanmar, Democratic Republic of Congo, Eritrea and Ethiopia.

Source: BNLA, Wave 3

Another aspect to take into consideration is region of origin. Women from Central and Southern Asia have the lowest levels of education and English language proficiency (also observed in the analysis of census data), while women from the Middle East were less likely to be employed, even though they have higher levels of education pre-arrival.

It may be that some women are able to access employment in their local communities, or to work in a family business where a lack of English language proficiency is not a barrier.

Overall, these results highlight the multiple barriers that humanitarian migrant women face in their process of settlement, and suggest that a multi-dimensional approach is needed to address these barriers and promote humanitarian migrant women's social and economic integration.

3.7.4 Key barriers and facilitators of migrant women's economic and social engagement

Analysis of the ACMID data highlights some key differences between females arriving in Australia through the humanitarian migration pathway compared to those from the family stream. Humanitarian migrants make up a much smaller number and are on average younger than those with a family stream visa and also have a younger profile compared to the wider Australian population.

This data also shows that humanitarian migrants (including the women at risk group) had lower levels of education relative to other migrant groups and were also more likely to live in areas characterised by high levels of disadvantage and low levels of socio-economic advantage.

3.7.5 Challenges around employment and economic engagement

Humanitarian visa holders also faced challenges in terms of employment and economic engagement, with one of the key messages from this analysis being that this group were less likely to be employed compared to the family stream and general population even when potential barriers to employment such as lack of education and child care were not present. For example, among women with school-only education, 21% of humanitarian migrants with two children and 36% of humanitarian migrants with no children were employed, compared with 34% and 65% of women in the family partner category and 58% and 74% of the general population with the same characteristics. This is a gap of more than 37 percentage points between women on humanitarian visas and women born in Australia who are employed.

3.7.6 Factors associated with improved employment outcomes

A limitation of the ACMID analysis is that multivariate analyses were not undertaken. Multivariate analysis was possible with the BNLA data. While noting that this analysis of BNLA data does not cover the post-five year settlement period and only uses information collected on the first three years of settlement of humanitarian migrants, the statistical modelling was undertaken to identify significant factors associated with humanitarian migrant women's employment.

This analysis found that living in inner/outer regional Australia, higher levels of pre-migration education, undertaking study/training since arrival and holding a Woman at Risk visa were all significantly associated with employment while controlling for other relevant factors. The findings highlight the importance of the uptake of education and training after arrival in Australia. While English language proficiency was not found to be statistically significant in explaining employment in the model, there was a significant association between language proficiency and undertaking study or training in Australia, which is an important predictor of employment. English language proficiency is also important for a range of other key outcomes. In section 4.4, we will highlight how service providers involved in delivering services to migrant women often nominate difficulties with language as a significant barrier to service access.

3.7.7 Importance of education and language proficiency

These results indicate that migrant and refugee women (and in particular humanitarian migrants), face multiple disadvantages in their settlement journey and these may act as barriers to wider social and economic engagement. The analysis of the census and BNLA data also highlight the important role that education and language proficiency play in terms of migrant women gaining employment.

4 The service delivery landscape: Types of programs available, barriers to service access, and best practice in service delivery

4.1 Introduction

This section describes findings from the research that explored the perspectives of service providers involved in delivering services to migrant and refugee women. Insights have been gained through analysis of the online quantitative survey (online survey of service providers) and qualitative interview data (in-depth qualitative interviews) described in section 2 (page 4). The online survey is used for analyses of closed questions (allowing reports of the frequency of options being selected) as well as for analyses of the open-ended questions. These data are used to describe the nature and types of services delivered to refugee and migrant clients as reported by participants in the online survey of service providers (section 4.2) and client characteristics and outcomes (section 4.3, page 31).

In addition to these online survey data, the in-depth qualitative interviews provided more detailed information about the delivery of services to migrant and refugee women. The quantitative and qualitative data were used in the discussion on service provision, access and barriers to service use (see section 4.4, page 35); the analysis of best practice principles in service delivery (see section 4.5, page 41); and in exploring service gaps and key priorities (see section 4.6, page 46).

4.2 Nature and type of programs and services delivered

As noted in section 2, the online survey of service providers is not a representative sample of all services and programs being delivered to migrant and refugee women who have settled in Australia for at least five years. However, the collected data can provide information on the types and nature of services that are available to this population.

A range of different service types is available to migrant women, and service providers from diverse program and service types participated in this research. Perspectives on service delivery are expected to vary greatly according to the type of service offered, and the characteristics of services' target client group. For example, clients accessing family violence support services are likely to have significant and complex needs and may require access to multiple service types. On the other hand, clients accessing language classes are likely to face less complex challenges in their service delivery needs. While sample sizes were insufficient to fully explore variation in service delivery issues according to service type, we include some examination of differences according to who the services targeted and what types of services are offered.

We begin first by setting out some of these differences in the characteristics of the services represented by participants in the online survey. A summary of key findings from this section is presented in Box 4.1 (page 27).

Box 4.1: Key findings on the nature and types of programs and services available to migrant and refugee women

A diverse number of program and service types are offered to migrant and refugee women. The most common from those who responded to the survey included accredited language classes, family or domestic violence support and parenting support or education services.

The vast majority of organisations deliver multiple services to their client group rather than focusing on one dedicated program or service.

Organisations receive funding from multiple sources. While Commonwealth and state governments were the most frequently reported funding streams, other sources of funding included philanthropic, non-government organisations and religious or faith-based funding.

Table 4.1 shows the *main* service types being delivered by the organisations sampled, further analysed by whether they provide these services to both refugee and family stream migrants or either stream separately. Overall, the most common types of service delivered by organisations recruited to the study included accredited language classes (17%), family or domestic violence support services (12%), parenting support or education services (8%) and referral services (7%).

Table 4.1: Main service provided, by client group

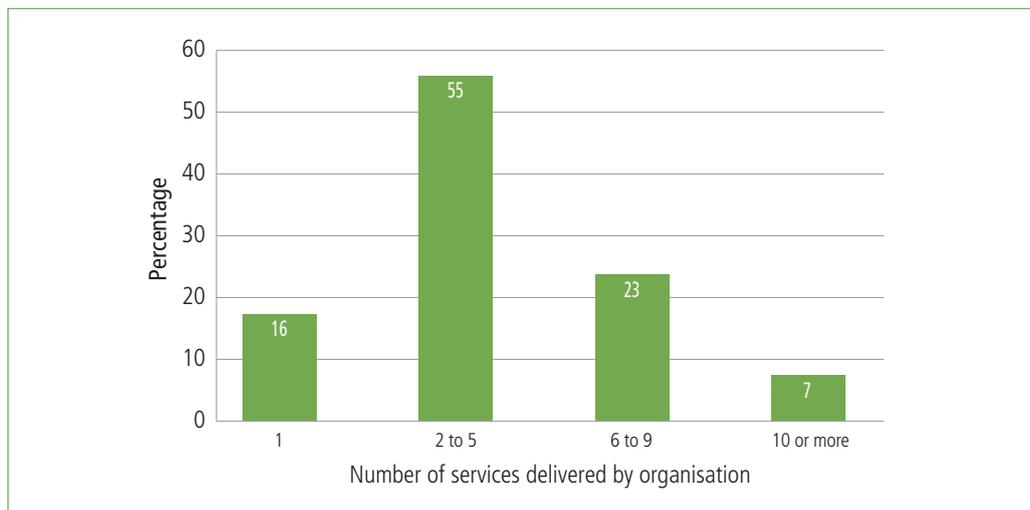
Main service	Both refugee and family stream (n)	Family stream only (n)	Refugee only (n)	All clients (%)
Accredited language classes	19	2	1	17.1
Family/domestic violence	15		1	12.4
Parent support/education	7	1	2	7.8
Referral	8	1		7.0
Counselling	4	2	2	6.2
Education	6	1	1	6.2
Mental health	5	2	1	6.2
Other	8			6.2
Non-accredited language classes	5		2	5.4
Other health	6		1	5.4
Leadership	5			3.9
Legal	4			3.1
Settlement services	3		1	3.1
Accredited interpreting/ translating	3			2.3
Case management	1	1	1	2.3
Employment	2	1		2.3
Housing	1		1	1.6
Financial	1			0.8
Non-accredited interpreting/ translating	1			0.8
Total	104	11	14	100.0
No. of respondents	104	11	14	129

Note: Due to small sample sizes, data relating to family stream only and refugee only services should be interpreted with caution.

Source: Online survey of service providers

Due to these small sample sizes when results are further presented by both refugee and family stream services, refugee only services or family stream only services in this report, the number of respondents rather than percentages are provided in tables and commentary accompanying the tables. As seen in Table 4.1 (page 27), differences are observed across the key client subgroups. Organisations servicing only family stream migrants were more likely to deliver mental health and counselling services compared to organisations overall (two of the 11 family stream only services vs 6%). Similarly, organisations servicing only refugee clients were more commonly delivering parenting support or education (two of the 14 refugee only services) and non-accredited language classes (two of the 14 refugee only services) compared to family stream only services. However, as the number of organisations delivering services to only family stream or refugee clients is very small (11 and 14 respondents respectively) these results should be interpreted with caution.

The overwhelming majority of organisations represented by survey participants delivered multiple services (see Figure 4.1). Around 55% delivered between two and five different types of services, a further 30% delivered six or more and only 16% delivered just one type of service to the target client groups. This suggests that the nature of service delivery in the sector is multi-focused rather than organisations concentrating on the delivery of a single program/service to their client group.



Source: Online survey of service providers

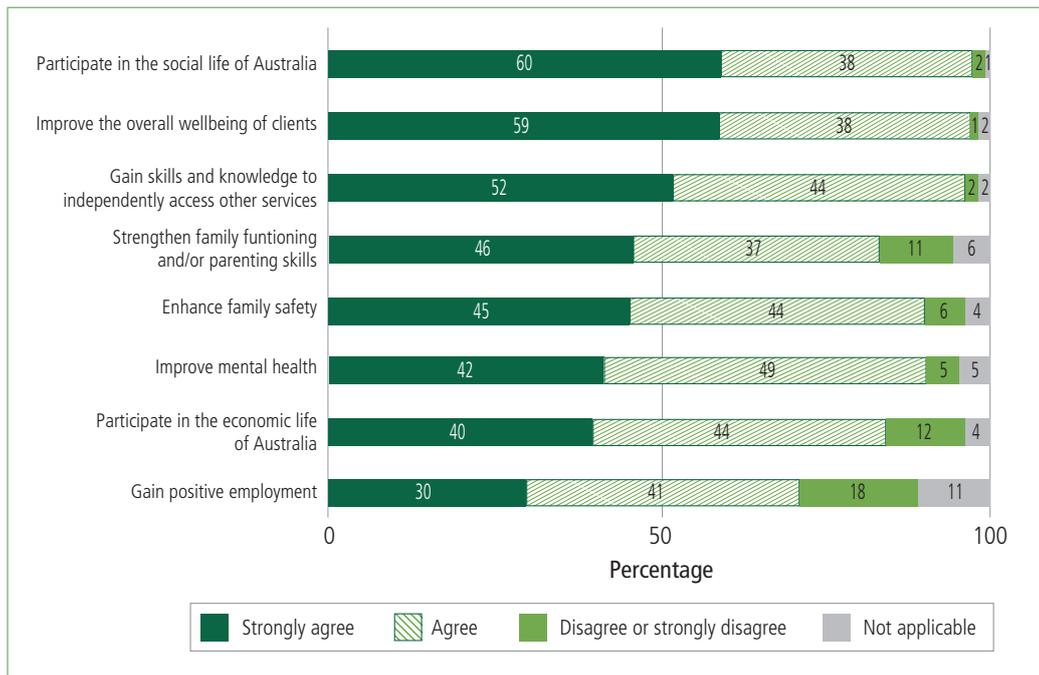
Figure 4.1: Number of services delivered to target client groups by recruited organisations

Throughout the survey, participants are reminded to respond to questions in relation to the services or programs offered to migrant or refugee women who have been in Australia for five years or more. One set of questions explores in what areas the service or program helps clients. The responses in Figure 4.2 (page 29) show that most of the services and programs have varied roles, with almost all survey participants strongly agreeing or agreeing that their service has a role in assisting clients to participate in the social life of Australia, improving clients' overall wellbeing and helping them to gain skills and knowledge to independently access other services. Agreement was somewhat less likely for specific roles, such as helping clients to gain positive employment or to improve mental health, but even so the majority of services were reported to have some role in achieving these outcomes.

These responses show the breadth of ways that services to migrant and refugee women can help them on the path to improved social and economic participation.

The organisations of service providers recruited to the online survey of service providers delivered services across all states of Australia. Most organisations were state-based services, with only 3% delivering services in more than one state and around 2% delivering services Australia-wide. As seen in Figure 4.3 (page 29), the majority of organisations delivered services in Victoria (30%), New South Wales (19%), Queensland (19%) and South Australia

(15%).¹⁶ Around 44% of service providers reported delivering services in a capital city, 55% in a major town or city and 33% outside these areas.



Source: Online survey of service providers

Figure 4.2: Ways that services and programs help migrant and refugee women

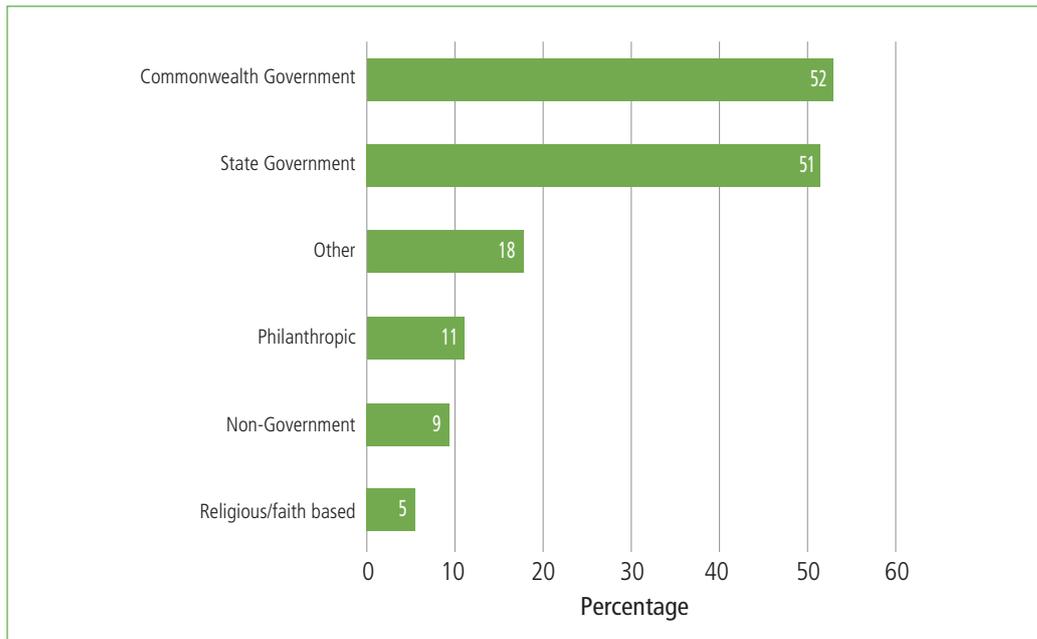


Source: Online survey of service providers

Figure 4.3: Distribution of services delivered across states of Australia

In the provision of services in this sector, it is common for organisations to receive multiple sources of funding. About half (52%) of service providers recruited to the online survey of service providers reported their service received funding from the Commonwealth government (see Figure 4.4, page 30). Other sources of funding included state governments (51%), philanthropic sources (11%), non-government organisations (9%), religious or faith-based avenues (5%) and from a source other than those listed (18%).

¹⁶ Organisations of service providers recruited to the online survey of service providers could select multiple locations for where programs and services were delivered. For this reason, percentages for this survey item could sum to over 100.0%. Sample sizes for each location of service delivery were: Victoria, *n* = 38; New South Wales, *n* = 25; Queensland, *n* = 25; South Australia, *n* = 19; Western Australia, *n* = 9; Tasmania, *n* = 7; Northern Territory, *n* = 5; Australian Capital Territory, *n* = 2; Australia-wide, *n* = 2.



