

Australian Red Cross Forced Marriage Stream Trial Evaluation

Final evaluation report (Summary)

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DISCLAIMER

As an independent evaluation, this document reflects the outcomes of discussion with evaluation participants and their experiences as described in Section 3. They do not necessarily represent those of Australian Red Cross nor of the evaluators. This document is designed to address the evaluation questions and provide information that assists Australian Red Cross to determine how well the Forced Marriage Support Stream Trial is supporting people who are at risk of or facing forced marriage.

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- Forced Marriage Trial Evaluation Reference Group
 - Forced Marriage Support Stream Trial clients
 - Australian Red Cross Support for Trafficked People Program staff involved in the FM Trial
 - Australian Federal Police involved in the FM Trial
 - Community organisation and service provider staff working with people affected by forced marriage
 - Government Department senior staff
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Executive summary

INTRODUCTION

The Support for Trafficked People Program (STPP) was originally developed in 2004 to respond to the needs of survivors of trafficking and slavery offences. It began receiving referrals for people threatened or affected by a forced marriage in 2014. Under the STPP model, these clients could receive an initial 45 days of support, with further support contingent on participating in the criminal justice process. In practical terms, this meant engaging with the Australian Federal Police (AFP) to write a statement against the person arranging the forced marriage, often a family or community member.

In 2018, the Australian Government announced a new one-year trial¹ under the STPP to allow eligible survivors of forced marriage to access a longer period of assistance without having to contribute to the criminal justice process. The Forced Marriage (FM) Trial was funded by the Department of Social Services (DSS) and delivered by Australian Red Cross (ARC). It officially commenced in June 2018 for a one-year period, but with approval of DSS, referrals for inclusion in the FM Trial were accepted from April 2018 onwards.

ARC commissioned a developmental evaluation of the FM Trial to explore whether the adaptations made to the STPP would result in the following two outcomes:

- ① Individuals threatened or affected by forced marriage access the Support Program because of the removal of the requirement of engaging in a criminal justice process.
- ① Individuals threatened or affected by forced marriage are provided with more appropriate and effective support, including successful transition to independent living, due to the extended length of time on the program.

The developmental evaluation occurred over October 2018 to June 2019 and involved three short cycles of evaluation, culminating in this report on key findings, conclusions and recommendations. Evaluation participants included: clients, ARC STPP staff, AFP personnel, family and community members, external community organisation and service provider staff who participate in national and/or jurisdictional FM Networks and/or refer to or receive referrals from the STPP, and government department senior staff (Australian and State Government). Activities ranged from analysis of demographic data, service activity and key documents, to interviews, surveys and consultations.

SUMMARY OF KEY FINDINGS

The degree to which the adaptations to the STPP through the FM Trial achieved the two desired outcomes was explored through five areas of inquiry: appropriateness, effectiveness, impact, connectedness, and equity and diversity.

Appropriateness in addressing client needs: A broad range of client needs are addressed in an appropriate manner within the limits of the current program focus and design. Clients reported feeling respected and supported and were very grateful for the support received. Types of assistance included: financial support, referrals for legal advice, information and referrals to address their health

¹ In early 2019, DSS obtained Government approval to continue with the Forced Marriage Trial for a further 18 months until December 2020.

and wellbeing, and emotional and social support, including practical matters to which they had not previously been exposed.

All stakeholders consistently identified client needs that were either not being addressed or could not be addressed through the FM Trial under its current focus as an individual model of support and its design features. Some fall within the scope of the program, while others fall outside of the STPP scope and require the involvement of external services and/or government support.

Effectiveness in achieving the evaluation objectives: Partial delinking from the criminal justice process is a positive step that reduces client stress and fear of engaging with police; however there remains strong support for expanding referral pathway options so the AFP are not the sole pathway. It would be beneficial to have more understanding of how the AFP undertake the assessment process for forced marriage referrals they receive, so the approach to articulating and applying eligibility criteria can be shared with a wider group of referrers, if expanding referral pathway options is supported.

Extending support to 200 days is a positive step. It contributes to greater security and emotional support, and allows ARC STPP staff a better opportunity to help clients set a stable base for their future. However, it is insufficient to respond to the full range of complex needs of this cohort and support client transition to a safer situation compared to when they were referred. There has been an increase in forced marriage clients, with most clients choosing the Forced Marriage Support Stream within the STPP over the Justice Support Stream (i.e. engaging with the criminal justice process). Current caseloads for ARC STPP staff prevent them from responding to client needs with the level of frequency and/or intensity they would like to offer when this is required.

Impact - any significant and relevant changes for clients: The FM Trial has been operating for a year and 15 clients have exited to date. This is a small group on which to reach clear conclusions at a relatively early stage. However, it is having a meaningful and welcome impact in clients' lives. For clients who have exited the program to date, this includes: a) increased confidence, b) improved mental health and wellbeing, c) greater knowledge of options around their rights, and d) improved awareness of how to access and navigate support during and beyond the program.

Connectedness and its importance for clients: Maintaining family and community connections was integral to clients' lives, in most circumstances, and had a strong influence on decisions that clients make about their situation, even in the face of serious conflict. However, there are limitations in how the STPP can support clients, especially with addressing challenges clients face in their family relationships when family mediation and/or conflict resolution is required and finding available and suitable external services that can play this role.

Equity and diversity and its importance for clients: A diverse range of cultural groups are accessing the program and participating in the FM Trial. The majority of clients have been females so it is difficult to ascertain equity of access to and service responses for males. Concerns were raised about a lack of awareness in both the wider community and services sector of what forced marriage is, how it is treated under Australian law, the existence of the STPP as a support option, who can access the STPP, and ways of overcoming stigma and judgement about seeking support.

On the whole, services provided to forced marriage clients through the AFP and STPP were considered to be culturally acceptable. In contrast, the cultural acceptability of external support services was considered variable and frequently unreliable.

CONCLUSIONS ABOUT THE INTENDED OUTCOMES

Outcome 1 – Improved access to the STPP due to removal of the requirement to engage in the criminal justice process: More people threatened or affected by forced marriage are accessing the

STPP since January 2014, with a notable increase in referrals with the advent of the FM Trial. Further, as the number of STPP referrals increase over time, the **proportion** of forced marriage referrals within the STPP increases at a higher rate. While this means more people threatened or affected by forced marriage are accessing the STPP, it does not explain whether removal of the criminal justice process is the main or only factor. Other factors that cannot be separated are the criminalisation of forced marriage in 2013, increasing community awareness of criminalisation and more referrals from the AFP starting to emerge from 2015 onwards.

All stakeholders believed removal of the criminal justice process requirement was an important step in creating a more viable pathway for people threatened or affected by forced marriage to access support, but it is not yet sufficient because the sole pathway to that support is via the AFP. The opinion of clients, ARC STPP staff and external community organisation and service provider staff is that client experiences of the AFP appear to be positive. However, the high level of fear associated with police combined with any previous poor experience of police in other contexts can dissuade people who need support from accessing it.

Outcome 2 – More appropriate and effective support due to the extended length of support time:

Extending the length of available support time to 200 days was viewed as another important step and helped in providing appropriate and effective support. Stakeholder opinion was divided as to the sufficiency of this time because the primary consideration became what could be done in the existing timeframe, rather than being able to ensure client needs were met either through the program or the establishment of other sustainable support options. They argued that the complexity and extent of needs for forced marriage clients warranted a more flexible program model based on needs rather than pre-set periods of time.

Analysis of the client data supported this position. The total amount of time that forced marriage clients who had exited the STPP by June 2019 had spent in the program ranged between 209 and 302 calendar days.

RECOMMENDATIONS

The Australian Government approved an 18-month extension to the FM Trial before further decisions are made about the future of the Australian Government funded, crisis support program response to forced marriage. Four overall recommendations were identified to guide the FM Trial's future, which are outlined in detail in 'Section 5: Recommendations'. In summary they are:

Recommendation 1 – Program continuation and status: Continue to fund a forced marriage specific response within the STPP during the continuation of the FM Trial through to December 2020. Prior to completion of the trial, investigate the viability of disconnecting it from the STPP to create an ongoing stand-alone forced marriage response program.

Recommendation 2 – Removal of the criminal justice requirement: Continue to provide access to the STPP for people in or at risk of a forced marriage that is not dependant on engagement with the criminal justice system.

Recommendation 3 – Program model: Re-design the FM Trial model by or before December 2019 so it reflects a needs-based rather than a time-based approach.

Recommendation 4 – Referral pathways: Expand referral pathway options into the STPP for people in or at risk of a forced marriage.

One recommendation each was made for ARC, DSS and external stakeholder services, as specific stakeholder groups. They are outlined in detail in 'Section 4: Recommendations'.

1: Introduction

1.1 Overview of the STPP and Forced Marriage Trial

The Support for Trafficked People Program (STPP) was established in 2004. It is administered by the Department of Social Services (DSS), with national case management support delivered by the Australian Red Cross (ARC).²

All suspected survivors of trafficking and slavery offences referred to the STPP by the Australian Federal Police (AFP) are eligible to receive a minimum of 45 days of intensive support, irrespective of whether they are willing or able to assist with the criminal justice process. An additional 45 days' support is available to minors and on a case-by-case basis. Further support is contingent on assistance with a criminal investigation or prosecution, and is provided until a matter is finalised. Participation in the Support Program is voluntary, and a client can choose to exit the program at any time.

Since the criminalisation of forced marriage in 2013, the number of forced marriage survivors referred to the STPP has increased. In contrast to other clients on the STPP, a higher proportion of people affected by forced marriage are under the age of 18, and require more intensive and longer term assistance. The perpetrators of these crimes are often family or community members, and survivors are unlikely to want to participate in a criminal justice process in these circumstances.

