



Evaluation of Settlement Grants - Final report

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Glossary

AMEP	Adult Migrant English Program
AWP	Activity Work Plan
CALD	Culturally and linguistically diverse
DET	Department of Education and Training
DoE	Department of Employment
CCS	Complex Case Support
DEX	DSS Data Exchange
DSS	Department of Social Services
GAM	Grant Agreement Manager
HSP	Humanitarian Settlement Program
HSS	Humanitarian Settlement Services
NDIS	National Disability Insurance Scheme
NSW	New South Wales
SA	South Australia
SG	Settlement Grants
SPs	Service providers
SHEV	Safe Haven Enterprise Visa
SPRC	Social Policy Research Centre
The three Es	English, employment, education
TPV	Temporary Protection Visa

Executive Summary

The Department of Social Services (DSS) commissioned a research team from the Social Policy Research Centre (SPRC) at UNSW Australia to undertake an independent evaluation of the Settlement Grants program ('SG' hereafter). SG is an Australian Government grant program which provides funding to organisations to assist new arrivals to settle in Australia. SG provides support for humanitarian entrants and other eligible migrants in their first five years of life in Australia, with a focus on fostering social and economic participation, personal wellbeing, independence and community connectedness. The evaluation was guided by six key questions relating to the program's appropriateness, effectiveness and efficiency, to assess whether it had achieved its intended outcomes.

The evaluation adopted a mixed-method design, employing quantitative and qualitative data collection methods and analysis. Quantitative data collection included an online survey of service providers (SPs) in March/April 2017. 120 staff from 81 SG-funded organisations completed the survey, yielding an organisational response rate of 72 per cent. SG quantitative program data was also analysed. Qualitative data collection included in-depth fieldwork in three sites in New South Wales (NSW), South Australia (SA) and Victoria. This included focus groups with 94 SG clients, 10 SG volunteers, 23 SG-funded SPs and 10 non-SG-funded SPs, as well as interviews with six ethno-specific community leaders. Interviews were undertaken with 35 key stakeholders, including policy makers and staff involved in program design and implementation, and seven peak body representatives. The evaluation was undertaken between December 2016 and June 2017. Ethics approval was granted by the UNSW Sydney Human Research Ethics Committee.

Key findings relating to the six key evaluation questions are reported below. Potential options to enhance the SG program are also set out.

How well is the program focussing on client needs?

All groups involved with the SG program—clients, SPs, policy makers and peak organisations—were very positive about the program, which appears to play a crucial role in supporting settlement for vulnerable migrants, with a strong focus on humanitarian arrivals. While there were some suggestions for improvements, there was a strong consensus that SG fills an important role in the range of services it makes available to humanitarian and other eligible migrants.

Most clients were satisfied with the assistance they were receiving from SPs, accessing a range of support, assistance, information, referrals and opportunities for social participation, as well as some support with achieving improved English, education and employment outcomes ('the three Es'). Clients identified some limitations in support, including: not being able to access the same high intensity support they had access to under Humanitarian Settlement Services (HSS) and concern about no longer being eligible for support after five years in Australia.

SPs and stakeholders identified the flexibility of the program as a key strength that allowed SPs to tailor services to client and community needs. SPs were recognised as playing a critical role in assisting clients to engage with mainstream services. However, many SPs felt that program funding constraints limited their capacity to provide the level of support that some clients require and that mainstream services were sometimes not able to provide adequately. SPs identified a gap

in settlement services that sits between the intensive case management support delivered through HSS and Complex Case Support (CCS), and the lower-intensity case support provided through the SG program. A medium level of support may benefit clients who have additional support needs, or are likely to experience a slower integration process due to a range of disadvantages.

SG-funded services are an important point of referral to a range of mainstream services, including those funded by the Department of Education and Training (DET) and the Department of Employment (DoE). Many participants reported that some mainstream employment services were often not sufficiently resourced to be responsive to SG clients' needs.

Is the current four-service delivery stream structure appropriate for meeting the target population needs?

SG-funded providers valued the flexibility of the program because the guidelines allowed them to develop context specific needs-based responses. There is some overlap between service streams. The support delivered under the *youth settlement support* service stream replicates many of the supports delivered under the *case coordination and settlement service delivery* service stream, albeit with a youth focus. Although a youth focus was an important component of the SG program, there are other critical life stages when clients required tailored settlement-related support, for example when children commenced school and for older migrants. Therefore, individualised support could adopt a life course approach.

Similarly, there is some overlap in the services provided under the *community coordination and development* and the *support for ethno-specific services/communities* service streams. Providing capacity-building support for ethno-specific organisations is important because of the critical role they play in supporting good settlement outcomes; however, many receive very small amounts of funding, rely on volunteers, struggle to meet demand and are filling a gap that larger settlement organisations are struggling to meet.