Source: Online survey of service providers

Figure 4.4: Funding sources of main service delivered

Service providers were recruited to the study based on the provision of services to clients in the post-settlement period (e.g., clients who have been living in Australia for five years or more). However, as outlined in the above analysis, service delivery in this sector is intertwined and many organisations offer a range of settlement and post-settlement services. Around 37% of all organisations represented in the online survey, along with delivering post-settlement services also offered settlement services available to clients who had lived in Australia for less than five years, and this proportion was slightly higher for organisations servicing only family stream migrants (46%). Initial consultations revealed some anecdotal evidence of there being a drop-off in the delivery of services to clients between earlier (up to five years after arrival) and later stages of settlement. This may be an area in which the government can improve the coordination of service delivery to clients as they transition from the settlement to post-settlement period. Sections 5.3 and 5.5 later in this report provide further discussion around some of the challenges and issues with mainstream service delivery for this population and the transition to mainstream service for this cohort based on findings from the qualitative interviews.

Survey participants were asked to report additional details about the period of their service provision, in terms of length of time the service is available and length of time clients generally access the service. Overall findings are:

- The majority (64%) of all services were offered to clients for two or more years, 9% for 1–2 years, 8% for 7–12 months and a further 10% for less than one year.
- However, clients generally access services for a shorter period of time than the period available. Participants reported that 37% of clients generally access services for two or more years, 25% for 1–2 years, 12% for 7–12 months and more than 20% for less than one year.
- Additionally, 88% of services offer subsequent access for clients who are unable to complete or fully utilise the service upon entering the program or service.

A key factor for migrant and refugee women (and men) in their ability to interact with services, as well as in economic or social activities, is their level of English language proficiency. This will be discussed throughout this report, as a key challenge for service providers, given that clients may not be able to read or converse in English. To understand what services do to help migrant and refugee women, given potential challenges with English, participants were asked about some core ways that their service manages this. The survey captures which programs and services had information available for clients in languages other than English, employed female bilingual workers and had female interpreters available to assist with delivery.

The majority of respondents indicated that their organisations provide information about their service in a language other than English (69%) and use female interpreters to assist with service delivery (63%). However, less than half (42%) reported that their organisation employs female bilingual workers to deliver the service.

This information in Table 4.2 shows that a lower proportion of organisations servicing only refugee clients (four out of 14 refugee only services) provided information in a language other than English. Turning to the family stream group, nine out of 11 family stream only services employ female bilingual workers in the delivery of services. Although as noted previously, analysis comparing family stream only and refugee only services are based on very small sample sizes. It is also possible that the types of services being provided by each service type (e.g., refugee only services provided non-accredited language classes while family stream only services did not) may also influence the extent to which there is a need for information that is available in languages other than English.

Table 4.2: Language and service delivery to refugee or migrant women clients, by client group

Aspects of service delivery	Both refugee and family stream (n)	Family stream only (n)	Refugee only (n)	All clients (%)
Information available in languages other than English	77	8	4	69.0
Employs female bilingual workers	41	9	5	42.6
Female interpreters available to assist with delivery	71	4	8	63.4
No. of respondents	104	11	14	129

Source: Online survey of service providers

4.3 Client characteristics and referrals

Box 4.2 highlights key findings from this subsection, which explores client characteristics and referral mechanisms for these clients.

Box 4.2: Key findings on the characteristics of clients and referral pathways

Organisations are providing services to clients facing challenges in terms of language proficiency and lower education levels compared to the wider Australian population.

The predominant referral methods for clients were the client directly approaching the service themselves and referral from mainstream services. Referrals from Settlement Services and government were other pathways in which clients connected with services.

In the online survey of service providers, participants were asked a series of questions about the characteristics of the clients they service, thinking about the characteristics of the migrant and refugee women who had been in Australia for at least five years. They were asked to report details about the majority of their clients, acknowledging that their services are likely to have clients with a range of characteristics. These main client characteristics are summarised in Table 4.3 (page 33), by client subgroup and the top three main services provided. Non-response rates are higher for these survey items than for other questions asked in the survey, suggesting service providers did not always capture these details of their clients, or perhaps indicating that respondents found it difficult to identify a “main” demographic, if their client group was fairly broad. The non-responding cases are included in the base calculation of the proportions presented in Table 4.3 (as shown by the category “Not specified”). The sample sizes are very small for some of these analyses.

Looking firstly at *English language proficiency*, participants were asked to indicate what proportion of the refugee and migrant women clients could speak, read and write English “well” upon commencement with the service.

- Overall, the majority of participants in the online survey indicated that less than half of their clients scored “well” on these three proficiency dimensions—68% indicated that less than half of clients scored “well” for speaking proficiency, 74% for reading proficiency and 77% for writing proficiency. Comparing the overall proficiency ratings across each dimension, ratings were slightly more positive on the dimension of speaking proficiency, with 17% of participants reporting that 50–75% of clients could speak English well and a further 5% reporting that more than 75% could speak well (this equates to 25% of respondents reporting that more than one-half of their clients could speak English well). By comparison, around 12% of participants indicated that more than half of their clients could read English well and only 9% indicated this proportion for written English proficiency.
- Differences in proficiency ratings were found among participants servicing only family stream migrants. Most of these participants indicated that less than half of their clients could speak, read or write English well.
- Survey participants offering family and domestic violence support services indicated higher ratings across all proficiency dimensions compared to the other subgroups presented. For example, seven from 16 of these respondents reported that more than one half of their clients spoke English well (compared to two from ten respondents offering parenting support services and three from 22 for those offering accredited language classes).

The next characteristic presented in Table 4.3 details client’s highest education level, as reported by survey respondents. These are relatively low education levels as was also observed for this population in the census data.

- Overall, around 26% of clients were reported as having either commenced but not completed primary school or having completed primary school but no further schooling. A further 20% were identified as having ten years of school or less and approximately 15% were reported as having completed high school with no further education. Only 7% of clients were reported as having a university degree, trade or technical qualification, and a further 10% were reported as having never attended school.
- Some differences by subgroup were found, with participants servicing only family stream migrants reporting higher levels of education on average (three from 11 reporting clients had completed high school and two from 11 reporting their clients held a university degree). Conversely, participants delivering services to refugee clients reported lower education levels on average, with four from 14 service providers reporting their clients identified as having commenced but not completed primary school and a further two from 14 reporting their clients had never attended school.

Table 4.3 (page 33) shows that the majority of clients (68%) were reported as being in the *age groups* 25–34 years and 35–44 years, a further 16% reported the majority of their clients were in the age group 45–54 years. Few reported that their main client group was under the age of 25 years. Participants delivering services to the family stream subgroup indicated that their clients were older on average with four from 11 family stream only services, clients aged 45–54 years and one from 11 aged 55 years or older, whereas clients of the parenting support services were younger on average with six from 10 identified as being aged 25–34 years and a further one from 10 under the age of 25 years.

Looking lastly at the *marital status* of clients, around one half (55%) of service providers reported that the majority of their clients were married or with a partner. Analysis by key subgroups showed that clients in the refugee group were more likely to be single with children (five from 14 services compared to 14% overall). Organisations delivering family or domestic violence support were more likely to be servicing clients who were separated or divorced (four from 16 services compared to 9% overall). None reported that single persons without children were the main client group of their service (and so this is not shown in the table), but when a broader question was asked that captured all client groups, they were represented.

Table 4.3: Respondent's reports of client characteristics, by client group and main service

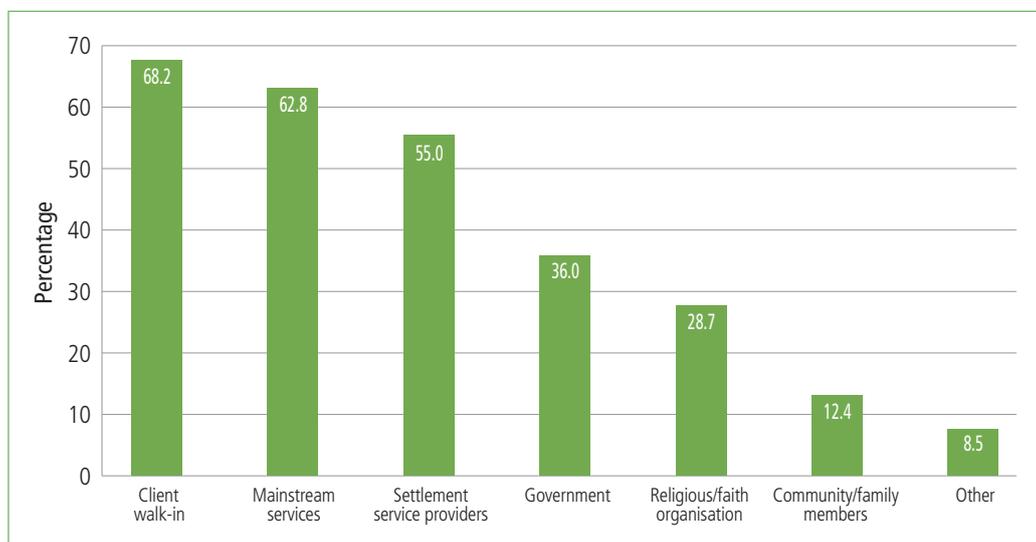
Client characteristic	Client group			Main service				Total (%)
	Both refugees and family stream (n)	Family stream only (n)	Refugees only (n)	Accredited language classes (n)	Family/ domestic violence (n)	Parenting support / education (n)		
English language proficiency								
% can speak English well								
25–49%	68	10	10	18	7	8		68.2
50–75%	20		2	2	5	2		17.1
> 75%	5		1	1	2			4.7
Not specified	11	1	1	1	2			10.0
% can read English well								
25–49%	77	10	9	19	10	8		74.4
50–75%	11		1	1	3	2		9.3
> 75%	2		1	1	1			2.3
Not specified	14	1	3	1	2			14.0
% can write English well								
25–49%	80	10	9	10	10	9		76.7
50–75%	8		1	1	2	1		7.0
> 75%	1		1	1	1			1.6
Not specified	15	1	3	1	3			14.7
Education level								
Never attended school	8	1	2	4		1		8.5
Completed primary school but never completed	10	1	4	4	1	1		11.6
Completed primary school but no further schooling	18		1	5	2	2		14.7
10 years of schooling or less	21	1	3	5	2	2		19.4
Completed high school but no further education	13	3	3	3	1	1		14.7

Client characteristic	Client group			Main service				Total (%)
	Both refugees and family stream (n)	Family stream only (n)	Refugees only (n)	Accredited language classes (n)	Family/ domestic violence (n)	Parenting support / education (n)		
Trade or technical qualification	2							1.6
University degree or VET	5	2		1	1			5.4
Not specified	27	3	1		9	3		24.1
Age group								
Under 25 years	4					1		3.1
25–34 years	31	2	3	3	7	6		27.9
35–44 years	35	3	8	12	6	2		35.7
45–54 years	16	4		5				15.5
55 years or older	6	1	2					7.0
Not specified	12	1	1	2	3	1		10.8
Marital status								
Married or with a partner	58	7	7	15	7	6		55.8
Divorced/separated	10	1	1	1	4			9.3
Single with children	13		5	4	3	1		14.0
Not specified	23	3	1	2	2	3		20.9
Total	104	11	14	22	16	10		100.0
No. of respondents	104	11	14	22	16	10		129

Note: "Not specified" refers to cases where the participant did not select one of the options in the list, mostly due to indicating that they were unsure of the answer or preferred not to specify a response. Non-response is higher for these items compared to other items in the survey. For marital status, no respondents selected "single without children" as their main client group so this is not shown.

Source: Online survey of service providers

Information was collected from service provider participants about all of the methods by which clients were referred to an organisation’s main service or program. Figure 4.5 shows that the predominant modes of referral are through the client directly approaching the service (68%), and referral from other mainstream services (63%) or settlement services (55%). Around one third (36%) of participants reported that clients were referred by the government. Referral pathways further analysed by client group and main service offered are described in Table 4.4.



Source: Online survey of service providers

Figure 4.5: Referral methods of clients to main service

Table 4.4: Referral methods of clients to main service, by client group and main service

Referral method	Client group			Main service			Total (%)
	Both refugees and family stream (n)	Family stream only (n)	Refugees only (n)	Accredited language classes (n)	Family/ domestic violence (n)	Parenting support / education (n)	
Client walk-in	69	9	10	10	11	10	68.2
Mainstream services	68	7	6	8	12	9	62.8
Settlement service providers	63	2	7	15	9	7	55.8
Government	45	1	1	13	7	3	36.4
Religious/faith organisation	31	3	3	2	3	3	28.7
Community/family members	11	3	2	2	1	2	12.4
Other	10	1	0	2	1	0	8.5
No. of respondents	104	11	14	22	14	10	129

4.4 Service provision, access and barriers

A key focus of this study was on access and barriers to services, again with a focus on migrant and refugee clients who have been in Australia for five years or more. This study captured the perspectives of service providers through quantitative (i.e., online survey of service providers) and qualitative in-depth data collection. Findings reported in this section reflect those perspectives. To fully understand how migrant women experience service provision, it would be required to add their own perspectives to this. This would be a useful future direction to complement this research.

A summary of the main results from this analysis is reported in Box 4.3.

Box 4.3: Key findings on service access and barriers

From the perspective of service providers completing the online survey, *barriers* to service use are a greater issue faced by clients than the *availability* of services.

Some variation was found in the barriers to access across the states where services were delivered. Generally, employment services were reported to have the highest level of barriers for clients accessing these services.

Results from the qualitative interviews and open-text fields in the online survey indicated that language barriers were the most significant barriers faced by clients.

Other factors such as family/gender roles, awareness/understanding of the service system, a service's geographical location, and the flexibility with which programs/support are delivered were also nominated as potential barriers for service use.

First looking at the quantitative findings, respondents in the online survey of service providers were asked the types of services or programs that are available in their region but were difficult for migrant and refugee women to access, with a list for them to select from. A similar question was also asked to gauge views on the types of services or programs that are not available in their region that would help migrant/refugee women.

Table 4.5: Proportion of respondents who identified gaps in the accessibility and availability of services in their region

Type of service/program	Is available in region but difficult for clients to access (%)	Would be helpful for clients but not available in region (%)
Employment	59.7	25.6
Housing	44.2	14.0
Education	42.6	14.0
Legal	37.2	12.4
Family violence/support	35.7	17.1
Mental health	36.4	16.3
Financial	35.7	14.0
Counselling	31.0	13.2
Parent support/education	28.7	14.0
Accredited language classes	26.4	12.4
Accredited interpreting/translating	21.7	13.2
Other health	21.7	14.0
Leadership	17.1	9.3
Referral	16.3	7.8
Non-accredited language classes	15.5	7.8
Non-accredited interpreting/translating	8.5	7.8
Other	4.7	8.5
No. of respondents	129	129

Source: Online survey of service providers

Table 4.5 shows that from the perspectives of the service providers surveyed, barriers to service use are a more important issue than the availability of services. The services most commonly reported as being available but difficult for clients to access include employment services (60%), housing (44%), education (42%), legal (37%), mental health (36%), family and domestic violence (36%) and financial services (36%). By comparison, a lower proportion of survey

participants reported that these services are unavailable to clients in their region, with the most common ones nominated as not being available being employment (26%), family or domestic violence (17%) and mental health services (16%).

These results about the availability of services are one of the key findings from the online survey. That providers perceive migrant and refugee women are not accessing the services they might need indicates there is a service delivery gap. This finding is consistent with other research from clients' perspectives where families report a lack of knowledge about what services are available, and how some can be confused by the unfamiliarity of complex service systems (e.g., see Saunders, Roche, McArthur, & Barry, 2017). The findings about service gaps are analysed fully in section 4.5 (page 41). The qualitative in-depth interviews also confirmed that there are significant barriers that can affect the delivery of services to migrant and refugee women. Findings from these interviews are discussed in the remainder of this section.