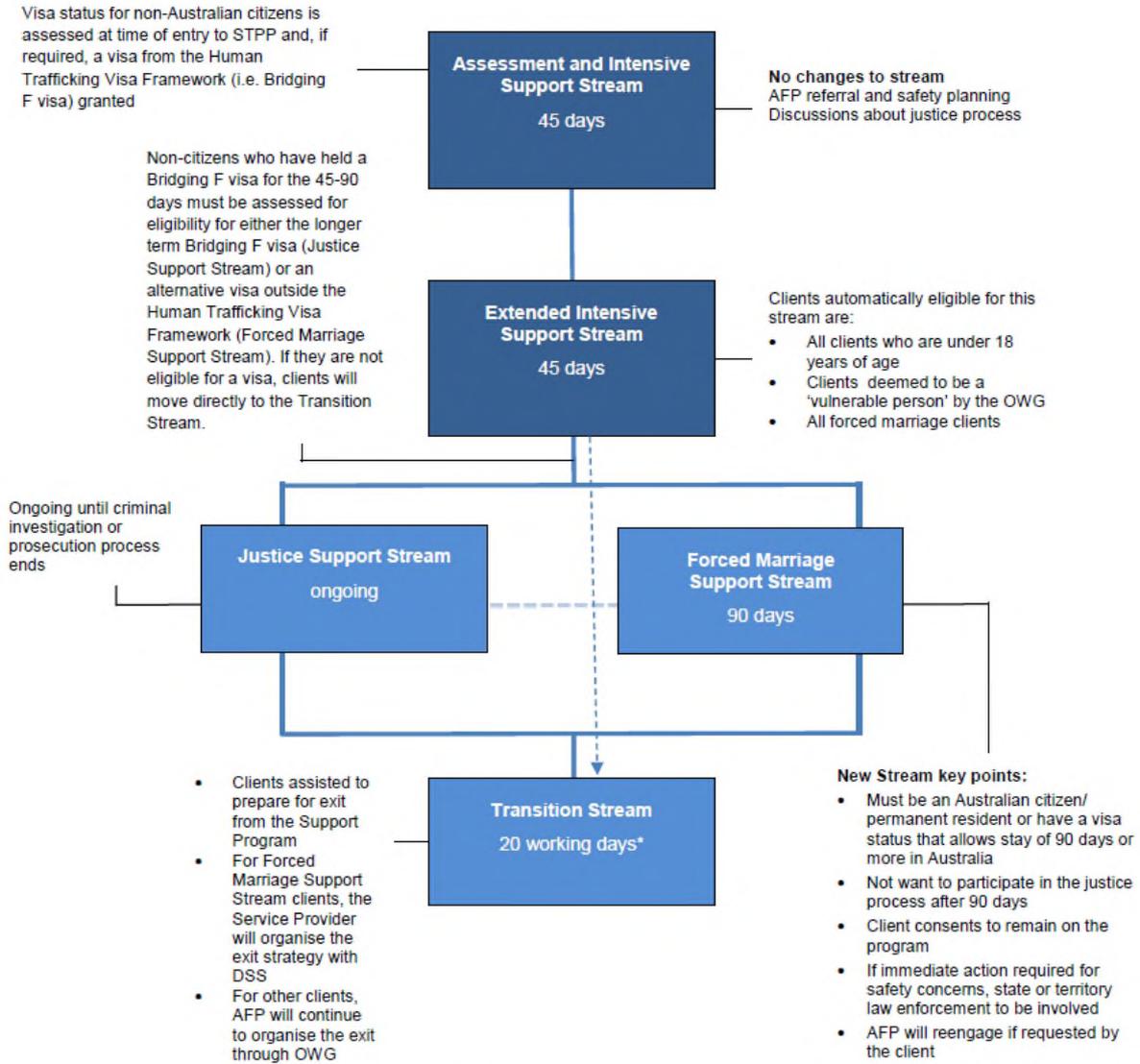
A 2017 DSS internal review found that while the STPP was a robust model for assisting the original cohort for which it was designed, it faced significant challenges in adequately supporting forced marriage clients due to their age, unique vulnerabilities and complex needs, and current gaps in services to meet these needs.

In February 2018, the Government announced a new one year trial under the STPP to allow eligible survivors of forced marriage to access longer-term assistance, without having to contribute to the criminal justice process. However, no changes were made to the initial referral pathway to the STPP through the AFP or the Human Trafficking Visa Framework. The official start date for the Forced Marriage Trial (FM Trial) was July 2018; by agreement with DSS, referrals for inclusion in the FM Trial were accepted by the STPP from April 2018 onwards.

The agreed model for the FM Trial is illustrated in Figure 1.

² This and the next three paragraphs are based on information the ARC included in Section 1.1, p.1 of the *Forced Marriage Pilot Evaluation Brief*, issued July 2018.

Figure 1: Support for Trafficked People Program: Model for Forced Marriage Support Stream Trial



* Extended transition periods are available on a case- by- case basis.

1.2 Purpose of the evaluation

In July 2018, the ARC commissioned an evaluation of the FM Trial. The purpose was described in the Evaluation Brief as follows:

The purpose of the evaluation is to support accountability, impact and learning and will be ongoing throughout the trial. From the outset, the evaluation will seek to identify if outcomes are being met and provide an evidence base for any changes required to improve client outcomes. As such, through the evaluation, Red Cross aims to maximise and support positive outcomes and help ensure emerging issues can be quickly identified and addressed, including any adverse impacts or unintended consequences that arise for clients on the new Forced Marriage Stream of the Support Program. (p. 2).

The ARC defined the goal **for the Trial** as “to discover suitable pathways for those individuals threatened or affected by forced marriage to access safety and support, and to provide appropriate and effective services that facilitate recovery and access to meaningful choice making” (p. 2). They sought the following two outcomes:

- *Individuals threatened or affected by forced marriage access the Support Program because of the removal of the requirement of engaging in a criminal justice process.*
- *Individuals threatened or affected by forced marriage are provided with more appropriate and effective support, including successful transition to independent living, due to the extended length of time on the program. (p. 2)*

The evaluation outcomes would inform a decision on whether the two new features of the agreed model – removal of the criminal justice requirement and an extended support period – should be retained for a forced marriage response or program within the STPP once the Trial was completed.

In early 2019, DSS obtained Government approval to continue with the FM Trial for a further 18 months until December 2020. The external evaluation will not be ongoing.

1.3 Overall evaluation questions

The following evaluation questions for the five main areas of inquiry were agreed upon by an Evaluation Reference Group, established by Red Cross, at the October 2018 evaluation planning workshop.

APPROPRIATENESS

To what extent does the pilot address clients' identified needs?

Are there additional needs that it is not addressing?

EFFECTIVENESS

To what extent is the pilot achieving intended outcomes? How is this evident?

To what extent is the program producing positive and relevant results (outputs, outcomes) and/or meeting its objectives? How is this evident?

What is helping or hindering to achieve the objectives?

IMPACT

To what extent is the pilot leading to significant and relevant changes (positive, negative and unexpected) in the lives of people affected? How is this evident?

CONNECTEDNESS

To what extent are the pilot's services considered culturally acceptable? How is this evident?

How important is family and/or community connectedness to clients? How does this shape their decisions through the program?

EQUITY AND DIVERSITY

How is the pilot supporting equitable access for people in terms of gender, culture and religion?

How is the pilot ensuring gender equity in its services and responses?

2: Approach to the evaluation

2.1 Developmental evaluation and evaluation cycles

In commissioning the evaluation, the ARC was interested in a developmental evaluation approach. Developmental evaluation is used in the context of innovation and complexity, where the outcomes of adopting a different approach and/or implementing new strategies are not yet clear. The FM Trial represents a different approach to supporting people affected by forced marriage who are referred to the STPP for assistance. The two features that constitute the 'innovation' are: 1) no requirement to engage with the criminal justice system, and 2) a longer period of support.

As it is important to learn and adapt the approach and strategies throughout implementation, developmental evaluation occurs in a series of short cycles that provide timely feedback on progress. This allows the approach and strategies to be tested and refined along the way, and the nature of possible outcomes to be clarified and/or confirmed.

Developmental evaluation involves the following process. Each evaluation cycle is framed by overarching evaluation questions but focuses on the priority stakeholders identified for that cycle and the areas of inquiry they can address. At the end of each cycle, a 'sense-making' workshop is held with agreed participants who listen to 'What has changed since last time?' and make decisions on the focus of the subsequent cycle.

For the FM Trial evaluation, the Evaluation Reference Group agreed to have three cycles of evaluation over the October 2018 to July 2019 period.

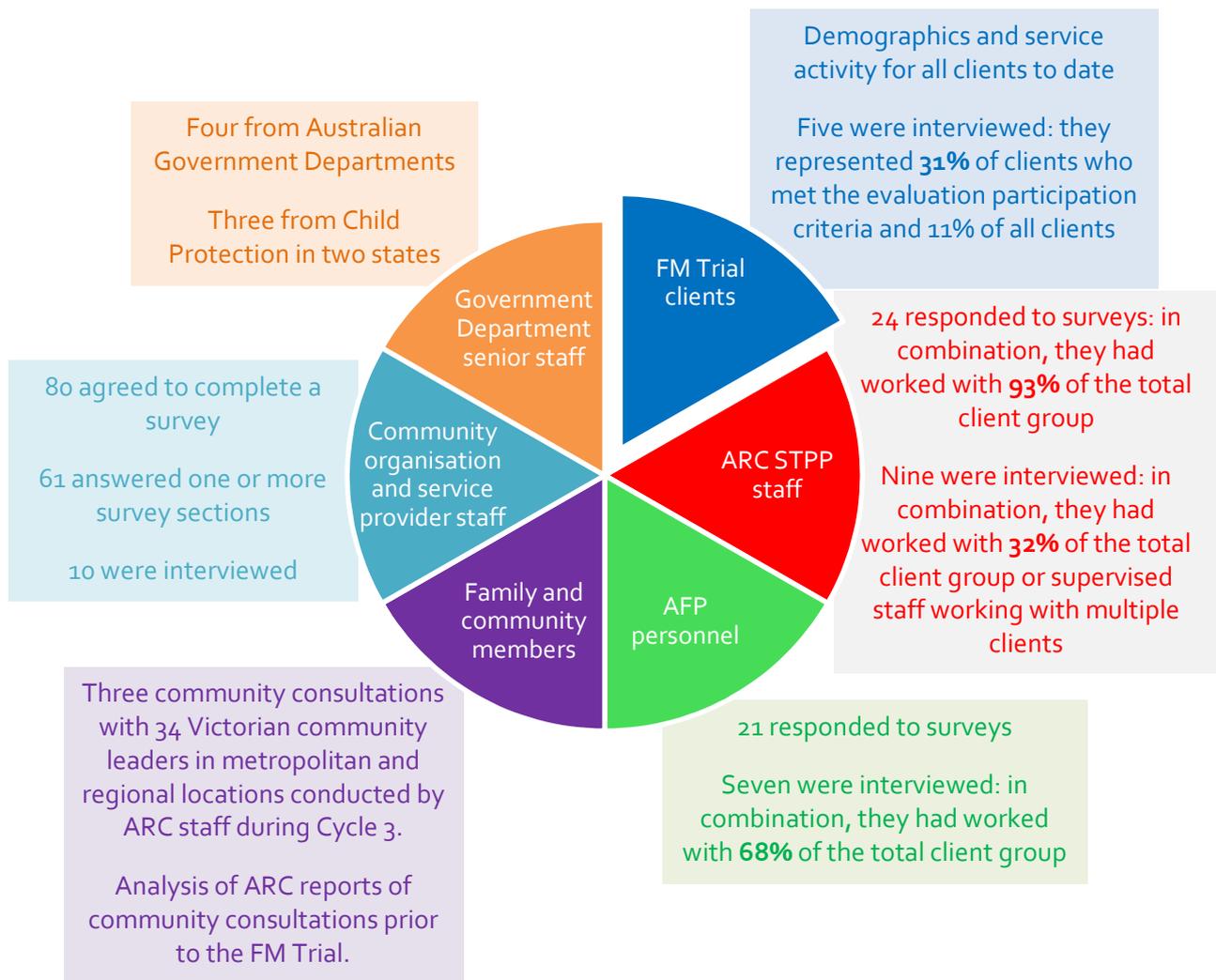
2.2 Evaluation participants and activities

By the end of all three cycles, information and/or data had been gathered about or from these six participant groups:

- Forced Marriage Support Stream Trial clients
- ARC Support for Trafficked People Program (STPP) staff
- Australian Federal Police (AFP) personnel
- Family and community members
- Community organisation and service provider staff who participate in national and/or jurisdictional FM Networks and/or refer to or receive referrals from the STPP
- Government Department senior staff (Australian and State Government)

A summary of the participant numbers for each group that had accrued by Cycle 3 is illustrated in Figure 4. This is followed by a detailed description of the process for engaging each participant group and, where relevant, response rates.