It would be feasible to combine the two individualised support service streams and the two community building/development support service streams, without significantly altering the types of needs-based support currently provided. The program guidelines would specify two cross-cutting themes: a life course approach focussing on key transition points and a mixture of services catering for a range of ethnicities, as well as ethno-specific services. If the community building/development support service streams were to be consolidated, it is important that an emphasis on leadership training and mentoring is retained, with a view to building ethno-specific services/communities' independence.

Is the program effectively engaging the target population?

The program was reported to be effectively engaging humanitarian entrants because pathways into SG-funded support were more clearly sign-posted for them. However, pathways into SG support were not as clear for many family stream and spouse/partner migrants, who need to know about the SG-funded service or be referred. The take-up rate for the program was low for eligible client groups, but has risen slightly, as has the complexity of cases referred. SPs also identified other vulnerable cohorts that they felt should be eligible for support but fall outside SG eligibility, including some categories of visa holders (TPVs and SHEVs), and clients with ongoing support needs who have been in Australia for more than five years. A lack of information about services and lack of transport were given as the main reasons eligible clients do not take up SG services.

SPs and stakeholders generally reported that five years of support under the SG program was sufficient for most eligible clients. However, many felt that eligibility should extend beyond five years, to accommodate those who continue to seek support because they experience significant barriers to accessing mainstream support.

What are the outcomes being achieved from the program, both intended and unintended?

A whole system of support is necessary to assist SG clients in achieving positive settlement outcomes. SG services are part of the larger constellation of services provided to migrants, and outcomes are dependent on interactions with and the responsiveness of the broader service delivery system and available resources.

SPs reported that their organisations assist clients to become self-reliant and to participate more equitably in society. They identified a range of outcomes for clients, and also the broader local community and service system, in which the SG program was operating. All felt that they were contributing to clients' and communities' empowerment, independence, integration and social cohesion. All spoke of their expertise in the settlement space and their ability to provide culturally appropriate support and advice to clients and mainstream services.

There was consensus among SPs that the program was not primarily set up or resourced to directly provide the three Es, however, all reported providing activities, programs or initiatives to support clients' progress towards achieving them. SPs were concerned that an overemphasis on the three Es could detract from meeting other critical settlement needs (in particular housing, health and wellbeing) and overlook cultural, personal and structural barriers that many clients face in achieving greater social and economic integration. It would be expected that independence, participation and integration are all consistent with the three Es.

All groups consulted felt that DEX, as it currently stands, does not adequately capture sufficient data to permit an assessment of how well the SG program is working or what it is achieving. However, despite the data limitations, most department stakeholders provided examples of referrals, classes and programs that they felt were yielding enormous benefits for clients.

How well is the program encouraging innovation?

The majority of SPs reported that the SG program encourages innovation. The most frequently mentioned examples of innovative practice concerned co-location and collaboration with other supports and services, followed by innovative service delivery, which includes tailoring services to clients' circumstances. Suggestions for encouraging more innovation included an innovation fund and incentives for SPs that innovate.

How efficient is the program in the delivery of services?

Over half of SPs reported that SG funding was not sufficient to meet program delivery costs, resulting in: difficulty meeting demand, a need to source additional funding to supplement program costs and reliance on volunteers to support service delivery. Although many SPs reported supporting ineligible clients, there was little indication that eligible clients are not receiving a service because of provision to ineligible clients.

SPs also reported that service demand is increasing, a finding supported by the DEX analysis. Some SPs reported delivering support above forecasted or previously achieved service delivery

outputs. Stakeholders acknowledged data limitations that made it impossible to assess program cost-effectiveness. However, some felt that the SG program provided great value for money for three reasons: many SG-funded services go to great lengths to meet clients' needs; many source additional funding to meet service demand; and the settlement service sector benefits from a high degree of volunteerism.

The majority of SPs reported collaborating well with other SG and non-SG-funded services in their local area. SPs working in the consortium model in New South Wales reported collaborating well with consortium partners and benefitting from the infrastructure support provided by the lead agency. The benefits of the consortium model included: more holistic and needs-based service delivery; opportunities for clearer referral pathways; reduced isolation of smaller, regional organisations; reduced competition between local providers; the encouragement of innovation and knowledge-sharing; reduced risks for DSS; a more efficient approach to service delivery; and the ability to allow smaller organisations to partner with larger organisations so that they may benefit from their support infrastructure. Limitations of the consortium approach included: competing priorities; inequitable funding distribution; partners' limited contact with DSS; and a tendency to limit competition in the sector and prevent the growth of smaller community organisations, particularly ethno-specific community organisations. The consortium model is also dependent on an appropriate lead agency being available, and this may not be an option in every jurisdiction.

Summary: Overall, the SG program is valued by all participant groups consulted and provides a critical range of services for vulnerable migrants.

What is working well?