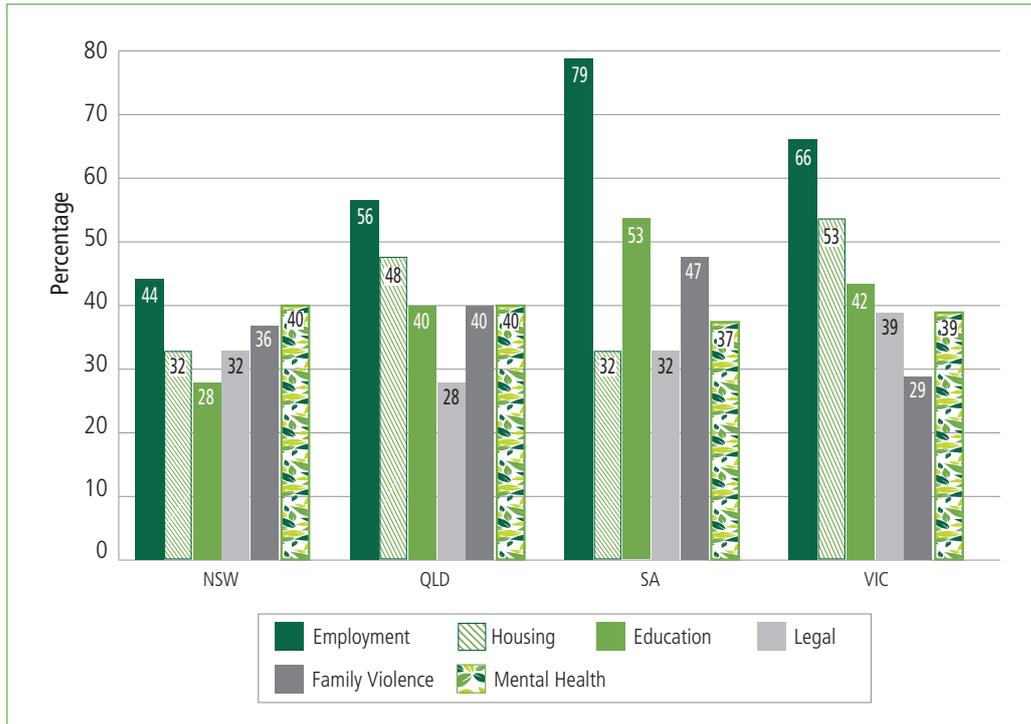
Further analysis of the service types for which more than one third of respondents had reported barriers to access was undertaken. Table 4.6 shows these service types according to the respondent's client group. Participants delivering services to only family stream migrants identified that housing services are more difficult for their clients to access compared to other subgroups (seven from 11 services vs 44% overall). Additionally, a lower proportion of participants servicing only refugee clients reported that family violence and financial services are difficult for clients to access in their region compared to other subgroups (two from 14 services vs 36% overall).

Table 4.6: Proportion of respondents who identified that the service is available in their region but difficult for clients to access, by client group

Services difficult to access	Both refugee and family stream (n)	Family stream only (n)	Refugee only (n)	All clients (%)
Employment	64	6	7	59.7
Housing	45	7	5	44.2
Education	45	5	5	42.6
Legal	40	4	4	37.2
Family violence/support	40	4	2	35.7
Mental health	40	4	3	36.4
Financial	39	5	2	35.7
No. of respondents	104	11	14	129

Source: Online survey of service providers

Responses are shown by state in Figure 4.6 (page 38) for survey participants delivering services in New South Wales, Queensland, South Australia and Victoria who reported that the service is difficult for clients to access in their region. Due to very small sample sizes (see footnote 16), services and programs delivered in other states are not reported in this figure, but note sample sizes are small also for the states reported on here. The most pronounced differences between the states related to employment services, with 80% of participants whose organisations deliver services in South Australia reporting that employment services are difficult for clients to access in their region (compared to 66% in Victoria, 56% in Queensland and 44% in New South Wales). Differences between the states were also found for the proportion of participants who selected education services (53% in South Australia vs 28% in New South Wales) and family and domestic violence services (47% in South Australia vs 29% in Victoria). While noting the smaller sample size of participants delivering services in South Australia compared to the other states presented in Figure 4.6, it is still important to acknowledge that participants in this location reported barriers to service use at generally higher rates than their counterparts.



Note: See footnote 16 for sample sizes for each state.

Source: Online survey of service providers

Figure 4.6: Proportion of respondents in each state who identified that the service is available in their region but difficult for refugee or migrant women clients to access, by state

Turning now to insights from the in-depth qualitative interviews and open-text fields in the online survey of service providers, participants identified several barriers that may hinder access to services for migrant and refugee women who have been in Australia for five years or more. Some responses related to the characteristics of the clients, which contribute to their difficulties in accessing services, while other responses related to the characteristics of the service. The broad areas that correspond to particular barriers are discussed below:

- language as a barrier;
- lack of awareness of available services and/or the confidence to access these services;
- family responsibilities and gender roles of migrant and refugee women;
- factors related to location of services and transport; and
- the need for flexible approaches to service delivery.

Later, in section 4.5 (page 41), we draw out the implications of these barriers when discussing gaps in service delivery to these migrant and refugee women.

Not surprisingly, the majority of service providers most frequently reported language as a barrier, referring to the fact that many clients are not proficient in English, and the services do not necessarily have the capability to converse or provide information in clients' native languages. Some examples of responses by service providers, below, illustrate concerns about language along with some of the other barriers:

Language barriers (lack of easy access to interpreted information, not feeling confident in approaching services), demands of multiple children (only available during certain times of the day to access services), transport (often using public transport, some services difficult to get to), not having an understanding of Australian systems and children being interpreters/ role change. (Online survey participant—Case worker)

Lack of English language and training opportunities, lack of child care, lack of family supports, e.g. parents and others to take on some of the family responsibility. (Online survey participant—Settlement services provider)

Isolation, domination from partner/husband, knowledge and access of available services, fear of repercussions from authority figures/departments, eligibility of service. (Online survey participant—Counselling service provider)

Confidence in finding assistance, or knowing which places are able to provide the assistance needed. (Online survey participant—Orientation information class provider)

In the online survey of service providers, the language barrier was frequently nominated as the most significant challenge for migrant and refugee women, particularly in relation to accessing health services and family and domestic violence services. While interpreter services are available to meet the needs of non-English speaking clients, access to these services can be a challenge (Smart, De Maio, Rioseco, & Edwards, 2017, in press.) Survey participants reported that it is not always an issue of services being unaware of interpreter services, rather that the service is not offered or booked when required or women are asked to arrange for a family member to interpret for them. The use of a family member as interpreter is an inappropriate and problematic response for any service but particularly in relation to domestic and family violence issues (see NSW Department of Community Services, 2005; Waitemata District Health Board, eCALD Services, 2016) and can hinder access to supportive services. The responses below illustrate some issues service providers reported in relation to interpreting services and problems with online service access.

I mean, apparently if you call 000, you can't—they won't connect you to an interpreter. There have been reported, you know people using the perpetrator to interpret and those sorts of things. And also interpreters acting as advocates, saying to the women you should go back, so there's lots of issues around that. (Participant 5—Multicultural advocacy)

And often at court you get the "oh, we haven't booked an interpreter, you will have to come back another day" and that sort of thing so yeah, it's quite problematic. (Participant 8—Domestic violence service)

Lack of using interpreters is an ongoing issue—using Google translate, friends, or nothing, is common. (Online survey participant—Advocacy and support organisation)

Low literacy—able to speak and understand but not read and write English. No computer literacy but expected to access services online. Difficulty accessing by phone with automated messages telling to select a number, therefore unaware of services and how to access them. (Online survey participant—Referral to other support services and programmes provider)

Service providers suggested that the ability to engage with women in their own language supports access, rapport building and the provision of appropriate and helpful services. Therefore, in the absence of professional interpreters and bilingual workers, refugee and migrant women may not access much-needed assistance. Research that is based on the perspective of clients confirms that a lack of language proficiency can act as a barrier for migrants accessing a range of services including education (Watkins, Razee, & Richters, 2012), health services (Lamb & Smith, 2002; Riggs et al. 2012) and domestic violence support services (DSS, 2015).

Another barrier that service providers identified could hinder uptake of services by migrant women was unfamiliarity and lack of awareness of the services that were available to them. Survey participants also noted that a lack of confidence in how to access services was a potential barrier for some women. Language proficiency could add a further layer of complexity to these barriers. The quote below from the online survey highlights the issues at play in this regard:

Language barrier presents a barrier that creates a multitude of other barriers. Lack of confidence and awareness of programs designed for them. Cultural barriers. Anxiety about unfamiliarity due to cultural barriers that could otherwise be addressed. (Online survey participant—Education training service provider)

Other barriers to service access reported by participants included clients' family responsibilities and gender roles, with the lack of child care identified as a key barrier by many. This theme around the importance of child care in supporting migrant women to secure employment and gain English language skills has also been shown in other research. AMES (2016) highlights the availability of child care as a critical factor in supporting family stream migrants' transition

to employment after arrival in Australia.¹⁷ A number of participants noted that the provision of child care would enable service access for migrant and refugee women who have been in Australia for five or more years. Not all services are funded or able to provide child care facilities or workers but instead may provide programs that run during school hours and weekends in order to facilitate access for mothers and/or women who are working full-time. For example:

So the activities that we provide we usually run them between 10 and 2 when women have their kids in school, for those who are not working or have very unpredictable times. And we also run activities on the weekend because some women in my target group cannot do it on work days. (Participant 10—Employment service)

It would help to provide child care or spaces where children can be cared for near their mothers. (Online survey participant—Education and training provider)

More generally, challenges to do with culture and norms about roles within the household could also act as a barrier to service use. These sensitivities could be present within households or at the wider community level and may make it even more difficult for migrant women to engage with services (when compared to men), as the following two quotes illustrate:

There are often cultural barriers for example, some husbands do not want their wives to participate. (Online survey participant—Accredited language class provider)

Culturally, some clients are deterred by community members to access services. (Online survey participant—Referral to other support services and programmes provider)

In relation to gender issues, others also noted the importance of engaging female staff and female peer role models to deliver services and programs to migrant women.

More female interpreters are needed. (Online survey participant—Accredited language class provider)

Develop empowerment programs that are multifaceted. We use volunteering as a means for women to begin to improve their English, to find out about the workplace, to meet and interact with other women, with women employees (role models) and to interact with service providers. (Online survey participant—Women's empowerment program)

Most of the service providers in the in-depth qualitative study were based in major cities; however, some were funded to work with clients across their entire state/territory. Metropolitan-based services are well placed to facilitate access for migrant and refugee women living and working in metropolitan areas; however, for migrant and refugee women living and working outside of these areas, access to services becomes more challenging. Interview participants reported that where possible, services are located close to transport options and they try to provide a pick-up service for women if they are located further away. Research by Scheppers, van Dongen, Dekker, Geertzen, & Dekker (2006) also identified transport and transportation time as a potential barrier for migrants accessing services. Other open-text responses from the online survey noted that access to transport was still a barrier for many.

Many clients experience transport issues as public transport is very limited and many do not have a driver's licence. (Online survey participant—Advocacy and support organisation)

Affordable transport and even getting to transport that is close by is challenging in the suburbs. (Online survey participant—Mental health service provider)

Survey participants suggested that flexible approaches to service delivery become important when considering the cultural barriers migrant and refugee women face in accessing services. As discussed, barriers such as language, family responsibilities, geographical location and the structure and delivery of programs have a potentially detrimental impact on migrant and refugee women's ability to access services and attend programs that aim to empower them and provide avenues for social inclusion. A lack of flexibility in how services and programs are offered may contribute to the inaccessibility of these services. Some examples of flexible approaches suggested were the provision of outreach programs and home visits.

¹⁷ Services to support their job search, work experience, mentoring and recognition of qualifications were also important themes that were identified in the AMES research.

Because of the issues that women are having in accessing the service, let's say a number of our groups have family issues, even domestic violence issues and they couldn't get out of the house. We had to develop something else, so it's about home visits, it's about assisting a mum who maybe has no family or friends to help at all. So we are utilising our own staff to go in and provide a bit of housework and some parenting tips within the home environment. So you know, a cup of coffee in a relaxed sort of atmosphere. (Participant 6—Multicultural advocacy)

Use non-traditional methods to offer women information about services—outreach, meet women where they are, provide multilingual information. (Online survey participant—Family and domestic violence support service)

Some online survey participants noted the importance of flexible options for migrant women who have been in Australia for more than five years.

Flexibility in eligibility for services is required. Provide funded support beyond five years. Clients often approach us with issues at five and a half, six or even more years after arrival in Australia—when they finally have time to consider more than child rearing and running a household. (Online survey participant—Leadership programme)

At five years a good percentage of women may be settled; however, when something out of the ordinary happens, such as issues with tenancy, they should be able to access whatever help they require regardless of how long they have been in the country. (Online survey participant—Migration advice service provider)

4.5 Best practice principles in service delivery

4.5.1 Overview

An aim of this project was to identify best practice approaches in service delivery. Our focus was on principles applied specifically to the delivery of services to migrant women, such that survey participants could identify issues relating to cultural competency and language, as well as issues relating to gender, promoting social engagement, family strengths and leadership. Box 4.4 presents an overview of the best practice principles that emerged from the analyses presented in this section.

Box 4.4: Key findings on best practice principles in services delivery

- Findings from the online survey results show that organisations use a number of best practice principles in their service delivery. From the list of practices suggested to respondents, the two most frequently reported ones were responding to clients in a culturally appropriate way and the importance of delivering services in a gender responsive way.
- Several themes around best practice service delivery were also identified in the qualitative data. Principles that were critical in supporting migrant women included:
 - The importance of a diverse, culturally competent and bilingual workforce to deliver services was recognised. Culturally diverse workforces were identified as being important in engaging and maintaining service relationships with their key client groups.
 - Collaborative efforts with settlement and mainstream service providers were essential.
 - Consultation and collaboration with cultural groups and community leaders helped to increase service visibility and helped these organisations better understand the needs of migrants.

A key avenue to empower migrant women was through the delivery of services using a strengths-based service model, with participants identifying that a focus on deficits could result in disempowerment for this cohort.

Initially, ten best practice principles were developed through the consultations with advisory group members and other key stakeholders described earlier in section 4.2 (page 26). A brief review of the existing literature and consultations with members of Child and Family Community Australia (CFCA) at AIFS were also undertaken and fed into this process of identifying these best practice principles. These ten best practice principles are listed in Table 4.7 (page 42).

Participants in the online survey of service providers were asked if their service currently used any of the suggested ten practices in their provision of services. They also were able to report, in an open-text box, other key practices they thought were important in service delivery that were not explicitly asked about in this survey item. This topic area formed a major component of the qualitative interviews, but we report first on findings from the online survey of service providers then turn to findings from the qualitative interviews.

Table 4.7 shows the proportion of respondents who reported using each best practice principle in their delivery of services to clients, further analysed by client group. Overall, a high proportion reported that their organisations used these best practice principles in the provision of their service. The highest proportions were recorded for the following principles:

- responding to clients in a culturally responsive way (84%);
- responding to clients in a gender responsive way (82%);
- promoting the social engagement of clients in the community (81%); and
- encouraging skill development in clients (81%).

By contrast, the lowest proportions reported were for the principles relating to promoting leadership opportunities for clients (58%), and acknowledging and building on family strengths while responding to family stressors (64%). Some of the challenges around promoting pathways for migrant women into leadership roles have been described in other research (e.g., FECCA 2013).

Comparing the data between the subgroups shows that across almost all of the best practice principles a higher proportion of participants who deliver services to only family stream migrants reported using these principles. Conversely, the proportions were lower for participants servicing only refugee clients.

Table 4.7: Proportion of respondents who reported using each best practice principle in the provision of their service, by client group

Best practice principles	Both refugees and family stream (n)	Family stream only (n)	Refugees only (n)	All clients (%)
1. Responds to clients in a culturally responsive way	89	10	9	83.7
2. Responds to clients in a gender responsive way	88	9	9	82.2
3. Promotes the social engagement of clients in the community	86	10	9	81.4
4. Encourages skill development in clients	85	10	9	80.6
5. Advances clients' capacity for independence	83	10	8	78.3
6. Develops/maintains connections with other services	82	7	8	75.2
7. Acknowledges and responds to issues relating to pre/early settlement	78	8	6	71.3
8. Develops/maintains connections with community role models/peers	76	8	7	70.5
9. Acknowledges and builds on family strengths while responding to family stressors	66	9	8	64.3
10. Promotes leadership opportunities for clients	60	9	6	58.1
No. of respondents	104	11	14	129

Source: Online survey of service providers

Several themes emerged from the qualitative data and online survey open-text fields about best practice principles that were important in supporting migrant and refugee clients. In all of the themes identified there was an aspect of gender awareness at least implied in the discussions

of best practice, in line with this being the second-most frequently used principle in service delivery according to the online survey. These themes were:

- the importance of a diverse, culturally competent and bilingual workforce (as in principle number 1 in Table 4.7, page 42);
- professional collaboration with settlement and mainstream services (related to principle number 6);
- consultations and collaboration with cultural groups and community leaders/peers (as in principle number 8); and
- the need for strengths-based service models (as in principle number 9).