Figure 4: Evaluation participant groups and numbers



CLIENTS

The Evaluation Findings (Appendix A) provides a profile of all clients referred to the STPP regarding forced marriage during and prior to the trial, along with their service activity.

Formal ethics approval for interviewing FM Trial clients for the evaluation was gained in January 2019 from the Royal Melbourne Institute of Technology (RMIT) Human Research Ethics Committee. Three criteria were applied in determining which FM Clients were invited to participate.

- ① First, they needed to be in the latter stage of their period of support, i.e. 150 days or more or have completed their period of support. This ensured they were in an informed position to reflect on how appropriate and effective the support process has been.
- ① Second, they needed to not be in a crisis situation where an evaluation interview would be contraindicated as their personal situation is the priority.
- ① Third, in the initial ARC consent form for receiving support, clients indicated they were happy to be approached by ARC for a follow-up discussion on their experience in the program or they subsequently indicated to ARC that they were happy to be approached for this purpose.

Potential participants were identified by ARC staff. The broad messages conveyed to potential participants were that Red Cross wanted to learn more about: 1) how the program works for clients and what ARC can do to improve it, 2) if the removal of the requirement to participate in a criminal justice process made a difference to clients' decisions to be in the program, and 3) whether the program being available for a longer period of time was valuable to clients. If the client expressed interest verbally, they were given an Information Sheet and Consent Form in order to obtain formal consent. This information was passed on to the external evaluators and an interview organised.

Of the 16 FM Trial clients who met the criteria and were approached by ARC staff, five gave consent and were interviewed during Cycle 3. They represent 31% of all clients who met the criteria for participation and 11% of the 44 clients who were referred and gained support during the FM Trial as of June 2019.

As this small group of interviewed clients are easily identifiable, there is limited and selective use of quotes, and no details of their personal situations provided. The focus is on clients' experience of support through the program.

ARC STPP STAFF

Australian Red Cross Support for Trafficked People Program staff are referred to as ARC STPP staff throughout the report. When STPP is used by itself, it refers to the whole program or the national leadership of the program.

The ARC STPP staff invited to participate in the online survey were in direct service delivery and/or supervisory roles. In Cycle 1, 22 staff were invited to participate in an online survey; 15 responded, a response rate of 68%. Nine ARC STPP staff were interviewed.

In Cycle 3, 28 staff were invited to participate in an online survey; this reduced to 26 as one staff member left and another declined as they had not supported clients. A total of 21 ARC STPP staff completed the survey, a response rate of 81% (response numbers to specific questions varied). Eight ARC STPP staff who participated in a Cycle 1 interview were able to participate again in Cycle 3.

In combination, this group of staff had directly supported 41 clients, ranging from one through to seven clients per staff member, which is 93% of the entire client group by the end of June 2019. All

interviewed staff completed a survey and had directly supported 14 clients combined, a third of all clients. The experiences and opinions of ARC STPP staff are presented in the Evaluation Findings (Appendix A).

AFP PERSONNEL

In Cycle 1, 14 AFP personnel were invited to participate in the online survey; 11 responded, a response rate of 79%. Five had not made any referrals to the forced marriage stream so only completed the initial question. Six had made referrals for forced marriage but only four could elaborate on personal observations of trial progress as they also became the AFP case worker. Seven AFP personnel were interviewed in Cycle 1.

Over the April 2018 – April 2019 period, the STPP reported they received referrals from 33 AFP personnel, although not all were for forced marriage. All 33 were invited to participate in the Cycle 3 online survey. Five declined, stating the survey was not applicable to them. For the remaining 28 personnel, there was a response rate of 64% (18 people). Of this group, 11 indicated they had made a referral to the STPP for the purposes of forced marriage, with six going on to become a case worker. Of these six, four completed all components of the survey.

All seven AFP personnel interviewed in Cycle 1 were invited again in Cycle 3. Four interviews occurred, as three staff had no further experience in the FM Trial following their Cycle 1 interview. Although only six of the AFP personnel who participated in the evaluation activities became case workers - two completed the survey and were interviewed, two just completed the survey and another two were just interviewed - collectively they directly supported over 30 clients or 68% of the entire client group. AFP personnel experiences and opinions described in the Evaluation Findings (Appendix A).

COMMUNITY ORGANISATION AND SERVICE PROVIDER STAFF

During Cycle 2, this stakeholder group was approached to participate in the online survey through the FM Networks in which the STPP participate in different jurisdictions and at a conference held in Western Australia at which the STPP presented on the program.

While 80 community organisation and service provider staff formally responded, 61 went on to answer one or more of the survey sections; at times they skipped questions so response numbers vary. A smaller cohort of ten people identified by the STPP also participated in interviews for more in-depth conversations.

Respondents were asked what type of support or advocacy they offered and their geographical reach. A broad range of support or advocacy work was represented. Direct support to individuals was the most frequent support type; less than a quarter provided direct support for families. However, many reported that they provided multiple supports and/or advocacy services. National compared to jurisdictional organisations were 48% to 52%. Jurisdictional respondents did not always indicate their location; for those who did, there were representatives from NSW, Victoria, Tasmania, South Australia, Western Australia and the Northern Territory.

Of the 61 community organisation and service provider staff who participated, the number with **direct experience** of working with clients in the FM Trial was smaller, i.e. 21 people (34%). This experience was gained through sending, supporting and/or receiving referrals for ongoing support for clients participating in the FM Trial; over half (57%) had referred a person to the AFP, 29% had accepted a referral from ARC and/or 43% had provided advice to the ARC.

The number of clients with whom this group of respondents were engaged ranged from one to 10 per person. From information they provided, they had been in contact with over 50 STPP FM clients

between them, which means some clients had connections with more than one service provider. Several of this group of survey respondents participated in the interviews.

To identify the smaller group of 21 participants with **direct experience** of working with clients in the FM Trial, phrases such as 'respondents directly involved with FM Trial clients' or 'people familiar with clients in the FM Trial' are used. **All themes** identified in the commentary of this more knowledgeable group are based on evidence provided by several respondents, usually those who have been able to maintain contact with clients' post-referral or who take referrals from the STPP and work with clients at the same time as they are on the program.

As there is a small client cohort, both respondents and clients are more easily identifiable. Therefore, to respect confidentiality for both stakeholder groups, responses gained through the survey and interviews for the evaluation areas of inquiry are presented collectively in the Evaluation Findings (Appendix A). There is some use of direct quotes where confidentiality is not compromised, and key words or phrases from participants are shared to illustrate themes where appropriate.

FAMILY AND COMMUNITY MEMBERS

The data for family and community members was not gained through direct engagement with the external evaluators, but drawn from ARC community consultations. In Cycle 2 existing ARC reports of community consultations ARC held in the lead up to the commencement of the FM Trial were analysed and reported on. Early in 2019, ARC undertook consultations regarding forced marriage with community leaders in Victoria and NSW; the three Victorian consultations were completed during the Cycle 3 timeframe. They involved 34 community leaders, representing more than six cultural groups, and 18 men and 16 women, with 10 participants being young people (three men and seven women). One consultation each occurred in a metropolitan, regional and rural location. The consultation outcomes were documented and shared with the external evaluators; the themes relevant to the evaluation are included in the Evaluation Findings (Appendix A).

GOVERNMENT DEPARTMENT REPRESENTATIVES

Four Australian Government Department senior staff participated in interviews, as did three representatives from child protection agencies in two states. As Australian Government Department staff operate at the policy and strategy level, rather than direct service delivery, their question guides focused on the broader context in which the FM Trial operates and how the learnings from the FM Trial could inform and guide future steps in Australia's response to forced marriage. While this links to the effectiveness and impact areas of inquiry, the specific evaluation questions were not suitable to use. Their experiences and opinions of the FM Trial are presented the Evaluation Findings (Appendix A).

The participating child protection staff were involved in direct service delivery, so responded to the question guides for community organisation and service provider staff. Their experiences and opinions of the FM Trial are included in the Evaluation Findings (Appendix A).

2.3 Limitations

Four limitations should be considered in reviewing the evaluation outcomes and implications:

Client interviews: The number of clients willing to participate and then able to follow through with personal interviews before completion of the evaluation was ~50% less than initially hoped, despite taking all reasonable steps to engage clients. The main reason was difficulty in reaching clients who

exited the program, due to changed phone numbers; this occurred for seven of the 16 clients who met the criteria for participation.

Which clients choose to participate: When evaluating human services programs that support clients to address sensitive or challenging life circumstances, consideration must be given to whether client experience of support mediates whether they decide to participate in the evaluation process, i.e. more positive experiences may increase the likelihood of client consent. One of the criteria for approaching clients about participation is that they are not in crisis, which is essential for client wellbeing and safety. However, it creates an unintended bias of talking to clients who have reached a more stable situation and may be more likely to attribute this to program support compared with clients who are still working through crises. For confidentiality purposes, it is not possible to ascertain the degree to which this is occurring, but it should be borne in mind with such a small sample of client participants.

AFP personnel: Since commencement of the FM Trial, the total group of AFP personnel who made a referral to the STPP was moderately large (33), but numbers reduced markedly based on who referred clients due to an actual or potential forced marriage, and then who went on to be more involved as a case worker (only four). However, as noted above, the AFP personnel who participated in either or both the survey and the interview in combination represent 68% of the total client group to date, so they are information rich.

Community organisation and service provider staff experience working with FM Trial clients: Due to the approach to inviting participation from this stakeholder group, a response rate could not be calculated. Survey respondents were not asked to identify their specific organisation to protect their confidentiality, although this was known for interview participants, so it is not possible to determine the exact number of organisations represented on a national basis. However, people working in community services are unlikely to respond to online surveys unless it relates to their context.