- The program is appropriately targeted.
- The five-year eligibility limit is appropriate for most clients.
- The program is appropriately flexible and the guidelines allow services to adapt to local contexts to meet client needs, while at the same time focussing on the needs of the eligible client group.
- Most services are well integrated with the local service system.
- The program appears to be efficient, relying extensively on volunteers and providing increasing levels of services to highly vulnerable clients.

What could be improved?

- Some high-needs clients are not being served by the level of service available through the program.
- The guidelines/grant agreements do not provide guidance on the links between the program and the nine priority areas for settlement (in the National Settlement Framework) and the three Es, nor do they offer advice on how to define and measure the required outcomes.
- The data provided to DEX is not consistently reported to be able to measure effectiveness or efficiency.
- In some locations, mainstream services do not provide culturally-appropriate services for SG clients, which means that the SG program has to replicate services which should be provided by other programs or funding streams.

- Some clients continue to require services after five years, but they are no longer eligible for SG and there are often no other culturally appropriate services for them.
- Ethno-specific organisations find it hard to access funding and support.

Potential options to enhance the program

In light of the findings, six improvements to the program are proposed.

- 1. Meeting client needs:** To adequately address eligible clients' needs, DSS should consider providing a medium level of support that sits between the intensive case management support delivered through HSS and CCS, and the low-intensity case support provided through the SG program. Consideration should be given to whether this should be funded through the SG program or through another funding source.
- 2. Program structure:** Consider changing to two activity streams that focus on individual and community-based support. The individual casework stream could emphasise a life course approach, noting that different client cohorts face different settlement-related challenges that require a tailored response (e.g. youth and older clients). The community stream should focus on supporting ethno-specific communities (including mentoring and leadership training) and capacity building support for ethno-specific organisations, with a view to building their independence.
- 3. Program eligibility:** While it may not be appropriate for SG-funded services to provide support beyond five years, it seems that some clients have very high needs which must be met in a culturally appropriate way. Consideration must be given to whether this support is provided through SG or another funding stream. However, it is important that the SG program continues to focus on independence and self-reliance, and that clients do not become dependent on SG in the long term.
- 4. SG and the wider service system:** While SG has a role to play in addressing the non-responsiveness of mainstream organisations, SG-funded providers are not responsible for the quality of services offered by mainstream providers. Therefore, SG policy makers should continue to liaise with policy makers responsible for relevant mainstream services, both within DSS and in other departments. DSS should encourage sector collaboration through the grant round and through requirements detailed in funding agreements.
- 5. Policy and program settings:** There is a tension in finding the balance between prescriptive program guidelines and allowing providers the flexibility to respond to clients' needs. The diversity and changing nature of the client group and the service context in different areas make it very difficult to be prescriptive about the kinds of services that should be provided. Program objectives should be clarified in the program guidelines (particularly with respect to the three Es) and continue to emphasise both social and economic participation, and fostering independence and self-reliance. Clearer guidance on what outcomes should be expected, how to achieve these, and how to measure outcomes and use this data for continuous improvement would be important for increasing accountability and maintaining the quality of the services. Along with improving guidance, there should be more opportunities for SPs to share best practice or 'good news stories', to enable SPs to gain a clear sense of what providers can do

and to disseminate innovative practice. Consideration should be given to how greater encouragement for innovation can be embedded in the program.

- 6. DEX & monitoring:** An improved evidence base for the SG program is a key priority, in particular the administrative data available through DEX. DSS should provide increased support and guidance to SPs on DEX.

1. Introduction

DSS commissioned a research team from the Social Policy Research Centre (SPRC) at UNSW Sydney to undertake an independent evaluation of the SG program. The evaluation focussed on the program's appropriateness, effectiveness and efficiency, to assess whether it had achieved its intended outcomes.

This report presents the evaluation findings and is structured as follows:

- Section 2 describes evaluation questions and the methodology employed for the evaluation
- Section 3 presents the findings of the evaluation
- Section 4 presents a discussion of the findings and their implications; it includes high level recommendations according to key priority areas, and
- Section 5 presents an updated program logic for the SG program.

1.1 Key features of the Settlement Grants program

DSS offers a range of settlement services through SPs aimed at assisting humanitarian entrants and eligible migrants in their initial period of settlement (see Appendix A for a select review of the literature on *Migration to Australia: settlement and supports*). The DSS 'Settlement Services Guidelines Overview' (DSS 2017) document describes Settlement Services as an activity that 'promotes social cohesion and productive diversity within the Australian community'.

The aims and objectives of the Settlement Services Activity are to enable eligible clients to become self-reliant and participate equitably in society, with a focus on fostering social participation, economic wellbeing, independence, personal wellbeing and community connectedness.