While these themes from the qualitative analysis do not cover all of the principles, it is interesting to note that many of those not covered align with what the survey participants told us were key ways in which their program or service helped migrant and refugee women as shown in Figure 4.2 (page 29).

Each of the above themes is discussed in further detail in the following four subsections.

4.5.2 Diverse, culturally competent and bilingual workforce

The majority of in-depth qualitative interview participants highlighted the positive impact a diverse, culturally competent and bilingual workforce has on a client base made up of predominately migrant and refugee women. Initial consultations with stakeholders described in section 4.2 (page 26) highlighted the importance of language barriers as a key issue for clients accessing services and programs. Also presented in section 4.2 was information from service providers that showed that less than half of their organisations employed female bilingual workers in the delivery of services. These insights, coupled with the qualitative data discussed next, are highlighted later in this report as showing a potential service gap under the broader issue of cultural competency in service delivery.

Service providers indicated that, where possible, they seek to match clients with workers with the same culture and language; however, where these resources are not available, clients report positive impacts when they are matched with a worker who they perceive as having similar migration experiences. For one of the participants, the service she manages works on the basis that former migrant and refugee women clients, who have a range of skills and knowledge from their country of origin as well as from years spent in Australia, will often apply to volunteer or undertake paid work in the service to support current migrant and refugee women clients.

So the idea of our program is that we train women who have come themselves as women at risk or different visas. We look at developing their language skills, skills in understanding their legal environment, their rights and obligations. Working with people at risk, conflict resolution. We train those people up to become what we call volunteers who mentor other women at risk. (Participant 3—Migrant services)

The use of culturally diverse female workers is vital to promoting participation, leadership and inclusiveness by demonstrating migrant and refugee women's effectiveness and professionalism in positions of power, modelling (legal and) culturally normative behaviour, and creating a welcoming and diverse environment.

We have a team of bicultural workers. They were all participants in the program and they were trained up volunteers and then as bicultural workers and then supported to get their Certificate II in Child Care. So they were all refugees and all volunteers. So that has a huge amount to do with it. We have not only the language capacity there but also, you know, the women attend and they see this beautiful Somali woman with a red hijab on with baby—you know, one baby on her back and one baby on her front and they think, these are my people. (Participant 10—Children's playgroups).

We have a peer-education model where community members are trained to deliver our services in language. (Online survey participant—Health service provider)

We work towards programs being led by migrant women themselves at all stages, from program development, to delivery, to evaluation. Gender equality and feminist approaches underpin much of our work. (Online survey participant—Leadership programme)

Service providers described the delivery of cultural competence training for non-migrant/refugee workers as slightly uneven, often occurring during induction training and not revisited. However, most service providers with Australian-born workers suggest that on the job cultural training was a powerful tool and one that occurred with each new wave of immigration.

Most service providers are working with good intentions to serve and do a lot of self-study to understand different cultures. (Participant 13—Employment support)

A diverse and empathetic workforce was identified as an important practice for services providing support for migrant and refugee women who have been in Australia for five or more years. Significantly, for many women in this cohort, their language and Australian cultural knowledge may not be particularly advanced due to a range of competing demands and issues including working full-time and/or being the primary caregivers to children. Therefore, a service that includes a culturally diverse workforce constitutes an important avenue by which to engage and maintain service relationships with this group of vulnerable service users.

The next practice identified by our in-depth qualitative interview participants is collaboration, which is examined in the following section.

4.5.3 Collaborations with settlement and mainstream services

Collaborative efforts with settlement and mainstream services are often initiated by migrant and refugee specific services in order to fill a gap that has been identified through engagement with migrant and refugee women and communities. Services aimed at refugee and migrant women with a specific remit such as training, or with a specific conceptual underpinning, may not have the expertise, desire or the funding to deliver a broader service. For example, a feminist-based service may not be adequately able to deliver services to men who display violent or coercive behaviour. However, such a service may form collaborations with settlement or mainstream services that do such work. This is acknowledged as empowering and supportive for migrant and refugee women through the provision of referrals for family members.

The in-depth qualitative interview participants discussed a range of collaborations with both settlement and mainstream services. They indicated that, for the most part, mainstream service collaborations (e.g., domestic violence services) were more formal, usually involving a Memorandum of Understanding (MOU). Partnerships with other multicultural services were characterised by informal processes and were usually relationship-based.

The health justice partnership we have [here], that's formal. It's a referral system through—we have a lawyer sitting there once a week but in their Social Work Department. So we have, as well as MOUs, we have like a formal form if you like that we can access as much information as we can so the woman doesn't have to repeat her story. (Participant 8—Multicultural domestic violence and outreach)

There was some variation in how collaborative agreements were structured. Some service providers indicated that they had collaborative practices with, for example, police and schools, without the need for a formal agreement. One online survey participant noted the importance of these informal networks in being able to respond to the diverse and often complex needs of clients.

You must be able to use your initiative and networks as it's impossible to become an expert in any one area with such diversity. We need to know where and how to seek advice from other services when needed. This requires networking skills and the ability to ask questions. (Online survey participant—Advocacy and support organisation)

In relation to strategies that contribute to the success of partnerships and collaborative practices, common goals and objectives were the key factors, as was the ability to support one another to fulfil policy initiatives already underway.

I think that they work well when there's a synergy in a common goal for outcomes and its objective. So say with council, if we're approaching a council obviously you sort of need someone who is a bit of a champion within council to speak about it with all the other staff and departments. But really the best thing to do is to tap into what existing strategies and policies they already have so that you're ticking their boxes. It's a win-win. (Participant 11—Employment and small business training)

There were also cautionary tales regarding collaboration, specifically that collaboration and partnerships that are borne of requirements for (joint) grant submissions were important but nevertheless a drain on resources and focus.

Just for me sometimes it's about—I mean it's really good to collaborate and to be in partnership with other groups but sometimes when you are forced to—you are forced to collaborate or to partner just because like, for example, to get a grant then it becomes a bit difficult. And you become—it's like losing a part of your independence. If you have to come together artificially, not because you wanted to but because you were made to come together. (Participant 2—Employment support service)

In seeking to identify the problems and issues that arise within cultural groups, and to design programs that target those issues effectively, service providers suggest that engagement and collaboration with community leaders and cultural groups are imperative to providing appropriate support to migrant and refugee women. This is discussed next.

4.5.4 Consultation and collaboration with cultural groups and community leaders/peers

The most important collaborative relationships that service providers participating in the in-depth qualitative interviews discussed were with migrant and refugee community groups and community leaders and peers. These collaborations work to increase service visibility and are used as a way to gain greater understanding of the needs of newly settled and established cultural groups. These cross-cultural collaborations also foster engagement on a number of levels including between migrant and refugee women and various services, as well as among migrant and refugee women. It was considered vital to the credibility and usefulness of the service to not simply dip in and out of communities but to establish and maintain connections as an ongoing strategy to support migrant and refugee women.

And being well known now in those communities and having built that trust doing other programs rather than, you know, coming in and coming out—what do you want from us and that sort of thing. I think they can see a real understanding that we are actually there to make some change and help so. There are certain things, ways you need to approach people and who you approach, and our program manager has so many connections now that it's just an easier pathway. Yeah and being very respectful, of course. (Participant 8—Multicultural domestic violence and outreach)

The following quote demonstrates the work and commitment required to engage with a community and seek their input into how best to support them. This work relies heavily on the trust and respect built over time between service providers and migrant and refugee women/community groups.

So the community dinners, we might have identified an issue and maybe bring people together to resolve it. That's what we did with domestic violence here, we had a male dinner and a female dinner. We talked to the police who were very involved in this, and the domestic violence service. I didn't go to the men's one, I went to the women's one. There was a set of questions and the women answered those really honestly, which gave us a real insight into their understanding of domestic violence, because a lot of these communities don't necessarily ... it's a taboo subject which isn't easily discussed, so by having an open dinner and chatting over dinner, it's a bit informal and makes it easier. (Participant 1—Aged care and mental health)

The following section is a discussion of the practice of utilising a strengths-based approach when working with migrant and refugee women who have been in Australia for five or more years.

4.5.5 Strengths-based service model

Participants in both the qualitative interviews and online survey reported having embraced the practice of a strengths-based approach when designing programs and services aimed at empowering migrant and refugee women. There was general consensus in the in-depth qualitative interviews and online survey of service providers open-text fields that although this cohort of women often requires intensive support related to employment, parenting, mental health, legal rights and responsibilities and language skills, a focus on deficits could result in a “victim mentality” or disempowerment.

We shifted from just linking migrant women with kind of what's called welfare settlement services. Because there's been a—I'm not suggesting that we're not doing it but we're trying to be more enterprising with women and sort of support them to actually broaden their aims and not become just victim recipients. (Participant 3—Migrant services)

We focus on clients' independence, inner strength and resilience as being key for them to commence a new life in Australia successfully. (Online survey participant—Settlement services provider)

We work with and coach our clients to understand that female leadership is important, for them and for future generations. Passing on skills, lifestyle and cultural crafts are very important. (Online survey participant—Leadership programme)

A strengths-based program or service seeks to identify the strengths that migrant and refugee women possess. Harnessing these strengths empowers migrant and refugee women to focus on problem solving and future resolution. This can be done through peer-to-peer interaction and other targeted activities that also aim to educate and increase skills.

Our method of empowering women is to, you know, to really work with them from a very basic grassroots level. So, we—so they you know, they come to our group and initially just because they want to learn how to dance or how to sing or how to play the drum and then you know as they become more confident with the women in the group and they realise that they share common issues and they can share common hopes. And then they become comfortable also with our community workers and they develop trust and then they start talking about their issues. They start seeking help. And also, they relax because they see the power of being in a team, being in a group, you know, they see the power of the organisation. So, they say that's good, it's a good way also of delivering that information session and also in getting them involved with other community activities. (Participant 2—Employment support service)

We identify women champions from the refugee background and promote their success stories to inspire other new arrivals. (Online survey participant—Housing programme provider)

Supporting women to participate, to identify their needs and seek help was identified by interview participants as an important avenue to empowering women to engage with services and their communities.

The best practice principles identified by our online survey of service provider participants included having a diverse, bilingual workforce that are best placed to understand and support migrant and refugee women; collaboration with settlement, mainstream and ethno-specific communities; utilising a strengths-based model of service delivery and evaluation to support collaboration and program improvement. The next section looks at the extent to which services and programs have been evaluated or have been based on an existing evidence-based program.

4.6 Evaluation and use of evidenced-based programs and services

Along with information about the nature and types of services available, the online survey of service providers also collected information about evidence-based practices and whether an evaluation had been undertaken of the service or program being delivered.

There is a range of different criteria that can be used to assess whether services are evidence-based. This project followed the framework used by an AIFS large-scale evaluation study of services in the child and family sector.¹⁸ The criteria included asking survey participants whether their service is based on a service that is evidence-based, if there are training materials to enable others to replicate their service and documentation about core aspects of the service, and whether a range of evaluations have been undertaken to measure the impact and outcomes for clients.

Box 4.5 provides a snapshot of key results around the extent to which services and programs were evidence-based and evaluations had been undertaken.

¹⁸ For further information on the evaluation framework, see: <aifs.gov.au/cfca/expert-panel-project/information-service-providers/frequently-asked-questions-communities-children-facilitating-partners#inclusion>.

Box 4.5: Key findings on evidence-based service delivery and evaluation of outcomes

Around one half of survey participants reported their service or program was based on an already existing evidence-based program.

Family and domestic violence services reported lower rates of services that were based on an existing evidence base compared to other services, with around one quarter of family violence services indicating evidence-based service delivery.

However, there was little variation across the different service types in the proportion who reported that key aspects of their service were documented and readily available.

Slightly less than one half of programs and services indicated that an evaluation had been undertaken to measure the impact and outcomes of their service delivery. The most common evaluation technique was qualitative research such as interviews and focus groups.

Findings from the qualitative interviews echoed these insights from the quantitative component of the research, with participants identifying that such evaluations provided an opportunity to assess the implementation and impact of their service provision.

Other participants also noted concerns around requirements for evaluation tied to grant funding being a drain on resources, and corresponding implications for maximum effectiveness and efficiency of service delivery.

In Table 4.8, these evidence-based criteria were analysed for the three most common services provided. There are very low sample sizes, however, for some of these data.

Table 4.8: Proportion of respondents who answered "yes" to criteria about evidence-based practices, by main service type

Evidence-based criteria	Accredited language classes (n)	Family/ domestic violence (n)	Parent support/ education (n)	All services (%)
Is based on an existing service that is already evidence-based	14	4	5	51.2
Includes training manual/documentation for others to replicate	13	2	2	38.8
Whether aspects of the service are documented and readily available				
Aims, objectives and theoretical basis for the service/program	15	10	7	65.1
A program logic or similar	17	9	6	58.1
A defined target group	15	10	7	65.1
Elements/activities of the service/program and why they are important	15	10	7	69.0
Whether an evaluation has been undertaken to measure impact/outcomes in the following ways				
Randomised controlled trial	1	4	10	13.2
Pre- and post-testing	16	5	5	40.3
Qualitative research	9	9	4	43.4
Most significant change	1	4	1	24.0
Impact	11	7	4	40.3
No. of respondents	22	16	10	129

Source: Online survey of service providers

Overall, around half of the survey participants reported that their service is based on an existing service that has already been identified as being evidence-based; however, the proportion satisfying this criterion was lower for family and domestic violence services (four of the 16

services) compared to other subgroups. Larger differences were found regarding the criterion of whether the service includes a training manual or documentation for others to provide the same service—13 from 22 of participants who deliver accredited language classes answered “yes” to this criterion, compared to two from 16 participants who deliver family and domestic violence support services, and two from 10 who deliver parenting support services.

Looking next at whether key aspects of the service are documented and readily available, there were less pronounced differences among the subgroups. Overall, approximately 65% of services have documented information available regarding the aims and objectives of their service, as well as a defined target group. Around 60% of services have documented information available about their program logic, with a higher proportion reported by participants delivering accredited language classes (77%).

Lastly, looking at the proportion of respondents who reported that an evaluation had been undertaken to measure the impact and outcomes of their service, just under half reported undertaking qualitative research such as interviews and focus groups (43%), pre- and post-testing (40%) and impact research (40%).¹⁹ Around one-quarter of services have undertaken an evaluation using most significant change techniques, and around 13% have undertaken randomised controlled trials.

Table 4.9: Proportion of services that have undertaken at least one form of evaluation to measure outcomes or impact

Service type	(%)	Total no. of respondents
Main service		
Accredited language classes	77.3	22
Family/domestic violence	62.5	16
Parent support/education	80.0	10
Referral	77.8	9
Counselling	62.5	8
Education	100.0	8
Mental health	75.0	8
Other	75.0	8
Non-accredited language classes	71.4	7
Other health	85.7	7
Leadership	80.0	5
Legal	50.0	4
Settlement services	75.0	4
Accredited interpreting/translation	100.0	3
Case management	66.7	3
Employment	100.0	3
Housing	100.0	2
Financial	100.0	1
Non-accredited interpreting/translation	100.0	1
Client group		
Both family stream and refugee	79.8	104
Family stream only	81.8	11
Refugee only	50.0	14
Overall	76.7	129

Source: Online survey of service providers

Considering service evaluation more broadly, Table 4.9 presents the proportion of service providers who reported that their services have undertaken at least one of the previously

¹⁹ This includes evaluating changes (positive or negative) among clients on desired outcomes.

described evaluations to measure impact and outcomes. Overall, around three-quarters (77%) of survey participants reported that at least one type of evaluation of their service has been undertaken. The data shows differences by subgroup, with lower proportions reported among participants delivering legal services (50%), counselling or family and domestic violence services (63%), and participants servicing only refugee clients (50%). Conversely, a higher than average proportion was reported among participants delivering education services (100%), other health services (86%) and parent support services (80%).