There is a relatively small cohort of FM clients in the STPP on a national basis. Just over a third of community organisation and service provider staff participating in the evaluation had or are working directly with people who were or are clients of the FM Trial. As stated in the description of 'Community organisation and service provider staff' above, this group had been in contact with over 50 STPP FM clients between them as some clients had connections with more than one service provider. In some instances, community organisation and service provider staff only referred clients and did not have significant further involvement due to the nature of their role. The information shared about their specific experiences of working with the ARC regarding FM Trial clients is reflective of a relatively small number of staff and situations, yet it is potentially a fair proportion of clients given the client cohort size so offers valuable insight.

3: Conclusions

This developmental evaluation involved layers of evaluation activities over the course of the FM Trial. The learnings gained from earlier activities informed who to engage and what to examine during later cycles, with the combined findings described in Appendix A: Evaluation Findings. Collectively, they inform the conclusions that can be made at this point of the FM Trial about the degree to which the intended outcomes are being realised and what progress has been made against the five areas of inquiry. What was possible to learn about the evaluation objectives will also be summarised in this section.

Links between the conclusions and recommendations are shown in blue text boxes; the recommendations are written in full in Section 5. Please note that the recommendation links do not appear in the same order as the recommendations are listed in Section 5.

3.1 What was learnt about the FM Trial intended outcomes?

INTENDED OUTCOME 1: Individuals threatened or affected by forced marriage access the Support Program because of the removal of the requirement of engaging in a criminal justice process.

Analysis of referral data from January 2014, when the STPP received its first referral for forced marriage, through to June 2019 showed a gradual increase in referrals for the STPP as a whole, as well as forced marriage referrals. There are two notable increases in referrals since January 2014; the first was a moderate increase during 2015 that was sustained over the next two years. The second was a marked increase with the advent of the FM Trial.

In summary, this means more people threatened or affected by forced marriage are accessing the STPP. It does not explain whether removal of the criminal justice process is the main or only factor. Other factors that cannot be separated are the criminalisation of forced marriage in 2013, increasing community awareness of criminalisation and more referrals from the AFP starting to emerge from 2015 onwards.

The experience of stakeholders who support people affected by forced marriage was that removal of the criminal justice process requirement was an important step in creating a more viable pathway to accessing support, which they believed is improving access to the STPP, but by itself is not yet sufficient. The criminalisation of forced marriage means there is a high risk that seeking support will bring shame on the family and compromise relationships with the person's family and cultural community. When the pathway to that support is via the police, the high level of fear associated with police that may be combined with previous poor experience of police in other contexts becomes a strong disincentive. At the same time, people do not want to be in a forced marriage. While offering a support pathway where criminal charges do not have to be laid, even if that pathway is via the AFP, buffers people's concerns to an extent, it does not eliminate them.

Recommendation 2 – Removal of the criminal justice requirement: Continue to provide access to the STPP for people in or at risk of a forced marriage that is not dependant on engagement with the criminal justice system.

An area for change proposed by all stakeholders is to move away from the AFP as the sole referral pathway and provide other referral pathways that include but are not limited to the AFP.

Recommendation 4 – Referral pathways:
Expand referral pathway options into the STPP for people in or at risk of a forced marriage.

During the latter part of the developmental evaluation, the ARC raised this potential change with the AFP. This has led to 'in principle' support for establishment of a referral pathway working group of ARC, AFP, DSS and Department of Home Affairs representatives to explore viable alternative pathways, agree on expectations of and information needed by other referrer groups, and examine and document operational details for implementation. As it will be important for other stakeholders with expertise in forced marriage to contribute to or review an expanded referral model, the referral pathway working group could be viewed as 'Stage 1' of the process. 'Stage 2' could then be a wider consultation and/or discussion with relevant stakeholders about how the pathways could work in practice and through which they can propose refinements.

INTENDED OUTCOME 2: Individuals threatened or affected by forced marriage are provided with more appropriate and effective support, including successful transition to independent living, due to the extended length of time on the program.

The experience of all stakeholder groups, including clients, was that extending the length of available support time to 200 days was another important step in providing appropriate and effective support for people at risk of or in a forced marriage. However, opinion was divided as to the sufficiency of the current 200 days of support because the primary consideration was what could be done in the existing timeframe rather than being able to ensure client needs were met either through the program or the establishment of other sustainable support options.

This creates a difficult tension for case workers who were very concerned about clients being in a stable and better equipped position by the end of the program, whether they choose to stay with or leave their family situation. While the option exists to apply for DSS approval of an extension of support time, similarly to other stakeholder groups, case workers wanted a more flexible approach to be built into the program model so differing lengths of support time is standard rather than being an exception.

This need was evident for data available on the small group of 15 clients who exited the program since commencement of the FM Trial. The total time these clients spent in the program ranged from 209 to 302 calendar days; within this, time spent in the Transition Stream

Recommendation 3 – Program model:
Re-design the program according to a needs-based rather than a time-based approach.

(set at 20 working days) ranged from 27 to 95 calendar days. While involving only a small sample of clients, it was further reinforced by the nature and seriousness of the critical incidents that occur for forced marriage clients while on the STPP, compared to other STPP clients. Combined with the considerable disparity in time clients are spending in the STPP, this points to the variation in needs of people affected by forced marriage, verifies the range of concerns expressed by stakeholder groups about the complexity and extent of their needs, and suggests a more flexible rather than time-based approach is warranted.

As outlined in Section 4.2, there is clear evidence that clients receive appropriate and effective support while in the program. All stakeholders believed that moving to a needs-based rather than time-based approach would strengthen the appropriateness and effectiveness of support, and place clients in a better position to sustain the gains made through the program as they exit.

3.2 What was learnt about the five areas of inquiry?

APPROPRIATENESS

Within the current program focus and design, a broad range of client needs are being addressed in an appropriate manner. Interviewed clients reported feeling respected and supported in the process and were very grateful for the support received. The types of assistance they received included financial support, referrals to organisations that provide legal advice, information and referrals to address their health and wellbeing, and emotional and social support. They placed highest priority on gaining financial support, information and referrals, and emotional and social support, and wanted the STPP to continue offering this support. They were also interested in the STPP providing more assistance with preparing for and securing employment, where needed. Clients whose visa status beyond their time on the STPP was uncertain wanted more assistance with resolving this situation so they could make clearer plans for their future.

Stakeholders described how the FM Trial was addressing important needs for clients in an appropriate manner and expressed confidence in the ability of ARC STPP case workers to do this. They also emphasised that delinking from the criminal justice process and still having the opportunity to gain support combined with allowing for a longer period of support were vital elements of the program being more appropriate in responding to this client cohort.

However, they noted two drawbacks that compromise appropriateness. The first was insufficient program support time relative to client needs, which related to both overall length of time on the program and the need to provide greater intensity of support in a number of circumstances. The second was the AFP being the sole referral pathway, as this can still deter people from accessing support.

All stakeholders consistently identified a range of unaddressed needs. They were either not being addressed or could not be addressed through the FM Trial under its current focus as an individual model of support and its design features, i.e. a time-based model. Some fall within the scope of the program, particularly if recommended changes to its focus and/or design are made, while others clearly fall outside of the STPP scope and require the involvement of external services and/or government support. These needs are summarised in Figure 33 according to whether they are internal, external or relevant to both FM Trial design and external services.

Recommendation 3 – Program model: *Re-design the program according to a needs-based rather than a time-based approach.*

Recommendation 5 – Client needs: *Actions for ARC to consider.*

Recommendation 6 – Client needs: *Actions for DSS to consider.*

Recommendation 7 – Client needs: *Actions for external stakeholders to consider.*

In terms of the 'awareness of forced marriage in the community' in the third column, it is important to note that approaches to creating a defined strategy that utilises existing strengths and supports within families and communities were outlined comprehensively in a previous ARC, *Forced Marriage: Community voices, stories and strategies - consultation with community*.

Figure 33: Unaddressed client needs

INTERNAL Relate to the current design, focus and funding of the FM Trial	EXTERNAL Need to be addressed by external services	INTERNAL & EXTERNAL Relevant to both FM Trial design and external services
<ul style="list-style-type: none"> • Capacity and flexibility to offer more intensive support • Client understanding of safe and respectful sexual relationships • Client empowerment 	<ul style="list-style-type: none"> • Lack of emergency and short-term accommodation • Support services for clients in the 16-18 year old age group • Visa complexities 	<ul style="list-style-type: none"> • Family relationships, particularly in terms of mediation and conflict resolution • Awareness of forced marriage in the community • Appropriate support services in regional and rural locations • Client isolation and addressing their cultural and religious needs

EFFECTIVENESS

The key questions for effectiveness was whether the FM Trial is achieving its intended objectives and outcomes, whether it was producing positive and relevant results and what is helping or hindering this occurring? The degree to which the FM Trial is achieving intended objectives and outcomes is described in Section 4.1. There are three further points to make from the evaluation outcomes that relate to achievement of the intended outcomes.

Currently, the ARC STPP staff do not have a clear understanding of how the AFP undertake the assessment process for forced marriage referrals they receive, which determines whether they refer a person to the program. At present, AFP personnel explained that they do not promote this, however there is a low threshold for initiating a referral to the STPP. The ARC STPP would appreciate knowing more about the AFP approach as the basis for ongoing discussion about expanding the referral pathway options and therefore, how to articulate and apply eligibility criteria so it can be shared with a wider group of endorsed referrers. By implication, any expansion of endorsed referrers would need to be accompanied by a training and education strategy about indicators for forced marriage for this group.

Recommendation 4 – Referral pathways:
Expand referral pathway options into the STPP for people in or at risk of a forced marriage

When ARC STPP staff and community organisation and service provider staff advocated to “widen the net” of who could refer to the STPP, they emphasised two things. First, AFP involvement was considered beneficial, particularly if there were immediate safety concerns, and should remain a referral pathway. Second, their critique of having the AFP as the sole referral pathway was not a reflection on AFP staff with whom they had been involved while working with forced marriage clients, but their understanding of perspectives of police in general for potential clients and their family and community members.

There was high and consistent support for providing a longer period of support than the current 208 calendar days from ARC STPP staff and community organisation and service provider staff. In addition

to being in a better position to address the complex needs of this client cohort, they emphasised that a longer support period can ensure case workers establish rapport and a solid relationship, giving them a foundation of trust on which to identify and address client needs. Both stakeholder groups were conscious that not all clients would need the longer period of support, but believed it is better to have the flexibility to respond according to needs rather than seek external approvals in the later stages of the support timeframe.

In terms of creating positive and relevant outcomes, ARC STPP staff, AFP personnel, community organisation and service provider staff and clients themselves all verified this was occurring. While they all held reservations about the adequacy of the length of support time, the extension from 90 through to 200 days made possible through the trial offered clients greater security and emotional support, and a better opportunity to set a stable base for their future. They also have time to: consider their options; explore what is involved in the criminal justice process and if they want to engage with it; access support and get linked to relevant services; and access financial assistance, accommodation and education options as required.