Further information about the evaluation of services and programs was gained through the in-depth qualitative interviews. All of the service providers that were interviewed had participated in an evaluation of their service and/or programs in one way or another. The most common refrain regarding evaluation was its connection to grants funding, providing the funding bodies an opportunity to assess the implementation and impacts of short-term projects (1–2 years).

Several services have undertaken service user evaluations or satisfaction assessments.

The service providers from an employment and small business training service for migrant and refugee women were the most emphatic regarding evaluation, using their yearly assessments as drivers for change and improvement in service delivery. Evaluations are used strategically to enhance collaboration opportunities to partner with councils and large service organisations, as well as continue to improve and grow their service.

Well we've sort of done a lot of study through the evaluations we do with our research and policy centre. But for people with extra barriers who have gone through, you know, refugee experiences, have—are new to the country and the laws, regulations and licences and everything here but also have additional—you know, English is a new language. All sorts of different things that they're facing. You know, really that's looking at maybe closer to five years for some. So, we can't just run a one-year program. Really we've, we've got a lot of evidence. So that what we're doing is an evidence-based practice and we know that that's what's required to get the business outcomes or employment education outcomes that people are after to become better settled in Australia. (Participant 11—Employment and small business training)

Others were slightly less enthusiastic about evaluation with the biggest concern being the drain on resources. One provider described the requirement for evaluations being attached to several small grants:

Our staff spend 30% of their time reporting on what they're doing. Most of the—a lot of the funding, a lot of the resources go into recording, reporting on accountability. I don't know that anybody in the government sector's department actually read them. (Participant 3—Migrant services)

On this topic of accountability and reporting requirements, AIFS notes the DSS DEX (Data Exchange) database may provide some opportunity to streamline reporting requirements for smaller service organisations. DEX covers most of the client-based programs funded by DSS and collects information around a core set of service delivery outcomes. Information is collected via client surveys and from service providers as part of their funding requirements.²⁰

The following section outlines the key gaps in the service landscape as identified by service providers delivering services to migrant and refugee women around Australia.

²⁰ For further information about the DEX database, see: <dex.dss.gov.au/about/>.

5

Service gaps and key priorities

5.1 Introduction

A critical focus for this study was to explore service gaps and key priorities in the provision of services to migrant and refugee women, in particular those who have been in Australia for five or more years. This section discusses key factors that contribute to there being service gaps, as identified by service providers and multicultural support services in the qualitative interviews and open-text fields in the online survey of service providers. The questions that interview participants were asked related to key gaps in service provision, with a request to discuss their own service as well as consider the wider service landscape used to support migrant and refugee women more broadly.

Overall, in responses about service gaps, respondents identified a range of issues related to funding models, delivery of services in a gender sensitive and responsive way, a lack of understanding of migrant and refugee issues in mainstream services, the need for better promotion of services to increase visibility and accessibility, the movement toward large service hubs for service delivery and funding models and a lack of dedicated funding for supporting migrant and refugee women in the post-settlement period. Each of these factors related to service gaps is discussed further in the following five subsections.

5.2 Delivery of services in a gender sensitive and responsive way

The discussion in section 4.5 (page 41) highlighted that service providers in the online survey identified that responding to clients in a culturally and gender responsive way were the most important best practice principles in their service delivery. Participants in the qualitative interviews spoke further about the importance of gender responsive service delivery. As discussed throughout the report, migrant and refugee women may have cultural norms and gender roles within their families that can be a particular challenge and add an extra layer of difficulties in accessing appropriate services, especially domestic violence support services.

Service providers noted that effective service delivery was also attentive to the added family and caring responsibilities migrant women were responsible for, and flexibility in service access, eligibility and delivery options was an important mechanism to address these issues. The implications of family and caring responsibilities for migrant women was noted by many service providers, who suggested that for most migrant and refugee women coming to settle in Australia there exists a tension between the need to learn English, find and maintain employment and/or, if they have children, raise children, including supporting children's transition to school. This tension can remain unresolved for many years, even decades, and can manifest in women working full-time but with few English skills, resulting in a lack of knowledge about their rights as workers and an inability to seek more secure employment. Newly arrived migrant women may miss out on opportunities offered during the settlement period (specifically, English language classes) because of their focus on family at this time.

I think what has come through a lot in the research and in just speaking to people, is the way that migrant and refugee women are often the ones who will step back from progressing opportunities for themselves.

You know, it's very much that role of settling the family, getting everything happening, and so English language skills might not develop as well. (Participant 5—Multicultural advocacy)

There is less support for clients after five years. Some clients have been busy at home looking after children and come late to migrant resource centres (who provide very limited services to clients who have been here over five years). Similarly, clients who have been raising families have not had time to access English language classes before the deadline and miss out. (Online survey participant—Counselling service provider)

Box 5.1: Key priority implications for government

The design and delivery of services and programs are provided in a gender responsive way, being mindful of particular gender issues within the cultural context.

While eligible Adult Migrant English Program (AMEP) clients can apply for an extension to the five-year time limit to commence classes, consideration should be given to making English language classes via AMEP available after five years of settlement to migrant and refugee women with caring responsibilities. This specific recommendation refers to the broader finding that effective service and program delivery requires an understanding of the potential challenges for migrant women in relation to employment and education, given competing priorities of family and child care responsibilities.²¹

Programs that recognise that clients' needs vary at different points in the settlement journey and "one size does not fit all". Identifying client needs at intake and regular and ongoing needs assessments can promote effective service delivery by ensuring that programs and services support clients as their needs evolve over time.

5.3 Cultural competency and mainstream (including domestic and family violence) services

Interview participants suggested that there was great variation in the ability of service providers to deliver services in a culturally appropriate manner and some mainstream services may currently lack the cultural competence training required to provide appropriate support to migrant and refugee women who have lived in Australia for five or more years, and this contributes to a gap in services for these women.

At worst, a lack of knowledge regarding migrant and refugee communities may manifest as racialised and sexualised stereotypes that do not support appropriate and useful service provision. Mainstream services may also lack knowledge of cultural and religious differences, undermining their ability to effectively support migrant and refugee women.

We're seeing [this] everywhere in government and we're losing that more culturally appropriate type of expertise around service delivery. So, issues around people who are new to the country, they aren't being dealt with in a particular way. So, you know, if the [migrant or refugee job seeker] is not comfortable around people drinking and they tell you to apply for a job in a bar. (Participant 5—Multicultural advocacy)

There are substantial cultural and language barriers which impact on accessibility of services. (Online survey participant—Parenting support/Parent education service provider)

It is important to genuinely work with the relevant communities, giving them real ownership of the programs and services, otherwise they lose trust and do not attend. (Online survey participant—Family and domestic violence support service)

Service providers participating in interviews acknowledged the importance for mainstream domestic violence and other services to receive training in the cultural specificity of various ethnic groups. This was especially important in relation to marriage practices and the reluctance

²¹ At the time of writing, participants in AMEP must commence their tuition within 12 months of visa commencement or arrival in Australia and complete their tuition within five years. See <<http://www.education.gov.au/adult-migrant-english-program-0>>.

of some migrant and refugee women to leave a marriage in which they are experiencing violence due to ethno-specific cultural practices and/or visa conditions.

Often in the domestic violence space, we found there was a lot of judgement by some providers of services, because a lot of our women wouldn't leave the relationship. Whereas for us, it was about having a relationship with them that would help support their decision rather than judging them if they didn't [leave] straight away. So, there's things like that in the system which become prohibitive for women. (Participant 7—Multicultural services)

Many have left behind family networks elsewhere so they're quite isolated in the community. As well as women who have experienced domestic violence in the past, they've come from a very patriarchal society. But for them there is no question after being married to someone for 50 years and having lived through what they have lived through. They're incredibly vulnerable, and yet when that comes up against the mainstream domestic violence criteria and services, they're not getting a lot of help because they're not going to take that step to move out of that situation. It's related to culture and so we try and support people in the situation, which flies in the face of a lot of the underlying principles in mainstream domestic violence work. (Participant 4—Aged care support service)

Box 5.2: Key priority implications for government

An increased focus for mainstream service providers on the importance of culturally and linguistically appropriate delivery of services for this client group. This will help to ensure the needs of refugees and migrant women are supported and achieved.

Training and other supports for mainstream programs and services to further enhance culturally and linguistically appropriate service delivery.

5.4 Greater visibility and promotion of service accessibility

One of the key findings to emerge from the online survey of service providers was that, from the perspectives of service providers delivering services to migrant women, barriers affecting access to services were a far greater challenge than the availability of services. These results were reported in section 4.4 (page 35). For example, about six out of 10 service providers identified that employment services were available in their region but difficult for clients to access, while one in four service providers said employment services would be helpful for clients but were not available in their region. Two quotes from the open-ended qualitative responses in the online survey further illustrate issues related to service access and visibility:

Refugee women don't know where to go to get the support they need. Referrals are only done when asked. General awareness of what is available isn't widely known. (Online survey participant—Settlement services provider)

Services are available; however, they are not connected very well and difficult for the migrant to navigate through. (Online survey participant—Referral to other support services and programmes provider)

Results from the qualitative interviews further explored barriers to service access, and the findings reported in section 4.4 again highlighted the importance of cultural competency in service delivery and the importance of a bilingual workforce as described earlier. While many services provided materials and promotion in languages other than English, service providers nominated language barriers as the most significant barrier for migrant women accessing services. Findings in section 4.5.2 showed that there is also a role to play in improving service accessibility by developing the capabilities of past migrant and refugee women so that they can administer programs and services and gain skills to mentor other women at risk. Our participants spoke of the many positive benefits of matching clients with workers from the same cultural background. Supporting services to up-skill former clients and volunteers from a migrant and refugee background to assist in the delivery of services that support migrant clients is one potential strategy to help address these language barriers and provide culturally competent service delivery.

Offering services via outreach and meeting migrant women where they live were highlighted by some participants in the online survey as potential strategies to help promote greater levels of service accessibility. The quote provided below illustrates this theme:

More services in local area or outreached to local area to improve accessibility. (Online survey participant—Non-accredited language classes)

Services would need to be adequately resourced and supported to deliver outreach services effectively.

Box 5.3: Key priority implications for government

Priority needs to be given to promoting the visibility and accessibility of existing services to key client groups.

Programs and services are supported to up-skill former clients and volunteers from a refugee and migrant background to assist in delivery of services. This can help address language barriers and promote service accessibility.

Programs and services are supported to offer flexible services such as outreach and home visits to help promote accessibility of services to migrant and refugee women.

There is a need for the delivery of program and service promotion in languages other than English to ensure clients are matched to appropriate services and client needs are understood.

5.5 The transition to mainstream services and the move toward large/mainstream hubs for service delivery

Service providers participating in qualitative interviews identified a move toward large, mainstream service hubs as contributing to gaps in service delivery. They expressed concern that such a move away from grassroots organisations diluted the level of language and culturally appropriate responses provided to migrant and refugee women. Although interview participants acknowledged the hub model as an important model for service delivery, it was questioned whether this model has the cultural and linguistic capacity and flexibility to fulfil the service and support needs of migrant and refugee women. This may be particularly salient for migrant and refugee women who, based on pre-settlement experiences, may have every reason to be distrustful of governments and may choose to not engage with government-provided services.

An adjoining concern was in relation to centralised human service processes which may, for example, require clients to undertake intake and assessment protocols over the telephone, creating anxiety and uncertainty for those who lack the necessary English language skills.

Interview participants suggested that a key focus for government in relation to the above concerns could be funding and partnering with grassroots multicultural organisations that employ a diverse and bilingual workforce and have ongoing networks in multicultural communities.

So, if government have funds and objectives to make a difference in working with communities who are new to Australia, then their best practice would be to partner with community organisations who already have built trust with those communities, and therefore start being able to showcase that they're accessible, that they are trustworthy, and not you know, trying to do it themselves. I think that that came up regularly at this conference, and by the end of it people could see the value in that. So, I think that their willingness to partner would be—and then to acknowledge that that's needed and beneficial, that would be a state, federal, local government, what they could do to better help. (Participant 11—Employment and small business training)

On a somewhat related theme, many responses in the open-text field in the online survey indicated the need for the availability of services at the local level.

These responses highlighted the importance of these services being available in the areas where refugee and migrant women settle, and localised strategies could be developed with the local communities and clients in mind.

The discussion here and in section 5.3 (page 51) has identified some of the challenges and issues with mainstream service delivery and the transition to mainstream service for this cohort. Further research, including hearing from migrant and refugee women themselves, could assist in identifying how best to support migrant women as they transition from dedicated specialist service providers to mainstream service access.

Box 5.4: Key priority implications for government

Further research is needed to explore how best to support migrant and refugee women as they transition from specialist services to mainstream services.

Consideration should be given to providing funding for community and grassroots services to partner with mainstream services to ensure post-settlement needs for migrant women are met.

The provision of funding to ensure migrant and refugee specialists are part of service delivery hubs should be explored.

5.6 Funding for post-settlement services and reporting requirements

Several service providers identified the funding models under which they operate as one of the key factors affecting gaps in service delivery to migrant and refugee women who have been in Australia for five or more years. Survey participants described their services as having a diverse range of funding sources including corporate, individuals, philanthropic organisations and government at all levels.

An identified issue was the necessity to undertake several small grant applications in order for services to maintain their presence in the service landscape, which has meant diverting resources away from service delivery toward administrative activities to support applications.

We've put programs in place for women's empowerment so it's an overarching program that we have gained funding from all sorts of silly sources, you know, rather than—give us state or give us Commonwealth funding and let us get on with it. Ours is a multifaceted program that gets funding from different sources at different times so we have to comply with different things at different times, this is the problem about funding. (Participant 3—Migrant services)

Another facet of funding that survey participants viewed as a gap was the lack of dedicated funding toward supporting migrant and refugee women in the post-settlement period. Several of the service providers in the in-depth qualitative interviews mentioned that they provide services to refugee and migrant women across the entire settlement continuum, meaning they provide support to new arrivals through to women who have been settled in Australia for up to 20 years. It was identified by service providers that there exists little to no dedicated funding for services targeted at programs for migrant and refugee women after the initial five-year settlement time period.

There are very few formalised programs that offer assistance to women post five years and they are still struggling with the same issues that faced them during the settlement period, i.e., housing, language, employment, cross cultural parenting issues, dealing with family conflict, health and nutrition information. (Online survey participant—Parenting support/Parent education service provider)

It would be beneficial for humanitarian entrants and family stream migrants to have access to services for at least ten years if required, and for eligibility to be more equitable across visa categories. (Online survey participant—Migration advice service)

Finally, shifting funding from multicultural services to centralised mainstream services to undertake intake and assessment for programs or services carries a risk that the centralised services are untrained and under-resourced in supporting migrant and refugee women's needs in relation to language, cultural and family issues. This may be an issue, for example, for older migrant and refugee women seeking entry to an aged-care institution.

Okay so with the changes to government funding, particularly around the aged and disability services, there's very little advocacy dollars available to support people. It means that we—because we don't not do it but in reality when assessment and advocacy has gone to things like My Aged Care, it's very hard to actually provide those services unfunded. Yet they need to be provided. You can't not do them either. So that and the fact that if it's language specific, it's always extra time that you would be spending with someone that needs language interpretation and things like that. (Participant 1—Aged care and mental health)

When considering broader funding models, insights from the qualitative interviews are also relevant here. As described earlier, reporting and accountability requirements tied to funding agreements can take up a lot of resources (particularly for smaller services and programs) and these requirements divert resources from actual service delivery. This has implications for the range and types of services that can be delivered. The findings around funding models, reporting and accountability have been used to develop key priority implications for government.

Box 5.5: Key priority implications for government

Explore options to streamline funding sources and reduce red tape to maximise efficient delivery of services and minimise administrative tasks. Specifically, reduce the red tape of multiple grant applications through the use of pooled funding models.

Undertake more focused research to better understand how funding arrangements and the provision of services in the post-settlement period (five years after arrival) can best support migrant and refugee women.

6

Research summary and implications for practice

6.1 Overview

This research report has focused on two specific cohorts of particularly vulnerable migrant women:

- former humanitarian entrants (including Woman at Risk visa holders) who have completed their involvement with Settlement Services and have been in Australia for more than five years; and
- former family stream migrants who have completed their involvement with Settlement Services and have been in Australia for more than five years.

The results are from the analyses of secondary datasets and the primary data collections (an online survey and qualitative interviews with service providers delivering services to this population). The findings highlight some clear principles and strategies for consideration that would assist in empowering migrant and refugee women and promote improvements in economic and social participation.

In the following sections we draw together the key findings from this research and the implications for practice. Section 6.2 explores the current state of migrant women's economic participation and provides insights on the broad service delivery landscape by describing the nature and types of services available for these women. Section 6.3 (page 57) presents the best practice principles in program and service delivery that emerged from this research. In section 6.4 (page 58), factors affecting key service gaps are discussed, along with some priority areas for government to consider in filling these gaps. Section 6.5 (page 60) then presents some practice implications arising from the research. Finally, we conclude this chapter by noting the limitations of this research, in section 6.6 (page 61), and the opportunities for further research.

6.2 Migrant women's economic participation: lessons for service delivery

To help better understand the challenges faced by these women, analyses of secondary datasets were undertaken to document the current state of migrant and refugee women's economic participation. By identifying areas where these women trail behind the rest of the population, these insights can help inform broad areas of need for this population.

Indeed, analysis of the ACMID and BNLA data highlighted the vulnerability of these migrants (particularly humanitarian migrants). While humanitarian migrants made up a much smaller number than those arriving via the family stream, the data show that they had lower levels of education relative to other migrant groups and were also more likely to live in more disadvantaged areas.

Humanitarian visa holders who had been in Australia for at least five years also faced challenges in terms of employment and economic engagement, with one of the key messages from this analysis indicating that this group was less likely to be employed compared to the family stream

and Australian-born population even when potential barriers to employment such as lack of education and child care were not present.

Statistical modelling was undertaken to identify the significant factors associated with humanitarian migrants' employment outcomes at 2–3 years after arrival. This may be indicative of the variation in employment for women as they spend longer in Australia. This analysis highlighted the key role that educational attainment pre-migration as well as the uptake of education after arrival plays in migrant women gaining employment, with both these variables predicting employment. Those more proficient in the English language were more likely to have studied since their arrival in Australia. The findings for English proficiency were not clear. There was some evidence that those with high English language proficiency were more likely to be employed than those with very poor English language skills if the studying since arrival variable is not included in the model.

A key motivation for undertaking the online survey of service providers was to enhance our understanding of the nature and types of programs and services being delivered to migrant and refugee women. Insights from both the online survey and qualitative data showed the complexities of service delivery to migrant and refugee women. Language barriers could hinder the uptake of services and our participants spoke of the importance of accommodating the diverse language needs of clients by making information available in other languages and employing bilingual workers. A range of other barriers could also deter clients from accessing services. These barriers included family responsibilities and gender roles within migrant households; location and transport issues; and inflexibility in service delivery approaches. Lack of awareness of the services that were available and the confidence to access these services were also barriers identified by service providers. The data collected in this survey show that a wide range of services are available to migrant women, with the most common service offerings among survey participants being accredited language classes, family and domestic violence support services and parenting support and education services. Furthermore, the vast majority of surveyed service providers reported that their organisations provide multiple services to their client group, with less than one in five organisations providing only one program or service as part of their program delivery.

The data also showed that clients were referred to services via various pathways, and this included self-referrals, that is, when clients directly approached services. The predominant referral modes were self-referral and referral from other mainstream or settlement services, or referrals from government.

6.3 Best practice principles in service delivery

Principles that were identified as being important in supporting migrant women and enhancing service delivery to this cohort:

- Delivering services in a **gender responsive** and **culturally appropriate** manner was important. This was particularly important as refugee and migrant women may have cultural norms and gender roles that add an extra layer of complexity for these women when accessing appropriate support services.
- **Culturally competent delivery** was identified as being critical for both engaging clients and maintaining ongoing relationships with the client base. A culturally diverse and bilingual workforce (including the employment of migrant and refugee women themselves) is a key component in the delivery of good practice services and programs.
- **Collaborative practices** with other **settlement and mainstream service providers** are an important best practice principle and can play a significant role when refugee and migrant women's services do not have specific expertise in a particular area. For example, where a program delivering services exclusively to migrant women partners with a mainstream service that provides services to men who display violent or coercive behaviour. Forming such collaborations can assist with empowering and supporting migrant women, by offering referral opportunities that would not be possible otherwise.
- **Consultation and collaboration with migrant and refugee community groups and community leaders** were identified as an important best practice principle. Fostering these

collaborative relationships was an effective mechanism for services to better understand the needs of their clients. It also served an important role in promoting service visibility.

- A **strengths-based approach to service delivery** was acknowledged as an important best practice principle. Harnessing the positives and strengths that migrant and refugee women possess and focusing on building problem-solving skills were identified as key avenues to empowering migrant and refugee women.

6.4 Key service gaps and priorities for filling these gaps

A key focus of the study was the identification of key gaps in service provision. In responses about service gaps, participants in the qualitative and quantitative studies highlighted the following five factors that were contributing to key service gaps.

1. **Delivery of services in a gender responsive way.** It was important for effective service delivery to recognise gender roles and family responsibilities within migrant and refugee families. Cultural norms and gender roles could add another layer of complexity in service delivery. The research identified that for migrant and refugee women settling in Australia there are competing tensions between the need to learn English and secure employment and family and child care responsibilities. Identifying client needs at intake and regular and ongoing assessments can promote effective service delivery by ensuring that programs and services support clients as their needs evolve over time.
2. **Cultural competency and mainstream service delivery**—findings from the research highlighted that mainstream services in some cases may lack the cultural competency training required to provide appropriate support to migrant and refugee women. Mainstream services may also lack knowledge of cultural and religious differences, which hinders their ability to provide effective services. Our participants noted the importance of training and other supports to further enhance culturally and linguistically appropriate service delivery in this sector.
3. **Greater visibility and promotion of service accessibility**—barriers to service access were identified as a much greater challenge than the availability of services. Promotion of the availability of services to client groups is important to ensure migrant women are accessing the services they require to support their needs. The language barrier was the most significant barrier that hindered migrant women from accessing appropriate services. The up-skilling of former clients and volunteers from refugee and migrant backgrounds can assist in overcoming language barriers. Supporting programs and services to offer flexible services such as outreach and home visits is another approach that can help promote greater accessibility of services.
4. **Transition to mainstream services and the move towards service delivery in large hubs**—while participants acknowledged service delivery hubs as an important model for service delivery, some concerns were raised that this approach had the potential to dilute the cultural and linguistic capacity of staff and the flexibility required to provide services and support the needs of migrant and refugee women. The move toward more centralised service delivery could also potentially create anxiety and uncertainty for those migrants who lack English language proficiency where they are asked to complete intake and assessment procedures over the telephone. The transition to mainstream services could also prove challenging for women from migrant and refugee backgrounds.
5. **Funding for post-settlement services and reporting requirements**—a lack of dedicated funding for supporting migrant and refugee women in the post-settlement period was identified as a service gap. This meant there was a necessity to undertake several small grant applications and secure funding from a diverse range of sources in order for organisations to maintain their presence in the service landscape and deliver services to their client group. The implications are that resources are being diverted away from service delivery and toward administrative activities to support funding applications.

The following key priority areas were identified as being helpful for addressing the service gaps described above:

- Delivery of services in a gender responsive way and flexible program design that recognises competing tensions of life in Australia for migrant and refugee women:

- The design and delivery of services and programs are provided in a gender responsive way, being mindful of particular gender issues within the cultural context.
- While eligible Adult Migrant English Program (AMEP) clients can apply for an extension to the five-year time limit to commence classes, consideration should be given to making English language classes via AMEP available after five years of settlement to migrant and refugee women with caring responsibilities. This specific recommendation refers to the broader finding that effective service and program delivery requires an understanding of the potential challenges for migrant women in relation to employment and education, given competing priorities of family and child care responsibilities.²²
- Programs that recognise that clients' needs vary at different points in the settlement journey and "one size does not fit all". Identifying client needs at intake and regular and ongoing needs assessments can promote effective service delivery by ensuring that programs and services support clients as their needs evolve over time.
- Culturally and linguistically appropriate mainstream services:
 - An increased focus for mainstream service providers on the importance of culturally and linguistically appropriate delivery of services for this client group. This will help to ensure that the needs of refugee and migrant women are supported and achieved.
 - Training and other supports for mainstream programs and services to further enhance culturally and linguistically appropriate service delivery.
- Promote existing services to migrant and refugee women:
 - Priority needs to be given to promoting the visibility and accessibility of existing services to key client groups.
 - Programs and services are supported to up-skill former clients and volunteers from a refugee and migrant background to assist in delivery of services. This can help address language barriers and promote service accessibility.
 - Programs and services are supported to offer flexible services such as outreach and home visits to help promote accessibility of services to migrant and refugee women.
 - There is a need for the delivery of program and service promotion in languages other than English to ensure clients are matched to appropriate services and client needs are understood.
- The transition to mainstream services and effective collaboration between migrant and refugee women service organisations and mainstream services:
 - Further research is needed to explore how best to support migrant and refugee women as they transition from specialist services to mainstream services.
 - Consideration should be given to providing funding for community and grassroots services to partner with mainstream services to ensure post-settlement needs for migrant women are met.
 - The provision of funding to ensure migrant and refugee specialists are part of service delivery hubs should be explored.
- Funding for post-settlement services and reporting requirements:
 - Explore options to streamline funding sources and reduce red tape to maximise efficient delivery of services and minimise administrative tasks.
 - Undertake more focused research to better understand how funding arrangements and the provision of services in the post-settlement period (five years after arrival) can best support migrant and refugee women.

²² At the time of writing, participants in AMEP must commence their tuition within 12 months of visa commencement or arrival in Australia and complete their tuition within five years. See <www.education.gov.au/adult-migrant-english-program-0>.

6.5 Practice implications

Information collected from the online survey of service providers showed that organisations are delivering multiple service types to a diverse client group. The vast majority of program and service providers participating in this research were using best practice principles in providing services. This section draws together the findings in this report and other resources to identify principles that can support effective practice in the delivery of services to migrant and refugee women who have been in Australia for more than five years. These practice implications are structured around the best practice principles and key service gaps described above.

6.5.1 Promoting leadership and knowledge sharing

Our research highlighted the positive benefits that the use of a culturally diverse, female workforce can have in promoting leadership and inclusiveness in service delivery. Two examples of this were provided by a migrant service and a children's playgroup, where former migrant and refugee clients were provided training and supported to obtain further qualifications. These former clients then became volunteers. With a range of skills and knowledge from their own country of origin as well as time in Australia, these volunteers could then support current refugee and migrant clients. The availability of these bilingual workers could also help address language barriers that hinder migrant women accessing appropriate services (see the third practice implication below).

Another way to promote leadership is by sharing knowledge and best practice learnings. Good organisational knowledge management processes will help to ensure that knowledge gained from working with different cultural groups is not lost. Such loss can occur due to the attrition of workers or a lack of time or resources to document procedures, policies or adaptations to service delivery. This documentation can provide a basis of understanding for new workers about how the service has engaged with different cultural groups, what is known about working with these families and what has been learned as a service from these experiences.

Within a service, reflective practice and continuous improvement processes can be used or expanded to capture a core set of skills that can then be used across different cultural groups. For example, a service may include a set of standards or questions within their recruitment processes that identify existing cultural competencies. This can form a baseline set of skill requirements in a service that can then be adapted to the needs of different cultural groups.

The evaluation of services and programs will also contribute to the knowledge base of what works with different cultural groups. Across organisations, leveraging what is already known about effective practices and programs for these clients and sharing this information more broadly can potentially help support effective service delivery across the sector. A quality assurance process is needed in this instance to ensure that the extent to which practice and programs are based on evidence is clear.

It is important also to recognise the role of innovation in supporting new cultural groups who arrive in Australia, and the extent to which innovation involves adapting existing services for new clients or creating new services altogether.

Existing information portals, such as the Child Family Community Australia (CFCA) information exchange (based at AIFS), may be used for the promotion of sharing what works as well as innovations, as opposed to creating a new mechanism. Examples of current CFCA content can be found at aifs.gov.au/cfca/topics/culturally-and-linguistically-diverse-families-0.

6.5.2 Identifying client groups and needs

Most of the service and program providers participating in this research delivered services to both humanitarian and family stream migrants. Analysis presented earlier shows that each client group has quite different characteristics: humanitarian migrants are more likely to be disadvantaged on a range of key outcomes such as employment and English language proficiency compared to family stream migrants. Looking further, to examine differences by region of birth, many differences were also apparent.

One practice implication is the importance of accurately identifying client groups and understanding that their characteristics and needs can vary across migration streams. In order to provide a richer body of knowledge that can inform service delivery, practice information could be combined with what is known about the likely experiences of women in their country of origin, such as the information provided in the DSS Community Profiles (see <www.dss.gov.au/our-responsibilities/settlement-services/community-profiles>).

Our findings also showed that clients' needs can vary at different points of the settlement journey. For example, migrant women may delay taking English language classes to initially focus on family and child care responsibilities. They may then seek English classes and employment later, once their family is more settled in Australia. This suggests that along with identifying client needs at intake, regular and ongoing needs assessments would help support effective service delivery to these women. This may be especially important when women are accessing services over a long period of time.

A regular assessment of the culturally and linguistically diverse populations in the service region, as well as information on new arrivals, will also help to plan and tailor services to respond to need.

6.5.3 Promoting improved accessibility

Barriers to accessing programs and services were identified as a greater challenge than the availability of services. The most significant barrier that was identified was the language barrier, including the lack of easy access to interpreted materials and clients themselves not feeling confident in approaching services. Findings from the online survey of service providers showed that around four in ten services employed a female bilingual worker. Strategies such as examining workplace hiring practices to maximise employment opportunities for bilingual workers is one potential approach to promote improved accessibility of services for these client groups. Supporting the up-skilling of volunteers from a migrant or refugee background, as described in the first practice implication above, is another potential strategy to improve the accessibility of services. This would also address another theme highlighted in this research concerning the importance of culturally competent delivery.

Many services provided service materials and promotion in different languages but it is worth considering the extent to which a more comprehensive approach is needed. In other words, the translation of existing materials may need further contextualisation for women from other countries, with assistance from support workers to understand what the service provides and how this fits with each woman's needs.

Outreach service provision was also seen as helping to promote greater levels of service accessibility. Services need to be provided with adequate resources and support to deliver outreach work effectively.

6.6 Limitations and opportunities for further research

The findings in this report related to services for migrant women are based on the views of service providers who were asked to reflect on their program and service delivery in the online survey or qualitative interviews. The service providers are well placed to supply this information, in terms of the general service delivery landscape and best practice in the provision of services. They also can offer insights on issues related to service access.

Gaining insights from migrant and refugee women themselves would of course be of great value. Due to the tight time frame associated with this project, it was not possible to incorporate this into the study design of this project. Undertaking further research to capture the perspectives of the clients themselves would further enhance understanding about the service sector, the issues that are important in migrant women's lives and strategies that can help to empower migrant and refugee women.

Another limitation is that some of the sample sizes for subgroups in the online survey are quite small. While this survey provided new information on service provision to migrant and refugee women, to analyse specific services or programs we would need to increase the sample size, and ensure representation across a wide range of service providers.

The analyses of secondary data here provided some important insights on the characteristics of migrant women who have been in Australia for five years or more. This research could be extended in the future by using other analysis techniques and other data sources. For example, the ABS longitudinal census data could be used to examine how migrant women's circumstances change from one census to the next. As the BNLA study progresses, there will be opportunities to explore how humanitarian migrant women are faring as they spend longer in Australia. The study is being developed to ensure these important questions can be explored.