The collective set of barriers to achieving intended outcomes that were identified by stakeholders overlapped strongly with the unaddressed needs, summarised in Figure 33. Another notable barrier was current program capacity, identified by community organisation and service provider staff and commented upon by ARC STPP staff who wanted to be in a better position to respond to clients who need more frequent or intense support.

The active client caseload is increasing, an effect of the longer period of support available. If a decision is made to move to a needs-based rather than time-based approach, this situation will become more acute. Therefore, it will be important to identify how this new approach can reduce caseloads for STPP staff so they can provide more intensive support and quicker response times relative to client needs.

Recommendation 3 – Program model: Re-design the program according to a needs-based rather than a time-based approach.

IMPACT

As of June 2019, 15 clients had exited the program and another eight were in the Transition Stream. Based on their experience with this group of clients, the majority of ARC STPP staff and AFP personnel evaluation participants indicated that the FM Trial was leading to significant and relevant changes for clients. The three commonly identified positive changes for clients that were evident by the time they exited or were close to exiting the program were: a) increased confidence, b) greater knowledge of options around their rights, and c) improved awareness of how to access and navigate support during and beyond the program.

At this point, ARC STPP staff and AFP personnel expressed that it was hard to determine the extent of program impact over the longer term, as they usually had no further contact with clients once they exited the STPP and due to the small number of clients who had exited to date. It is also uncertain whether and how many further re-referrals may occur if clients need a further period of support due to a change in circumstances, e.g. risk escalates or new issues arise.

While their shared hope of the best outcome for clients was not proceeding with or being able to leave a forced marriage, they viewed good outcomes for clients as involving the three changes they currently witnessed occurring. These changes intersected closely with those that interviewed clients reported experiencing due to participating in the STPP and having individualised support from a case worker. They identified they now had:

- improved mental health and wellbeing
- increased confidence
- more independence in dealing with both personal and practical matters in their lives, e.g. communication, socialising, attending appointments and engaging with government systems.

It is evident that at this relatively early stage of the FM Trial, it is having a meaningful and welcome impact in clients' lives, which warrants its continuation as a specific stream option within the STPP. The recommendation to redesign the program model from a time-based to a needs-based approach that allows for greater flexibility is a clear but moderate shift that will involve revisiting conditions of entry and exit to the program. However, there is merit in investigating a larger shift, i.e. disconnecting it from the STPP as a pre-existing and long-standing program designed for a different client group and creating a stand-alone forced marriage response program. Given the FM Trial is continuing until December 2020, timing will be critical. It could involve a two-stage process where the more moderate shift occurs over the next six months and is fully in place by January 2020, while investigation into and planning for the larger shift occurs from mid-2020. If the larger shift is supported, this will be in time for implementation from 2021.

Recommendation 1 – Program continuation and status: *Continue to fund a forced marriage specific response within the STPP and investigate creating a stand-alone forced marriage response program.*

CONNECTEDNESS

All stakeholder groups emphasised how maintaining family and community connections was integral to clients' lives, in most circumstances, and had a strong influence on decisions that clients make about their situation, even in the face of serious conflict. At times, clients make difficult decisions to leave their family and/or community or sever connections with particular family members, which can result in having no or limited connection with family members who are allies. This can cause high levels of stress, especially if they have siblings or other family members who they know or anticipate may face the expectation of going into a forced marriage, and clients feel an obligation to protect them. Clients who face the additional vulnerability of an uncertain future in Australia due to their visa status are often isolated from family members who are supportive of them, yet unable to assist the client.

As outlined under 'Appropriateness', the program has limitations in addressing the challenges clients face in their family relationships or finding available and suitable services that can play a role in family mediation and/or conflict resolution, which is outside the scope of the FM Trial. This can result in clients returning home, as the prospect of a forced marriage is comparatively less confronting than the alternative – isolation from family, friends and community, and creating shame for the family - and they have a lack of confidence in any viable solutions to their situation. Yet, as emphasised by family and community consultation participants, any solution that does not engage with the family to address the conflict and work on relationships is not a sustainable solution.

EQUITY AND DIVERSITY

Currently, a diverse range of cultural groups are accessing the program and participating in the FM Trial. As all but one referral to date has been for women, it is difficult to ascertain equity of access to males and how well equipped the program is to support males who do not wish to be involved in a forced marriage. The limited experience to date does indicate that accessing suitable external support services for males is very challenging.

All stakeholder groups, apart from the interviewed clients, were concerned there was a lack of awareness in the wider community of what forced marriage is, how it is treated under Australian law, the existence of the STPP as a support option, who can access the STPP, and ways of overcoming stigma and judgement about seeking support. Further, ARC STPP and community organisation and service provider staff described a lack of shared or consistent awareness of these matters across the wider services sector.

On the whole, services provided to forced marriage clients through the AFP and STPP were considered to be culturally acceptable, although there were occasional concerns about clients having access to female case workers when this is more culturally congruent. In contrast, the cultural acceptability of external support services was considered unreliable although some examples of good practice were identified - emergency and short-term accommodation and counselling and psychology services were specifically highlighted. The family and community consultations added to this by describing a lack of trust in the cultural awareness of mainstream services that would deter people from approaching them.

4: Recommendations

OVERALL RECOMMENDATIONS

Recommendation 1 – Program continuation and status:

- a) Continue to fund a forced marriage specific response within the STPP during the continuation of the FM Trial through to December 2020.
- b) Prior to completion of the trial, investigate the viability of disconnecting it from the STPP to create an ongoing stand-alone forced marriage response program – the recommended timing for this investigation is July 2020.

Recommendation 2 – Removal of the criminal justice requirement: Continue to provide access to the STPP for people in or at risk of a forced marriage that is not dependant on engagement with the criminal justice system.

Recommendation 3 – Program model: Re-design the FM Trial model by or before December 2019 so it reflects a needs-based rather than a time-based approach, reduces caseloads for case workers in order to respond to client needs and offer more intensive support where required, and allows within-program flexibility to extend the period of support where warranted. This may involve utilising and/or revising existing STPP policies on 'conditions of exit'.

Recommendation 4 – Referral pathways: Expand referral pathway options into the STPP for people in or at risk of a forced marriage, building on the 'in principle' support amongst the ARC, AFP, DSS and Department of Home Affairs and the referral pathways working group being established with representatives from each party to explore referral pathways. In the process it is recommended that the working party:

- view the referral pathways working group as 'Stage 1' of the process, with 'Stage 2' being a wider consultation and/or discussion with relevant stakeholders about how the pathways could work in practice and through which they can propose refinements
- consider the viability of including education, child protection, community organisations working with cultural communities in which forced marriage is practiced as endorsed referrers, and, potentially, self-referrals
- articulate how to apply program eligibility criteria through the assessment process

- accompany the referral pathway expansion with a promotion, training and education strategy about the indicators for forced marriage and the process of assessment with the wider group of endorsed referrers.

RECOMMENDATIONS FOR PARTICULAR STAKEHOLDER GROUPS

All of these recommendations focus on how client needs can be better addressed. Further recommendations will need to be developed and implemented once the ARC and DSS have had the opportunity to explore potential strategies and solutions relevant to unaddressed client needs.

Recommendation 5 – Client needs – actions for ARC to consider: Identify and implement strategies that better address client needs within the current and/or revised program model, if Recommendation 3 is implemented. Specifically:

- a) consistently promote the FM Trial through all existing and any new communication mechanisms and forums as the Australian Government funded, crisis support program response to people who need to leave or avoid a forced marriage
- b) provide STPP staff with regular professional development on current visa categories and their conditions, and revisit and confirm the role that the STPP can play in supporting clients who face issues with their visa status
- c) continue to identify and map gaps in services that can assist clients with family mediation and conflict resolution, including in regional and rural locations
- d) assess client understanding of safe and respectful sexual relationships, and provide guidance and referrals to relevant education and support services where indicated
- e) support clients to strengthen their skills in identifying and articulating their needs with case workers and other important support people in their lives
- f) utilise their involvement in national forums focused on forced marriage to advocate for:
 - the development and implementation of strategies that raise awareness of forced marriage and its treatment under Australian law
 - the availability of support in both the services sector and wider community, including supporting and expanding existing localised work of community organisations who work with communities to understand and prevent forced marriage
 - the development and implementation of family-inclusive strategies in responding to forced marriage, including mapping gaps that exist around services that undertake mediation and conflict resolution (both metropolitan services and those in regional and rural locations)
 - changes to the Human Trafficking Visa Framework that address gaps faced by FM Trial clients once the exit the STPP.

Recommendation 6 – Client needs – actions for DSS to consider: Identify and implement strategies that better address client needs within the current and/or revised program model, if Recommendation 3 is implemented. Specifically:

- a) advocate for increased funding for the FM Trial to support redesign of the program model (see Recommendation 3), implementation of the expanded referral pathway options (see Recommendation 4) and support program promotion strategies that extend beyond existing communication mechanisms and forums
- b) investigate options for funding further emergency and short-term accommodation services that are aware of and responsive to the needs of people in or at risk of a forced marriage, such as the Lighthouse Foundation service in Victoria

- c) utilise their involvement in national forums focused on forced marriage to advocate for:
- the development and implementation of strategies that raise awareness of forced marriage and its treatment under Australian law
 - the availability of support in both the services sector and wider community, including supporting and expanding existing localised work of community organisations who work with communities to understand and prevent forced marriage
 - the development and implementation of family-inclusive strategies in responding to forced marriage, including mapping gaps that exist around services that undertake mediation and conflict resolution (both metropolitan services and those in regional and rural locations)
 - changes to the Human Trafficking Visa Framework that address gaps faced by FM Trial clients once they exit the STPP.

Recommendation 7 – Client needs – actions for external stakeholders to consider: Identify and implement strategies that better address client needs within the current and/or revised program model, if Recommendation 3 is implemented. Specifically:

- a) child protection departments need to clarify their role in responding to young people who are 17 years old or younger and are in or at risk of a forced marriage and how they will collaborate with the AFP and STPP to ensure young people access needed support
- b) the services sector needs to expand its understanding of forced marriage, and how it plays a role in identifying people at risk and providing culturally informed responses in liaison with specialist services, such as the ARC STPP
- c) emergency and short-term accommodation services need to identify how their service models can be adjusted and implement changes that better respond to the needs of people who are in or at risk of a forced marriage
- d) through their involvement in jurisdictional and/or national forums focused on forced marriage, the services sector can advocate for the development and implementation of family-inclusive strategies in responding to forced marriage, including mapping gaps that exist around services that undertake mediation and conflict resolution (both metropolitan services and those in regional and rural locations).