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Appendix A: Project planning, governance and ethics clearance

Initial consultations with key stakeholders working in migrant and refugee women's services were undertaken in June 2016. They included representatives from organisations with a focus on health and leadership, refugee settlement and employment. The purpose of these consultations was three-fold:

- to raise awareness in the sector about the project;
- to enhance the research team's understanding of the types of services and programs that support migrant women after five years; and
- to help inform the development of content for the primary data collection instruments.

Following these stakeholder consultations, an Expert Reference Group was formed consisting of seven members. The group was established to broadly inform the research framework and conduct of the project, and membership consisted of representatives from government, universities and service providers. The first meeting was held on 23 June 2016, and advice was sought on the proposed research approach and survey content development. At this point the Expert Reference Group endorsed that the two data collection approaches would be:

- an online survey of service providers, designed to capture information about their views on good practice and key gaps in service and program delivery (hereafter referred to as the online survey of service providers); and
- qualitative interviews with service providers delivering services and programs to migrant women, which aim to collect in-depth information about best practice, barriers to access and service gaps (hereafter referred to as in-depth qualitative interviews).

These two approaches are described further below.

A draft of the online survey was circulated to members on 29 July 2016, to seek their feedback on survey content and survey items. A third meeting was held in December to discuss implications and the dissemination of the study's findings.

Ethics approval for all aspects of the study, including project methodology, participant recruitment, survey content and the semi-structured interview schedule was received on 8 August 2016, consistent with NHMRC guidelines (2016–02).

Appendix B: Online survey recruitment material and final survey

Empowering Migrant and Refugee Women

Informing advice to Government on practical strategies to empower migrant and refugee women and strengthen family functioning

The Department of Social Services has commissioned, on behalf of Australian Multicultural Council, the Australian Institute of Family Studies (AIFS) to undertake this important research.

The research will focus on two specific cohorts of particularly vulnerable migrant women:

- Current/former refugee and humanitarian entrants (including Woman at Risk visa holders) who have completed their involvement with Settlement Services and have been in Australia for approximately five years or more; and
- Women who are current or former family stream migrants, and have been in Australia for approximately five years or more.

The keys aims of the project are to identify good practice services and/or programs for these migrant and refugee women and their families, gaps in service and/or program delivery *in the post-settlement period*, and key priorities for the Government to undertake in filling these gaps.

The research will comprise three key phases, including: (i) stakeholder consultations to better understand the types of services and programmes available; (ii) an online survey for service providers to help identify barriers and gaps in service delivery; and (iii) targeted follow-up interviews to explore best practice principles in the delivery of services to immigrant and refugee women.

Participation in the online survey

We invite you to participate in the online survey. The online survey is open from 23 August 2013 and will run for about 4 weeks until **20 September 2016**. The purpose of this survey is to gain information from your perspective about the key gaps and issues in delivering services to migrant and refugee women, and key priority areas for the Government to undertake in addressing these issues.

The survey will take around 15-20 minutes to complete. Participation in this survey is voluntary and confidential and you may wish to stop participating at any time by not pressing the "submit" button. Data collected as part of this research will be kept confidential in line with the *Privacy Act 1988* and held anonymously in accordance with AIFS Ethics Committee Policy and only members of the research team will have access to the survey data.

To participate, please click on the following link to be directed to the online survey:

[Empowering Migrant and Refugee Women Online Survey](#)

Contacts

If you would like more information, please contact us at ecw@aifs.gov.au or call the Australian Institute of Family Studies on 03 9214 7888. The primary contact at the Institute for this project is John De Maio.

Figure B1: Invitation email

Empowering Migrant and Refugee Women: Online survey for service providers

The Department of Social Services has commissioned, on behalf of Australian Multicultural Council, the Australian Institute of Family Studies (AIFS) to undertake this important research.

The research will focus on two specific cohorts of particularly vulnerable migrant women:

- Current/former refugee and humanitarian entrants (including Woman at Risk visa holders) who have completed their involvement with Settlement Services and have been in Australia for approximately five years or more; and
- Women who are current or former family stream migrants, and have been in Australia for approximately five years or more.

We are interested in the views of providers who target services and programs to this client group or who provide services and programs where these clients are eligible.

Participation in the online survey

We invite you to participate in the online survey. The purpose of this survey is to gain information from your perspective about the key gaps and issues in delivering services to migrant and refugee women *in the post-settlement period*, and key priority areas for the Government to undertake in addressing these issues.

The survey will take around 15–20 minutes to complete. Participation in this survey is voluntary and confidential and you can choose to stop participating at any time by not pressing the “submit” button. Data collected as part of this research will be kept confidential in line with the *Privacy Act 1988* and held anonymously in accordance with AIFS Ethics Committee Policy and only members of the immediate research team will have access to the survey data.

Screening survey questions (Q1 & Q2):

1. Do you provide services or programs to any of the following migrant and/or refugee client groups? Please select all that apply

- Women** who are current or former **refugee or humanitarian entrants** (including Woman at Risk visa holders)
- Women** who are current or former **family stream migrants**
- Male migrant and/or refugee groups
- None of the above

*(If Q1 = “None of the above” do not proceed with survey – go to Termination Script)

Termination script if Q1 = “None of the above”

Thank you for your willingness to participate in this important research. For the purposes of this project, we are speaking with stakeholders who provide services and/or programs to migrant and/or refugee clients. If there are other stakeholders in your organisation who work with these clients, we would greatly appreciate if you could forward the survey link among your networks.

Alternatively, you can provide an email address below for the most appropriate person in your organisation and we will send them the survey link directly.

*(Ask if Q1 = Codes 1 or 2 (Women who are/were former humanitarian entrants or family stream migrants))

2. Do you provide services or programs to former/current refugee or humanitarian migrant women, and/or former/current family stream migrant women who have been living in Australia for *approximately 5 years or more*?

- Yes
- No
- Don't know/Can't say

SECTION 1—ORGANISATION DEMOGRAPHICS

*(Display Preamble 3A if Q2 = Code 1)

[Preamble 3A]

In this survey we are interested in understanding your experiences in providing services/programs to women who are former/current **refugee and humanitarian migrants** or former/current **family stream migrants** and have been in Australia for **more than 5 years**.

When we refer to “migrant and/or refugee women” throughout this survey, we are speaking about these clients. **Please answer the survey questions with this client group in mind.**

*(Display Preamble 3B if Q2 = anything other than Code 1)

*(Don't display living in Australia for more than 5 years> or <or migrant and refugee women who have been in Australia for less than 5 years> if Q2 = blank)

[Preamble 3B]

You mentioned that you do not provide services/programs to former/current refugee and humanitarian migrant women or former/current family stream migrant women <living in Australia for more than 5 years>. However, we are still interested in understanding your experiences in providing services/programs to other migrant and/or refugee clients <or migrant and refugee women who have been in Australia for less than 5 years>. **Please answer the survey questions with this client group in mind.**

*(Display "women" if Q2 = Code 1, otherwise display "clients")

3. What types of services/programs do you provide to migrant and/or refugee <women/clients>?

Please select all that apply

- Accredited language classes
- Non-accredited language classes
- Accredited interpreting/translation services (e.g. NAATI)
- Non-accredited interpreting/translation services
- Employment
- Education-training
- Family/domestic violence support
- Parent support/parent education
- Counselling
- Mental health
- Other health-related (such as nutrition, diet, exercise, etc.)
- Housing
- Legal
- Financial
- Leadership
- Referral to other support services/programs
- Other _____

4. What is the main type of service/program you provide to this client group?

If you provide a number of services/programs please select the one that you have the most involvement with. If you only provide one service or program please select this as the main type.

Please choose only one of the following

- Accredited language classes
- Non-accredited language classes
- Accredited interpreting/translation services (e.g. NAATI)
- Non-accredited interpreting/translation services
- Employment
- Education-training
- Family/domestic violence support
- Parent support/parent education
- Counselling

- Mental health
- Other health-related (such as nutrition, diet, exercise, etc.)
- Housing
- Legal
- Financial
- Leadership
- Referral to other support services/programs
- Other _____

The following questions relate to this particular service/program.

5. What is the name of this service/program?

Please note: Services and organisations will not be identified in the reporting of this research. This information is only being collected to ensure that data is captured **once** about each individual service or program. This information will be destroyed at the conclusion of the research project.

6. What is the name of your organisation?

7. Who is the main target client group of this service/program?

- Migrant and/or refugee women
- Migrant and/or refugee men
- Both migrant and/or refugee women and men equally
- Mainstream clients

8. In which state or territory do you provide this service/program?

Please select all that apply

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia
- Australia-wide

9. Do you provide this service/program in a:

Please select all that apply

- Capital city
- Major city or town
- Other area

10. How do you receive funding for this service/program?

Please select all that apply

- Commonwealth Government
- State Government
- Non-Government
- Philanthropic

Religious/faith-based

Other

*(Display “women” if Q2 = Code 1, otherwise display “clients”)

11. For approximately what length of time can migrant and/or refugee <women/clients> access this service/program?

Less than 1 month

1–2 months

3–6 months

7–12 months

1+ to 2 years

More than 2 years

Don't know/Can't say

12. For what length of time do clients generally access this service/program? (please give your best estimate)

Less than 1 month

1–2 months

3–6 months

7–12 months

1+ to 2 years

More than 2 years

Don't know/Can't say

13. Do you provide subsequent access for clients who cannot complete your service/program (e.g. for health or family reasons)?

Yes

No

14. Approximately how many full-time equivalent staff members are involved in this service/program? (across all aspects, including design, delivery, evaluation, etc.)

(Enter number) _____

*(Display “women” if Q2 = Code 1, otherwise display “clients”)

15. Does your organisation also provide any of the following services/programs to refugee <women/clients>?

Humanitarian Settlement Services

Complex Case Support

None of the above

SECTION 2—CLIENT NEEDS AND OUTCOMES

*(Display Preamble 16A if Q2 = Code 1)

[Preamble 16A]

Just a reminder that we are still speaking about your client group who are current/former humanitarian migrant women, and/or current/former family stream migrant women who have been living in Australia for approximately 5 years or more.

We understand that these clients can display very different characteristics. Please answer the following questions by thinking about the characteristics of the majority of your clients.

*(Display Preamble 16B if Q2 = anything other than Code 1)

[Preamble 16B]

Just a reminder that we are still speaking about your client group who are migrants and/or refugees.

We understand that these clients can display very different characteristics. Please answer the following questions by thinking about the characteristics of the majority of your clients.

16. When clients first engage in your service/program, approximately what proportion would you describe as:

- a. Speaking English well: <25% 25–49% 50–75% >75% Don't know/Can't say
- b. Reading English well: <25% 25–49% 50–75% >75% Don't know/Can't say
- c. Writing English well: <25% 25–49% 50–75% >75% Don't know/Can't say

17. What is the highest education level of the clients that you deliver this service/program to? Please select all that apply.

- No formal education
- Commenced primary school, but never completed
- Completed primary school, but no further schooling
- 10 years of schooling or less
- Completed high school, but no further education
- Trade or technical qualification
- University degree or VET
- Don't know/Can't say

18. And would you say the majority of these clients have:

- No formal education
- Commenced primary school, but never completed
- Completed primary school, but no further schooling
- 10 years of schooling or less
- Completed high school, but no further education
- Trade or technical qualification
- University degree or VET
- Don't know/Can't say

19. What is the age group/s of the clients you deliver this service/program to? Please select all that apply.

- Under 25 years
- 25–34 years
- 35–44 years
- 45–54 years
- 55 years or older
- Don't know/Can't say

20. And are the majority of these clients aged:

- Under 25 years
- 25–34 years
- 35–44 years
- 45–54 years
- 55 years or older

Don't know/Can't say

21. What is the marital status of the clients you deliver this service/program to? Please select all that apply.

Married or with a partner

Divorced/separated

Single with children

Single without children

Don't know/Can't say

22. And are the majority of these clients:

Married or with a partner

Divorced/separated

Single with children

Single without children

Don't know/Can't say

*(Display "women" if Q2 = Code 1, otherwise display "clients")

23. How are migrant and/or refugee <women/clients> referred to your service/program?

Please select all that apply

Government

Settlement service providers

Other mainstream service (such as community centre or doctor)

Religious/faith-based organisations

Client walk-in

Other

24. When clients are referred to your service/program, what mechanisms do you use to *identify* their needs? Please select all that apply.

Intake process

Needs assessment

Client self-report

Letter of referral

Other _____

*(Ask if Q24 = Code 1)

25. How effective is the intake process for identifying the needs of these clients?

Very effective

Effective

Not very effective

Not at all effective

Don't know/Can't say

*(Ask if Q24 = Code 2)

26. How effective is the needs assessment for identifying the needs of these clients?

Very effective

Effective

- Not very effective
- Not at all effective
- Don't know/Can't say

*(Ask if Q24 = Code 3)

27. How effective is the client's self-report for identifying the needs of these clients?

- Very effective
- Effective
- Not very effective
- Not at all effective
- Don't know/Can't say

*(Ask if Q24 = Code 4)

28. How effective is the letter of referral for identifying the needs of these clients?

- Very effective
- Effective
- Not very effective
- Not at all effective
- Don't know/Can't say

*(Only ask if Q25 or Q26 or Q27 or Q28 = "Not very effective" or "Not at all effective")

29. For each mechanism that you think is not effective, can you please describe why?

SECTION 3—SERVICE PROVISION, ACCESS AND BARRIERS

*(Display Preamble 30A if Q2 = Code 1)

[Preamble 30A]

We'd like to find out a bit more information about how you provide your service/program to migrant and/or refugee women. Please answer the following questions in relation to the main service/program you previously mentioned.

*(Display question stem 30B if Q2 = anything other than Code 1)

[Preamble 30B]

We'd like to find out a bit more information about how you provide services/programs to migrant and/or refugee clients. Please answer the following questions in relation to the main service/program you previously mentioned.

30. What are the ways in which you provide this service/program to these migrant and/or refugee clients? Please select all that apply.

- Individual face to face (office-based)
- Group face to face (office-based)
- Face to face (outreach)
- Telephone
- Online
- Other

31. Is information about the service/program available for clients in languages other than English?

- Yes
- No

*(Only display "female" if Q2 = Code 1)

32. Does your organisation employ <female> bilingual workers to deliver this service/program?

Yes

No

*(Ask if Q32 = Code 1)

33. In which language(s) do these bilingual workers deliver this service/program?

*(Only display “female” if Q2 = Code 1)

34. Are <female> interpreters available to provide information and assist with the delivery of this service/program?

Yes

No

*(Ask if Q34 = Code 1)

35. In which language(s) do these interpreters assist with delivery of this service/program?

*(Display “women” if Q2 = Code 1, otherwise display “clients”)

36. Are there any services/programs that are available in your region, but are difficult for migrant and/or refugee <women/clients> to access?

Please select all that apply

Accredited language classes

Non-accredited language classes

Accredited interpreting/translation services (e.g. NAATI)

Non-accredited interpreting/translation services

Employment

Education-training

Family/domestic violence support

Parent support/parent education

Counselling

Mental health

Other health-related (such as nutrition, diet, exercise, etc.)

Housing

Legal

Financial

Leadership

Referral to other support services/programs

Other _____

*(Display “women” if Q2 = Code 1, otherwise display “clients”)

37. In your view, what are the main challenges that migrant and/or refugee <women/clients> experience in trying to access services/programs more generally?

38. What do you think could be improved to address these challenges?

SECTION 4—SERVICE EVALUATION

*(Display “women” if Q2 = Code 1, otherwise display “clients”)

The next questions will help us to identify the best practices in the provision of services/programs for migrant and/or refugee <women/clients>.

A range of different criteria can be used to assess whether services and programs are evidence-based. We would like to find out if your organisation carries out any of the following evaluation techniques on the service/program you provide to your clients (*who have been in Australia for 5 years or more*). Please answer the following questions in relation to your particular service/program we've been speaking about throughout this survey.

39. Regarding this service/program, is the following *documented* information readily available?

We understand that practitioners have knowledge of these elements outlined below, however we would like to know whether these are **documented**.

	Yes	No	Don't know/ Can't say
a. Aims, objectives and theoretical basis for the service/program			
b. A program logic or similar This means information that explains what the service/program is, what it expects to do/the changes expected as a result of participation, and how success will be measured			
c. A defined target group The main group your service/program is designed to help, reach or engage			
d. Elements/activities of the service/program and why they are important			

40. Does this service/program include a training manual or documentation so that others can provide the same service/program?

Yes

No

Don't know/Can't say

41. Has an evaluation been undertaken to measure the outcomes/impact of your service/program in any of the following ways?

	Yes	No	Don't know/ Can't say
a. A randomised controlled trial This involves randomly allocating clients to one of two groups to compare their outcomes. One group (known as the "treatment group") will receive the service/program and the other group (known as the "control group") will not receive the service/program			
b. Pre and post testing This means comparing the outcomes of your clients before and after receiving your service/program			
c. Qualitative research This includes conducting interviews and/or focus groups with your clients			
d. Most significant change This approach involves generating and analysing personal accounts of change and deciding which of those accounts is the most significant and why			
e. Impact This means evaluating changes (positive or negative) among your clients on desired outcomes			

42. Is your service/program based on an existing service/program that is already evidence-based?

By evidence-based we mean satisfying the criteria previously described, including availability of training materials and documentation for others to replicate and an evaluation of client outcomes undertaken.

Yes

- No
- Don't know/Can't say

*(Display "women" if Q2 = Code 1, otherwise display "clients")

Now we would like to ask some questions to understand what is considered as best practice approaches in the provision of services/programs to migrant and/or refugee <women/clients>.

43. Do you currently use any of these practices in the provision of your service/program to empower migrant and/or refugee <women/clients>?

	Yes	No	Don't know/ Can't say
a. Respond to clients in a culturally responsive way			
b. Respond to clients in a gender responsive way			
c. Promote leadership opportunities for clients			
d. Encourage skill development			
e. Advance clients' capacity for independence			
f. Promote social engagement of clients in the community			
g. Develop and/or maintain connections between your service and other services (including settlement, post-settlement and other mainstream services)			
*(Display "women's organisations" if Q2 = Code 1)			
h. Develop and/or maintain connections between your service and community role-models or community peers <or women's organisations>			
i. Acknowledge and build on family strengths while responding to family stressors			
j. Acknowledge and respond to issues relating to pre-settlement and early settlement experiences			

44. Are there any other key principles that you think are important in the provision of services/programs that were not covered?

45. Please indicate the extent to which you agree with the following statements. This service/program helps your clients to

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Participate in the economic life of Australia					
b. Participate in the social life of Australia					
c. Gain skills and knowledge to independently access other services					
d. Gain positive employment					
e. Strengthen family functioning and/or parenting skills					
f. Enhance family safety					
g. Improve mental health					
h. Improve the overall wellbeing of clients					

SECTION 5—SERVICE GAPS

You previously told us about services/programs that were **difficult for clients to access**. We are now asking about services/programs that are **not available** to clients in your region.

*(Display "women" if Q2 = Code 1, otherwise display "clients")

46. Are there any services/programs that would help migrant and/or refugee <women/clients>, but are not available in your region?

Please select all that apply

- Accredited language classes
- Non-accredited language classes
- Accredited interpreting/translation services (e.g. NAATI)
- Non-accredited interpreting/translation services
- Employment
- Education-training
- Family/domestic violence support
- Parent support/parent education
- Counselling
- Mental health
- Other health-related (such as nutrition, diet, exercise, etc.)
- Housing
- Legal
- Financial
- Leadership
- Referral to other support services/programs
- Other

*(Display “women” if Q2 = Code 1, otherwise display “clients”)

47. What do you believe are the key gaps in the provision of services/programs for migrant and/or refugee <women/clients>?

SECTION 6—PERSONAL DEMOGRAPHICS

Lastly, a few quick questions about yourself to conclude the survey. By collecting this information, we can make sure we have spoken to a good range of people providing services to migrants and refugees.

48. How long have you been involved with this service/program?

- Less than 12 months
- 1–2 years
- 3–4 years
- 5 years or more

49. What is your current role?

50. Have you ever received cultural awareness or cultural diversity training?

Please select all that apply

- Yes – in my current role
- Yes – in a previous/different role
- No

51. Which age group best describes you?

- Under 25 years
- 25–34 years
- 35–44 years
- 45–54 years
- 55 years or older
- Prefer not to say

52. Are you:

- Male
- Female
- Other

53. Do you identify as from a migrant or refugee background?

- Yes
- No
- Prefer not to say

54. Do you speak any languages other than English?

- Yes
- No
- Prefer not to say

*(Only ask if Q54 = "Yes")

55. Are any of these languages spoken by your client group?

- Yes
- No

56. Thinking about the needs of your clients, are there any languages that you are unable to provide that prevent clients from accessing your service/program?

- Yes
- No

*(Ask if Q56 = "Yes")

57. Which language(s) is this?

Thank you for making a valuable contribution to this research by sharing your experience and expertise. We appreciate you taking the time to participate in this research.

To explore service gaps in more detail and identify key strategic areas for the Government to focus on, we are conducting a limited number of targeted follow-up interviews. These interviews can be conducted in person or via telephone and may take between 30–60 minutes. We would like to speak with a diverse range of stakeholders to understand the needs of service providers in the sector.

58. Please indicate if you would be happy to be contacted for invitation to participate in a follow-up interview:

- Yes
- No

*(Ask Q58 = "Yes")

59. Please can you provide your email for follow-up contact

Please note: Individual participants and/or organisations will **not** be identified in the reporting of this research. Information about your email, name and phone number will be stored separately from survey responses and is only being collected for the purposes of arranging a follow up interview. This information will be destroyed at the conclusion of the research project.

*(Ask Q58 = "Yes")

60. Please provide your name.

*(Ask Q58 = "Yes")

61. Please can you provide your phone number for follow-up contact.

Thank you very much for your contribution to this project.

Appendix C: Online survey—profile of recruited participants

In total, 129 representatives from organisations delivering mainstream and settlement services throughout Australia participated in the online survey. An overview of the demographic profile of participants is provided in Table C.1.

Table C.1: Profile of respondents participating in the online survey

Respondent characteristic	(n)	(%)
Gender		
Female	92	71.3
Male	14	10.9
Not specified	23	17.8
Age group		
Under 25 years	1	< 1.0
25–34 years	15	11.6
35–44 years	11	8.5
45–54 years	41	31.8
55 years or older	38	29.5
Not specified	23	17.8
Length of time in service		
Less than 12 months	9	7.0
1–2 years	17	13.2
3–4 years	26	20.2
5 years or more	53	41.1
Not specified	24	18.6
Whether received cultural training		
In current role	78	60.5
In previous role	59	45.7
Never	6	4.7
Not specified	22	17.1
Migrant or refugee background		
Yes	50	38.8
No	54	41.9
Not specified	25	19.4
No. of respondents	129	100.0

Given the research aimed to explore the nature of service provision to migrant and refugee women, it wasn't too surprising to find that around 70% of participants were female, 40% identified as from a migrant or refugee background, and more than three-quarters had received cultural awareness training in either their current role or in a previous role. The majority of participants had many years of experience with their main service, with just under one half (40%) having been involved with their service for five years or more and a further 20% for 3–4 years. Less than 10% had been involved with their service for under 12 months. Participants reported a range of roles in their organisations, with the most common being program managers (20%), followed by community service workers (16%), program coordinators (12%) and English teachers or interpreters (9%). More than one half (60%) of participants were over the age of 45 years, a further 20% in the 25–34 and 35–44 age groups and less than 1% aged under 25 years.

Appendix D: Qualitative interview— final interview schedule

Introduction and oral consent—ECW

Thank you for agreeing to participate in this interview. I am a researcher at the Australian Institute of Family Studies. The Institute is conducting the *Empowering Migrant and Refugee Women* project, which has been commissioned by the Department of Social Services on behalf of Australian Multicultural Council.

We are interested in talking to you about your experiences of delivering programs and services to migrant and refugee women who have been in Australia for approximately five years or more. This includes women who are current or former humanitarian migrants, holders of Woman at Risk visas, and family stream entrants to Australia.

Your participation in this interview is completely voluntary. With your permission, the interview will be recorded but the information that you provide will not be used in any way by the research team that could suggest that it came from you.

The recording will be transcribed and all identifying information will be removed and your transcript will only be identifiable by a unique ID number. Your name, contact details and responses to questions will be kept separately and all files will be stored securely, either in a locked filing cabinet or on the password-protected server at our offices. Only members of the research team will have access to them and your personal details such as name and address will not be recorded on the transcript. The original transcript and recording will be destroyed but anonymised transcripts will be stored for a minimum of 5 years in accordance with the National Health and Medical Research Council (NHMRC) research guidelines.

In line with the Privacy Act 1988, your responses will be treated confidentially, within the limits of the law. There is a limit to the confidentiality of this interview that I have to tell you about. If you were to tell me about the unreported abuse or neglect of a child or of any imminent threat of harm to you or another person, I would be legally obliged to tell the relevant authorities about this. While we are talking, if it seems to me that the conversation is heading in this type of direction, I will stop and remind you of this.

The interview should take around 45 minutes. You may choose not to answer some questions and you may discontinue this interview at any time.

Do you have any questions?

Are you happy to go on with the interview?

Do you agree that it is okay for me to record this interview?

Interview schedule:

Demographic information:

1. Can you tell me a little bit about your organisation, and your role within it?
 - a. Government funded/NGO, cost of service, part of another service/affiliated
 - b. Manager, worker, previous training
 - c. Are immigrant and refugee women your main service users? What proportion of your clients belong in this group?

The following questions are in relation to services and programs you deliver which help to empower immigrant and refugee women five years after settlement, as well as strengthen family functioning.

2. Can you please tell me about the service/s or program that you are currently delivering to support and empower immigrant and refugee women five years after settlement?
 - a. Name of the program
 - b. Target audience (if more than women i.e. family, partner, extended family, community – specify)
 - c. General description of the service or program/what is the program **targeting**? What is it seeking to achieve?
 - i. single or multiple aims
 - d. Theory/logic underpinning the service or program
 - e. Where –metro/rural/regional/remote
3. How is the service/program structured?
 - a. Prompt: sessions, times, location, online, other
 - b. Do you think the structure of the service/program enables/supports participation?
 - i. Child care, parking, transport options, costs
4. It'd be great to explore your program in a little more detail – are you able to talk about how your organisation and the specific service/program to empower immigrant and refugee women is culturally competent?
 - a. Is an understanding of pre-settlement and early settlement experiences a component?
 - b. Provision for diversity (language/culture/religion) of needs rather than one-size fits all approach?
5. Do you collaborate or have partnerships with other services (both settlement and mainstream services) to help link immigrant and refugee women to other services?
 - a. What types of service, how does the collaboration work?
 - b. Do you collaborate or have linkages with any mainstream services?
 - c. What strategies have been implemented and/or contributed to the collaboration doing well?
 - d. Are there any ways in which collaborative practices could be improved?
6. Does your service/program provide support and help family members of immigrant and refugee women, or contain a family-sensitive focus?
 - a. Acknowledge and build on family strengths while responding to family stressors?
 - b. Empower men in order to empower women?
7. What strategies or mechanisms do you use to increase/maintain visibility of your service and promote your service to the target population?
 - a. In ethno-specific communities, in variety of languages, other
 - b. Are you aware of unique barriers faced by immigrant and refugee women who have been settled for more than 5 years in accessing and engaging with your or other services? What are they? How have you overcome these?
8. Do you involve or maintain connections with community role models or community peers to help promote/engage/deliver services to migrant and refugee women? (if yes) can you talk a bit more about this process – any particular challenges? Or strategies that have worked well?
9. What training or similar do your staff receive/undertake in order to deliver service/program in culturally responsive and effective/appropriate way?
 - a. Cultural competence training
 - b. Trauma-informed training
 - c. Multi-lingual service providers/staff
 - d. Awareness of pre-settlement and early settlement experiences
 - e. Sexual assault and domestic violence training

10. What other principles underpin your service/program?
11. What evaluations, if any, have been undertaken with service users or staff to determine whether impacts are positive and the service/program is delivering desired outcomes?
 - a. If not, how do you know that your service/program empowers women and strengthens family function – discussions with service users, connection with communities, other

I'd like to shift the discussion to the gaps you perceive as existing in the service landscape regarding services for immigrant and refugee women who have been settled in Australia for more than five years.

12. What gaps exist in the service landscape for immigrant and refugee women?
 - a. Collaborative relationships with mainstream services to support referrals
 - b. Language and cultural understanding (in mainstream services) (who provides the training?)
 - c. Interpreters
13. Finally, what do you think should be the **key** priorities for the Government in filling the gaps you have identified?

They are all the questions I have here for you so we're almost finished, but I'm wondering if there **is there anything you'd like to add** about your service/program that you think might be relevant to this research that we haven't already talked about today?

I want to thank you for your time and your expertise today. You've made a really valuable contribution to the research and we're grateful for the opportunity to speak with you and gain some insights into this important area. Thanks again.

Appendix E: Profile of services and programs participating in qualitative interviews

Service providers participating in the in-depth qualitative interviews were recruited from a range of services and programmes. These included services supporting multicultural, migrant and refugee populations and communities, including Humanitarian Programme, women at risk and family stream settlement populations.

- **Mental health (and referral) services:** Provides referral and support (e.g., helping to make appointments) by assisting clients while they access mainstream services, such as employment and mental health services.
- **Service hubs—including multicultural support and training, youth, disability, aged care and referral services:** These services usually provide support for metropolitan and regional areas, although are more concentrated in metropolitan areas. They provide referrals for counselling and domestic violence as well as referrals for male change behaviour programs and support for the whole family. These services also provide education and training for migrants and refugees and advocate on behalf of youth and aged migrant and refugee populations.
- **Aged care support services:** Providing support for aged/elderly migrant and refugee women either in their homes or to enter aged care institutions. These services also provide support to migrant and refugee women caring from elderly family members in their own homes.
- **Domestic violence services:** Provide counselling and referral support to migrant and refugee women, outreach and community education, mainstream organisation training in the needs of multicultural populations, domestic and family violence prevention initiatives in ethno-specific organisations.
- **Employment and small business training and support services:** Provide basic English skills training or teach English, provide training and support (including to obtain microfinance) to migrant and refugee women and support women to learn their workplace rights.
- **Children's playgroup (and women's support) services:** Support migrant and refugee children to transition to school. Provide programs for migrant and refugee mothers to build skills toward supporting children to transition to school as well as social and recreational programs.
- **Multicultural advocacy organisations:** Advocate on behalf of migrant and refugee populations and organisations in relation to relevant issues including support services, access and equity, and empowerment.

The main aims of services and programs identified by interview participants included:

- decrease social isolation;
- increase social and economic participation;
- empower through participation; and
- increase skills that foster leaderships (business knowledge, education, employment).

Appendix F: Location of migrant women in significant urban areas

Table F.1: Location of migrant women in significant urban areas²³ by visa category

Significant urban areas	Woman at Risk	Humanitarian	Family other	Family partner
	(%)			
Sydney	28.2	30.9	40.7	34.6
Melbourne	24.8	28.6	26.6	23.6
Perth	14.9	12.0	10.2	8.6
Adelaide	13.6	9.3	4.1	3.8
Brisbane	11.6	8.4	6.5	8.6
Hobart	1.4†	0.8	0.2†	0.4
Canberra—Queanbeyan	0.9†	1.5	1.4	1.9
Townsville	0.8†	0.1†	0.3†	0.4
Newcastle—Maitland	0.7†	0.7	0.6	0.8
Wollongong	0.7†	0.7	0.6	0.8
Gold Coast—Tweed Heads	0.6†	0.3	1.5	2.6
Geelong	0.5†	0.5	0.1†	0.4
Darwin	0.4†	0.5	0.4	0.6
Devonport	0.4†	0.0	0.0†	0.0
Wagga Wagga	0.3†	0.4	0.1†	0.1
Coffs Harbour	0.3†	0.3	0.1†	0.2
Other significant urban area	0.0†	4.3	4.3	7.3
Not in a significant urban area	0.0†	0.8	2.3	5.4

Note: † = cell with number < 30.

Source: 2011 ACMIID

²³ “The significant urban area provides a geographical standard for the publication of statistics about concentrations of urban development with a population of 10,000 people or more. The regions are constructed from whole Statistical Areas Level 2 (SA2s)” (Australian Bureau of Statistics, 2012).