Appendix A: Evaluation Findings

1 Client participation and experiences

1.1 A profile of clients participating in the FM Trial

CLIENTS CHARACTERISTICS AT REFERRAL

Between 1st April 2018 and 28th June 2019, there were 45 client referrals from the AFP. One was a re-referral for a person who commenced the program *prior* to commencement of the FM Trial; in reporting individual client characteristics this person is counted once but is counted twice for all referral data to acknowledge the two referrals, including in the pre/post-Trial referral comparison.

Of this group, 64% were aged 18 years and over, with the remaining 36% being 17 years and under, and over 98% were female with one male. The majority of referrals emanate from Victoria (48%), with 20% in NSW, 11% each in SA and TAS, and 9% combined in ACT, WA and QLD. No referrals were made in the Northern Territory.

Referrals for 1st April 2018 up to 28th June 2019 represented people from 11 different nationalities. **At the point of referral**, there were 20 Australian nationals (46%) being the most frequent, followed by Afghan (14% or six). Iran, Iraq, South Sudan, Bangladesh, Burundi, China, Lebanon, New Zealand and Pakistan accounted for less than five participants each. Clients reflected a diverse range of visa categories, which breaks down into 89% with visas that allow them to stay in Australia indefinitely and 11% who cannot stay indefinitely.

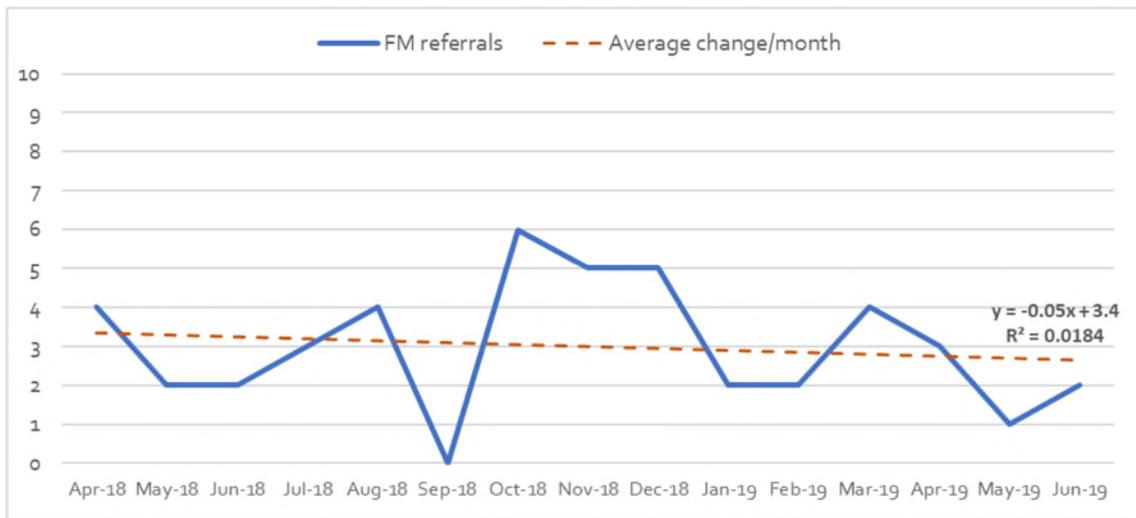
From April 2018 – June 2019 (n = 45) visa categories are as follows. Twenty-two were Australian citizens, five had a 100 Spouse/Partner (Migrant – Permanent) visa and the following visa categories were held by fewer than five clients:

- 200 - Refugee visa
- 202 - Global Special Humanitarian visa
- 117 - Orphan Relative visa
- 309 - Spouse/Partner (Provisional - Temporary) visa
- 457 - Temporary Work (skilled) visa
- Permanent Visa subclass unknown
- 155 - Resident Return visa
- 444 - Special Category visa
- Humanitarian visa (subclass XB)

REFERRAL PATTERNS

Figure 6 illustrates the pattern of monthly referrals over the April 2018 to June 2019 period. The orange dotted trendline shows the average change in referrals per month over time, which is -0.05, and $R^2 = 0.018$ is the correlation of referrals with time. Together they indicate that referral levels are relatively steady over the FM Trial. In other words, there is no relationship between referral numbers and time for **the period of the FM Trial**, so no apparent increase in access to the STPP over the life of the FM Trial to date.

Figure 6: Client referrals by month: April 2018 – June 2019 (n = 45)



The picture changes for the rate of forced marriage related referrals *prior* to the FM Trial compared with April 2018 onwards, and then comparing this with referrals to the STPP as a whole for the same time periods. An overview of this data is provided in Table 3.

The STPP started receiving referrals regarding forced marriage in January 2014. Referral numbers between January 2014 and the end of March 2018 were 48 in total, an average of 0.9 referrals/month. Referrals over the 15 months of the FM Trial has risen to an average of 2.9/month. While this indicates an increase in the rate of referrals for forced marriage from the pre-Trial to the Trial period, there was also a small overall increase in the rate of STPP referrals that is *not* fully accounted for by the increase in forced marriage referrals, which represent 50% of the entire STPP referrals during the Trial period.

Table 3: Overview of forced marriage compared to other STPP referrals

Reason for referral to the STPP	Pre-FM Trial: 51 months January 2014 - March 2018	FM Trial: 15 months April 2018 – June 2019
Any and all reasons	150 referrals Average = 2.9/month	90 referrals Average = 6/month
Forced marriage only	48 referrals 32% of entire STPP Average = 0.9/month	45 referrals 50% of entire STPP Average = 2.9/month

The correlation between all referrals to the STPP and forced marriage only referrals over time is 0.67, which is very significant. In practical terms, it means that as the number of STPP referrals increase, the proportion of forced marriage referrals increases at a higher rate. This does not fully account for the increase in the entire STPP average monthly referrals since January 2014; as the whole STPP was not the focus of this evaluation, it is not possible to explain what may have contributed to the balance of the increase.

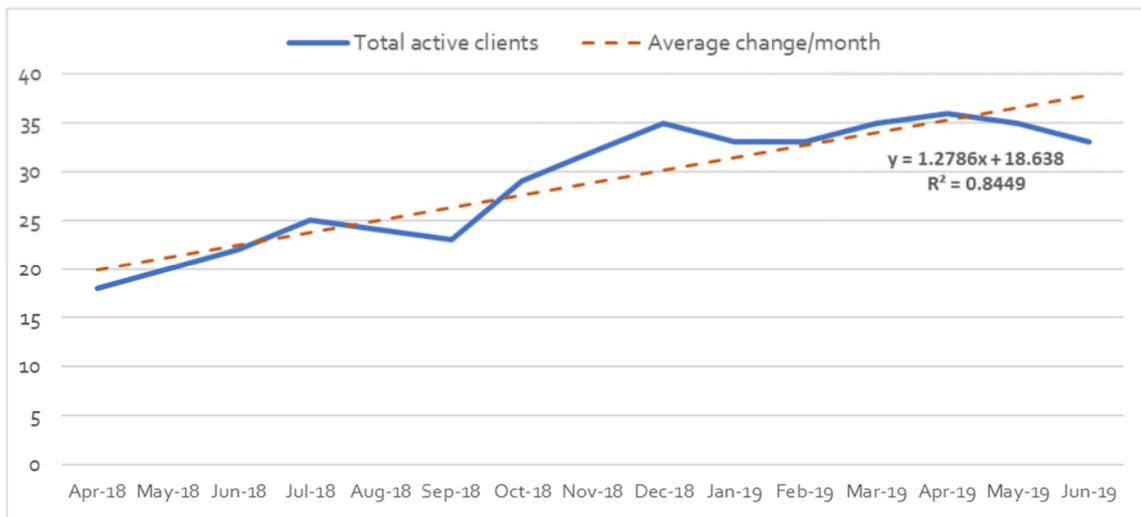
ACTIVE CLIENTS

As of June 2019, there were 33 **active** clients across seven jurisdictions. In line with the location of referrals, most clients were in Victoria (39%) followed by NSW (21%), accounting for 60% of all clients. The remaining clients were in SA (18%) and WA, ACT, QLD and TAS (21% combined).

From April 2018 through to June 2019, 36 clients reached the decision point after 90 days to choose the Justice Support or the Forced Marriage Support Stream (see Figure 1). Of this group, 83% chose the Forced Marriage rather than the Justice Support Stream.

Figure 10 represents the total number of active clients per month, growing from 18 in April 2018 to 33 in June 2019, and shows the average change in client numbers per month. With an R² value of 0.85, a highly significant correlation, it indicates the **quantum** of active clients has grown steadily since the FM Trial began.

Figure 10: Total number of active clients per month: April 2018 – June 2019



Of the 45 referrals since April 2018, 15 who chose the Forced Marriage Support Stream exited. This is a small number on which to be confident of a sustained pattern, so the following figures must be treated tentatively.

- ⊕ **Total program time:** Their average length of total time on the STPP was 232 calendar days, with a minimum of 209 days and maximum of 302 days - this represents between one and 94 additional days to the standard 208 days of support.
- ⊕ **Transition Stream time:** Their average length of time in the Transition Stream was 46 calendar days, with a minimum of 27 days and maximum of 95 days - this represents one less and up to 67 additional days to the standard 28 days of transition support time.

The average Transition Stream time is almost twice the length of the standard transition period, i.e. 20 working/28 calendar days.

Overall, there is considerable disparity in both total program and Transition Stream time for this small group of clients. This points to the variation in needs of this client group and suggests that a more flexible rather than time-based approach may be needed.

1.2 Client voices

The experiences of clients, shared through interviews, are detailed here. Their experiences are presented according to the main topics that framed their interviews: the referral process, support gained through the program, any changes since being involved in the program (personal and/or family and community connections) and learnings for ARC.

THE REFERRAL PROCESS

Most interviewed clients were referred to the STPP based on advice from a trusted source in whom they confided (external to their family). The awareness of the support program from within their wider community networks enabled them to feel confident in telling their story to the AFP and subsequently be referred to the STPP.

Participating clients explained that talking to the AFP was *"quite an easy process"*, describing that they felt *"comfortable"*, *"relaxed"* and *"no pressure"* from AFP personnel who were *"friendly"*, *"supportive"*, *"patient"* and *"calm"*. This helped ease some of the apprehension and fear they were experiencing.

"[The AFP Officer] gave me so much time to complete the statement. He knows me and knew emotionally that I was not so well, so would say: 'We are going to stop now. I'll come back when you feel better'....He was friendly, and I took comfort in talking with him." (Client)

"I was happy to go to the AFP. It gave me an assurance that nothing was going to happen to me." (Client)

Regardless of whether clients were still deciding to prosecute the perpetrator or had no intention to prosecute the perpetrator at the time of the referral process, all reported having extremely positive interactions with AFP personnel:

"Simple really...after talking with the AFP I had a phone call from the ARC [case worker]. They introduced who they were and what they were doing, and asked if I wanted to come in for a chat." (Client)

Only one interviewed client said they would not have accessed help via the support program if they had to continue with the justice process.

"100% if I had to press charges, I wouldn't have gone through with that – no way would I have reached out for help." (Client)

When asked whether anything could have been done differently in the referral process, all interviewed clients said no - they were satisfied with the referral process.

"[The referral process was] smooth. The interview went quite quick. I have no issue with how I was referred to Red Cross." (Client)

SUPPORT GAINED THROUGH THE STPP

The type of supports accessed by interviewed clients included:

- ① **Financial:** for example, rent and bond payments, study fees, clothing or household items when setting up accommodation.
- ① **Information on legal assistance:** for example, where to seek legal advice on visa or immigration issues, and explaining processes associated with forced marriage.

- ⊕ **Health and wellbeing:** for example, referrals to GPs or access to mental health services, such as Counsellors.
- ⊕ **Emotional and social support:** for example, listening to client concerns and experiences, educating clients on catching public transport, navigating government systems and services, enrolling in education courses, and arranging appointments and referrals to external service providers.

All clients were extremely grateful for the support they received, indicating that it exceeded their expectations:

"[The support] was more, way more than the help and support I thought I would get." (Client)

"This stream is really good, going through with the situation makes you emotionally sick. You go through so much. If I know I am not good [mentally], then I know people are going to make me feel better. When I left home there was good AFP and ARC – I thought only God can help, but they helped me." (Client)

Although interviewed clients valued the combined range of supports, when asked what worked best for them, they placed the greatest value on two areas. The first was financial support, as this allowed them independence while they re-established their lives. All recognised that without it, they would be extremely stressed and the possibility of achieving positive outcomes in other areas would be limited.

"Money support is incredible. When I moved out, I had nothing and had to start again in a whole new place." (Client)

"The financial support is really valuable for me. If it wasn't for Red Cross, I would have no money." (Client)

As all interviewed clients were living independently, the importance of financial support may differ for those clients who remain in the family home.

The second area was the emotional and social support received, with the central theme being the importance of relationships for otherwise isolated individuals. These included the case worker being "there for me in every step of the way", a sounding board in a "non-judgemental way", not feeling like they were being "left alone", and the case worker "speaks my language" or helps them connect with cultural experiences:

Features of available support that did not work well or did not meet client hopes fell into four areas; all clients identified one or more areas. Although grateful that Red Cross provided after-hours support, clients sometimes felt uneasy accessing it as there was:

"...no-one familiar with me. When you reach out to someone at night that you don't know that was really hard. It would be better if they were more familiar with what was happening, to be familiar [with FM] after hours." (Client)

As raised by all the other stakeholder groups in the evaluation, emergency and/or short-term accommodation options provided were not always suitable. These clients recognised the disparity between the world they were leaving and the new situation: "[in the FM Trial] these are girls who have never left home by themselves, [I had] always had someone with me." Another client concern was the lack of long-term affordable housing, which impacted on the sustainability of living independently and their quality of life:

"No, I don't think it was what I was expecting as the house I am currently living in is a big percentage of my income. It would be really helpful if they could offer affordable housing.... Most of my income is spent on rent."

A further reason that could cause angst was that accommodation options may restrict their ability to "eat cultural food". This can occur either because there are no cooking facilities at the accommodation provided or because the food "given was only Western food". For example:

"I had nothing to eat as I didn't eat Western food.... I cannot eat bread and noodles etc all the time. I had tears in my eyes as I started to eat, but then I could only have water. I asked, 'Can you put me somewhere where I can cook for myself?'" (Client)

When clients did not have a valid visa beyond their time on the STPP, this was a highly significant issue causing elevated levels of "stress and worry". Although not within the current scope of the STPP, being without a visa jeopardised clients' ability to escape a forced marriage situation and move forward with their life.

"I find my future is to live here. I have struggled the last [amount of time] and don't want it to be a waste." (Client)

"I have no future in [my home country], my future is here." (Client)

When asked to comment on how respected and accepted they felt in the program, all interviewed clients responded positively, mentioning the importance this makes for their journey. For example:

"A lot. It's really important that they are thinking about me and whenever I call, they respond to my needs." (Client)

PERSONAL CHANGES SINCE BEING INVOLVED IN THE PROGRAM

Clients discussed both the complicated situations they faced and the pre-conceived notions they had about accessing support prior to accessing the STPP, illustrating their initial naivety and seclusion from the world and how these viewpoints alter throughout the program. For example:

"Some friends told us if we went to a Counsellor, they [the Counsellor] would say we were psycho, crazy and would not find a job.... Thinking by myself, I didn't know where to go. [I realised] that it was not a crazy thing.... I can talk with someone and they keep it personal and they don't think I'm crazy." (Client)

The types of changes that clients recognised within themselves due to participating in the program fell into three key themes: improved mental health and wellbeing, increased confidence and independence. Clients attributed these changes to receiving the individualised "social support" from their case worker, e.g. "support and knowing that [the case worker] was there if needed" and "checking up on me". All interviewed clients mentioned at least one of the following ways the support had led to changes in their lives.

① Improved mental health and wellbeing, including less "depression and stress":

"Having closure and the program is a huge part of me becoming better." (Client)

"Helped more. I don't cry that much [anymore]. [I was] so stressed before, I couldn't focus on study, now is better than before." (Client)

② Increased confidence:

"It was the first time I came out by myself. I had no confidence. First time I knew what the real world is as before I only knew home. The world outside – good and bad and I have to face them – some people are good and some bad." (Client)

⊕ Greater independence:

"Now I feel I can establish life with no support." (Client)

"Now I can go outside and now I can do everything....Last time I went to Medicare, I had to have the case worker with me, the last appointment I went by myself." (Client)

"I didn't know how to communicate, go meet and socialise with people. I was scared I didn't even know how to get the bus. I had to get help with that. Now everything I can do for myself I don't need [the case worker] to help." (Client)

Only one client felt they could answer the question about what a good outcome from the STPP would look like to them: *"The client is able to independently have supports in place, being able to walk away from Red Cross."* Supports that were important for her situation were to *"have a Counsellor and GP in place, and options - numbers and things that I could talk to that I didn't have before"*.

FAMILY AND COMMUNITY CONNECTIONS SINCE BEING INVOLVED IN THE PROGRAM

In order to respect confidentiality, client responses are described broadly. Clients experienced differing connections and levels of acceptance with family members; this was dependent on factors such as relationship to the perpetrator, whether they had allies in the family, and what other supports they could access.

Some clients restored their family connections over time - this occurred independently of the STPP support but was vitally important for these clients. Cultural community had little relevance for three of the four interviewed clients. The other client was utilising external supports that were not provided through the STPP to connect with people from the same cultural background.

LEARNINGS FOR ARC FROM CLIENTS' PERSPECTIVES

Clients were asked what they would like ARC to keep doing to support people who were in or facing a potential forced marriage. Two areas were emphasised. All said financial support is integral and must be retained – for example:

"When people come for support, they need financial support. This is because of the things they go through. Can have a hard time financially, as if they don't have money, how can they survive until this [money] is set in life?" (Client)

The second area was providing information about different support options, especially as clients may not have known about or previously considered these options:

"Gave me options – avenues that I had never heard of before...women's health in the local area. I had never pursued [that] and would not know where to look." (Client)

Clients also commented on anything else that ARC could do or do differently, and what difference that would make to them. Three of the interviewed clients identified the following areas: a longer period of support, assistance with visas, shared language and assistance with accessing employment.

Consistent with commentary from other stakeholder groups, some interviewed clients wanted people to have access to a longer period of support time on the STPP: *"everyone is in a different situation, some have a more difficult situation and so need more time."*

Being able to gain a valid visa beyond their time on the STPP was raised by most clients as an important area, due to the detrimental effect of lacking a relevant visa. Clients reported long delays in the process during which they received no information on progress, which they found very stressful, and wanted a clear understanding of their options. If this occurred, the differences would be feeling more stable and secure, and being able to plan their lives and make long-term decisions. For example:

"One other help support needed if my visa is granted, I want to go visit family and now [without the visa] I can't go back to family." (Client)

"I don't want a protection visa as I still want to see [family members] in [home country]." (Client)

Some clients suggested it would be valuable to have case workers that speak their language, as *"some people don't know English, so that should help"*. Further, they explained that words and meanings do not always translate easily into English. Having shared language with the case worker can overcome these discrepancies and alleviate the stress of being misunderstood, e.g. *"our case worker speaks our language...sometimes we don't have English words, so [we] can explain in our language"*.

In addition to assisting clients with creating a resume, they proposed that case workers could help clients secure employment, e.g. *"finding a job is really hard, no services set up there"* and *"provide help getting into a job - resume building, then help to find jobs"*.

2 Program stakeholder experiences

The online surveys and interviews for ARC STPP staff, AFP personnel and community organisation and service provider staff were closely aligned with the five main areas of inquiry that form the structure of this section. Due to the nature of how family and community voices were accessed and the different focus of those conversations, elements related to any of the five areas of inquiry are also integrated where relevant. Relationships and differences between outcomes for stakeholder voices will be described to identify shared or unique positions on the implementation and impact of the FM Trial.

For many survey questions, there were multiple choice answers or a 5-point Likert rating scale, i.e. 1 = not at all, 2 = slightly, 3 = moderately, 4 = very and 5 = extremely satisfied. The rating scale generated both a response range and an average out of 5. For questions explored in Cycle 1 and 3 with both ARC STPP staff and AFP personnel, comparative graphs are used where appropriate. The results should **not** be considered a direct comparison because Cycle 1 and 3 group sizes are different.. The results represent a **snapshot** of the opinions of ARC STPP staff and AFP personnel who were involved.

Prior to exploring the five areas of inquiry, ARC STPP staff, AFP personnel and community organisation and service provider staff were all asked to rate their **level of familiarity** with the FM Trial, regardless of whether they had directly supported or referred forced marriage clients.

Involved ARC STPP staff had higher familiarity in Cycle 3, an average of 4.1 compared with 3.5 in Cycle 1. In contrast, involved AFP personnel reported their familiarity was marginally lower by Cycle 3. This is most likely because all AFP personnel who made a referral to the STPP program were invited to participate in Cycle 3, rather than only those who made forced marriage referrals.

There was significant variation in levels of familiarity for community organisation and service provider staff, with all rating options selected and an average score of 2.9.

For the 19 respondents who reported higher familiarity, in combination they had had contact with over 35 clients.

2.1 Appropriateness

EXTENT TO WHICH THE FM TRIAL IS ADDRESSING CLIENT'S IDENTIFIED NEEDS?

ARC STPP staff and community organisation and service provider staff were asked how well the FM Trial addressed client needs. The average for ARC STPP staff in Cycle 3 was 3.5 (the same as in Cycle 1). Community organisation and service provider staff had a slightly higher average of 3.8.

For ARC STPP staff who commented on their ratings in Cycle 3, all rating 'very' and close to half rating 'moderately' believed this was due to clients being able to access support without needing to participate in the criminal justice process. This is consistent with the views of ARC STPP staff in Cycle 1 and community organisation and service provider staff in Cycle 2. The experience of both stakeholder groups was that many clients found the notion of police involvement "stressful", "intimidating" and "fearful", which dissuaded them from wanting to access support given the pathway was via the AFP. It is important to note these comments were **not** a reflection on AFP staff involved with FM Trial clients, but respondents' beliefs about clients' perspectives of police **in general**.

Reasons cited in surveys and interviews for both stakeholder groups about why this is important included clients:

- not wanting to get the perpetrator into trouble
- not perceiving the perpetrator as a criminal
- not wanting to bring "shame" on their family and community by having police involvement
- perceiving forced marriage as an internal family and/or community issue rather than a police matter
- holding overall negative perceptions of police stemming from their own or family members' experiences of corrupt police in their home country
- being fearful of authority
- being fearful of the risk of deportation of themselves or family members due to not having a valid visa in Australia.

These are summarised in the following quotes from ARC STPP staff:

"I believe the FM Stream does strive to address client's needs as it increases the amount of support for people who do not want to engage in a criminal justice process. We understand that many people cannot and do not want to prosecute against their families, and the pilot enables people to gain more support through casework and access to allowances (financial, medical, housing, psychosocial) than the existing STPP." (ARC STPP staff)

"A lot of young women, especially if living in restrictive home environments, are fearful of talking to police. AFP themselves are very supportive and really good at what they do, however it is the fear of talking to authority figures." (ARC STPP staff)

On occasions, community organisation and service provider staff involved with clients indicated the FM Trial had provided a platform amongst communities to raise "awareness" about forced marriage and the support offered through the FM Trial. They believed this knowledge and subsequent

conversations will make a valuable difference to potential clients, clients and families as it is infiltrated across communities.

Most respondents across ARC STPP staff, AFP personnel and community organisation and service provider staff highlighted the extended length of time that clients could access support as a positive way in which the FM Trial was addressing client needs. However, only a few respondents commented that the longer period of support would potentially be significant for clients in allowing a greater number of supports to be **both** identified and accessed before they exit the program.

ARC STPP staff explained that many clients had multiple issues that would only be divulged once rapport and trust had been built with the case worker. The establishment of solid relationships takes time and is necessary to identify the needs and goals of clients so appropriate supports to achieve these can be put in place.

Community organisation and service provider staff reiterated this, identifying both the extended time as well as “confidence” in ARC staff’s ability to support clients as important factors. In contrast, people who selected lower ratings focused on the adequacy of program resources to meet client needs or how it “typically applies one approach to working with clients”.

AFP personnel interviewed in Cycle 3 were asked whether they worked with clients differently in addressing their needs since the FM Trial started compared to before. All stated it had no effect on how they assessed, referred or worked with clients.

ANY NEEDS THE FM TRIAL IS NOT ADDRESSING?

This question was asked of both ARC STPP staff and community organisation and service provider staff. ARC STPP staff were asked in Cycle 1 and Cycle 3 surveys.

A larger proportion of staff (94%) believed there were areas the FM Trial was not addressing by Cycle 3, compared with involved staff at the Cycle 1 point (60%). This is consistent with community organisation and service provider staff responses in Cycle 2, where 83% of people who were highly familiar with FM clients rated ‘yes’.

By Cycle 3 it was clear there were identified needs that were not being addressed or could not be addressed through the FM Trial, which can be organised into needs that are:

- internal as they relate to the current design, focus and funding of the FM Trial (also see ‘Section 3.2.2: Effectiveness’ regarding program length)
- external as they need to be addressed by external services
- relevant to both FM Trial design and external services.

1: Unaddressed needs related to the current design, focus and funding of the FM Trial

⊕ **Capacity and flexibility to offer more intensive support:** ARC STPP staff, AFP personnel and community organisation and service provider staff frequently identified challenges for case workers to assist clients where more intensive support is needed. A third of the community organisation and service provider staff participants who were familiar with FM Trial clients raised concerns about the level of support that ARC staff could provide under the current model due to a lack of resources. They suggested a more “intensive” and timely response is required based on the “vulnerabilities”, “complexities” and “emotional immaturity” of many clients.

These community organisation and service provider staff believed that further program design changes are needed to respond more effectively to the full range of needs for this client cohort

and enable a successful transition from their-pre-program situation. The main changes identified were a better resourced program so case worker numbers are increased, which would enable faster responses to client requests when this is needed and more intensive support. These suggestions were echoed by both ARC STPP staff and AFP personnel – for example:

"Case Managers seem very stretched for time. From my experience in supporting this client group, I am aware they require intensive support, particularly within the first few months since leaving their family home and adjusting to independent living." (Community organisation and service provider staff)

- ④ **Understanding of safe and respectful sexual relationships:** Several ARC STPP staff expressed a growing concern that clients understanding of this was poor and it should be better addressed. This was also highlighted in Cycle 2 by the community organisation and service provider staff who were familiar with clients in the FM Trial.
- ④ **Client empowerment:** Family and community consultation participants suggested it was important to have more focus on empowering individuals to identify and express their needs at a **deeper** level as they work towards a different and new future. Consultation participants explained that empowerment was vital, given the context that many clients/potential clients led sheltered lives, and may not understand or comprehend all factors that need to be worked through. Clients/potential clients need to feel empowered to not only explain but advocate for their decisions and develop skills in managing family conflict. In turn, this is more likely to lead to clients achieving a positive outcome and increasing awareness in the wider community. For example:

"Empowerment is the most important because this is a short service. It won't last forever, so the person needs to know how to learn their own needs, advocate for themselves, build self-efficacy or what helps her to live her life and be able to make decisions." (Community consultation participant)

2: Unaddressed needs that are external to the program

- ④ **Lack of emergency and short-term accommodation:** All stakeholder groups highlighted how most options are not suitable for this client group. They commented on the marked distinction between the clients' previous living environment and new accommodation, and the everyday hurdles this causes. This can contribute significantly to the isolation clients are already experiencing (see the third group of unaddressed needs).
- ④ **Support services for clients in the 16-18 year old age group:** Half the ARC staff and all AFP personnel who were interviewed in Cycle 3 expressed concerns there is a lack of support services for clients aged 16 to 18, i.e. they explained these clients are not deemed to be 'minors' once 17, so do not fit into that range of support services, yet adult support services are often not suitable to address their needs. The specific issues for these young people were also mentioned by community organisation and service provider staff.
- ④ **Visa complexities:** This is specific to clients without a permanent immigration pathway or valid visa beyond their time on the FM Trial and echoes client concerns in Section 3.1.2 – for example:

"This also remains an issue of significant concern, noting the negative impacts on stability, mental health, recovery and potential implications for exit from the country and return to place of risk – it is counterproductive to the objectives of the program." (ARC STPP staff)

3: Unaddressed needs relevant to both the FM Trial design and external services

- ⑥ **Family relationships:** All stakeholder groups, including participants involved in the family and community consultations, identified that the FM Trial had limitations in terms of addressing the underlying causes of forced marriage, and managing or mediating family conflict associated with forced marriage. This is heightened when there are concerns around the safety and wellbeing of siblings or other family members who may be facing a forced marriage situation, or clients do not want to create irreparable damage to their family relationships.

All stakeholder groups were conscious of the close-knit family environment in which many clients live. A common and shared viewpoint was that an individual model of support can risk creating isolation for clients, may not adequately address issues or relationships at the family and community level and may not be able to leverage support that is available for clients from some family members, as well as support these family members in the process. Through seeking support, these relationships may be damaged, which can close the door on viable and safe options for returning or staying in the family home. Due to this, an individual model of support is considered less sustainable compared to the needs of the individual, family and community being incorporated in the support response. For examples:

"At times, these family members are allies...and provide a lot of support to clients. At times, it would be useful to be able to provide support to family members, which might be information, referrals etc to maintain the support they are able to provide to the client." (ARC STPP staff)

"...Clients operate in a family system. After that we are asking them to go back to the same situation that they fled from without making changes to the system. We then find they are in the same situation again.." (ARC STPP staff)

"The model is based on individual client work, which excludes a crucial inter-sectional component of family relationship in this context and limits opportunities for engagement in counselling and/or mediation, where it is appropriate, to mitigate risks and strengthen family relationships, connection or re-connection." (ARC STPP staff)

"It's hard to say what is better, marrying someone you don't want to or being isolated and disowned by your family – why do people have to choose? Why can't we make it easier for them to get support? Especially, if the support is only offered for seven months, the person will be thinking, 'What's going to happen to me at that time? I won't have any support and I will have lost my family and community. It is better for me if I just marry'." (Community consultation participant)

The FM Trial is funded as a crisis response, rather than a prevention program, and based on an individual support model. ARC STPP staff have skills in supporting clients, including their dependents (where relevant), to maintain relationships with their families or certain family members. ARC STPP staff also receive direction and advice from AFP personnel on whether it is safe to do this.

However, this is different from undertaking family mediation and conflict resolution work that address underlying causes of forced marriage. The STPP is not funded or expected to do this work, and staff do not have the necessary expertise in these specific areas. Solutions for this included involving other organisations – for example:

"Right now, our teams don't have skills and experience to do that work. Potentially we could do it in future but need a lot of training. Needs to be outsourced to services that specialise in that. It's a challenging space– child protection is better equipped to do that. It is not how the FM Trial is designed now." (ARC STPP staff)

A concern raised by both ARC STPP staff and AFP personnel was the current lack of suitable and well-informed services that address family relationships in a forced marriage context, as *"the sector is not equipped to deal with that"*. Viable options would need to be thoroughly investigated on a case by case basis to ensure *"safety"*; further, *"the development of specialist service expertise in this space is required"*.

- ⑥ **Awareness of forced marriage in the community:** By Cycle 3, over a third of ARC STPP staff survey respondents and all interviewed staff commented that community and stakeholder awareness was an area the FM Trial was not addressing. Although not part of the current FM Trial, they believed that increasing *"community education, as the initiative seems individually-focused"* and *"awareness"* was integral to initiate positive, long-term changes for clients, their families and communities.

ARC STPP staff interviewees were invited to share potential solutions for helping families and communities understand the issue of forced marriage in Australia. The majority suggested that engaging and utilising allies in the community was the most effective way to do this and create sustainable change – for example:

"Community people who can make changes in community, such as some culture, religious person who is culturally important." (ARC STPP staff)

"Go back to people who have expertise, who are very culturally competent in this area – be mediators to work with clients and families." (ARC STPP staff)

This aligned with the views of many community organisation and service provider staff, as well as family and community consultation participants, who believed that greater community awareness work needed to be undertaken. The shared view was that a more appropriate approach to achieving long-term change and broader impacts within communities required prevention activities that incorporated the existing expertise within communities.