The SG program provides core settlement support for humanitarian entrants and other eligible migrants in their first five years of life in Australia. The program guidelines emphasise clients' economic and social wellbeing and the aim of minimising longer-term reliance on social services. Funded providers are required to enable clients to communicate in their language of choice, including through professional interpreters where necessary.

1.1.1 Key program activities and outputs

The SG program is currently delivered in four broad service streams. These are:

- 1. Casework, coordination and settlement service delivery**—including advice and advocacy, referral, needs assessment and/or the development of individual case plans and/or support. Settlement service delivery and coordination may include information sessions and teaching life skills, covering a range of settlement needs relating to employment, law and police, accessing health services and homework support programs.
- 2. Community coordination and development**—including brokerage to assist connection to services, facilitation of social connectedness and providing support to emerging community groups (e.g. leadership, mentoring, advocacy support, linking with mainstream services). This targeted support assists to maximise productive diversity and social cohesion.

- 3. Youth settlement services**—including specialised and customised services to support young people aged 15 to 24 years to build capabilities in employment, education, leadership and social skills.
- 4. Support for ethno-specific services/communities**—including specialised and targeted support and services to ethno-specific communities, organisations and groups. This activity recognises that such organisations can play a crucial role in the settlement of newly arrived migrants and refugees. However, some small communities may lack the ‘critical mass’ to develop the information networks and maximise social inclusion for their members.

Eligibility for support under the SG program is limited to specific categories of clients, as determined by visa status. These are:

- humanitarian migrants
- family stream migrants with low English language proficiency
- dependents of skilled migrants living in rural and regional areas with low English proficiency, and
- temporary residents living in rural and regional locations and their dependents (Prospective Marriage (subclass 300) visa and Provisional Partner (subclass 309)).

The April 2017 program guidelines indicate that \$275.326 million has been allocated by the Australian Government over five years for the Settlement Services Activity, and \$141.463 million to the SG program specifically. The Settlement Services Activity also funds three settlement peak bodies—the Multicultural Youth Advocacy Network, the Migration Council Australia and the Settlement Council of Australia—which play a significant role in representing the settlement sector. This also includes the Settlement Services Youth Transition Support pilot, the Community Hubs program and the Career Pathways Pilot, none of which are in scope for this evaluation.

A total of 91 SPs accessed SG funding in the 2015 funding round. This figure includes Settlement Services International, which is the lead agency in a consortium that comprises 23 organisations, including SSI, and 22 other organisations (the NSW Settlement Partnership).

2. Evaluation questions and methodology

The evaluation adopted a mixed-method design, employing both quantitative and qualitative data collection methods and analysis. The quantitative data collection and analysis included primary data collection (service provider survey) and data scoping and analysis of existing administrative data. The qualitative data collection included focus groups and interviews with clients and SPs in three selected locations, and interviews with key stakeholders involved in program design and implementation, peak body representatives and key ethno-specific community organisations/leaders. As all data collection methods have their strengths and limitations, findings from each source of data were triangulated with others to provide more robust findings. Due to the short timeframe for undertaking the evaluation (December 2016 to June 2017), the data collection was undertaken in two phases, in keeping with the ethics submission process.

The evaluation was guided by six key questions relating to appropriateness, effectiveness and efficiency. Each key question has several sub-questions, which are presented in Table 2.1 below.

TABLE 2.1 SG EVALUATION QUESTIONS

<i>Appropriateness</i>
<p>1. How well is the program focussing on client needs?</p> <ul style="list-style-type: none"> a. How well is the program meeting the client’s settlement needs as identified in the National Settlement Framework (nine priority areas for settlement)? b. How do program components contribute to the Australian Government’s priorities of clients gaining English proficiency, and pathways to employment and education? c. How well are grant projects complementing existing programs being provided by the Department of Education and Training and the Department of Employment? d. To what extent do clients feel the program is meeting their most important settlement needs?
<p>2. Is the current four-service delivery stream structure appropriate for meeting the target population needs?</p> <ul style="list-style-type: none"> a. Are the current four components of the program (casework/coordination and settlement service delivery, community coordination and development, youth settlement services and support for ethno-specific communities) effective in achieving program objectives? b. To what extent is the structure of the program useful in meeting the needs of clients? c. Are the intended outcomes from the program clear and measurable?
<i>Effectiveness</i>
<p>3. Is the program effectively engaging the target population?</p> <ul style="list-style-type: none"> a. Does the program target the most vulnerable clients? b. What are the current take-up rates for SG (comparing participation with the overall target population)? c. What are the trends in SG participation? d. What are the factors that lead to eligible clients not taking up services? e. How well are referrals into and out of the program working (e.g. between HSS and SG; and SG and CCS)?
<p>4. What are the outcomes being achieved from the program, both intended and unintended?</p>

<p>4. What are the outcomes being achieved from the program, both intended and unintended?</p> <p>a. What intended outcomes for clients are being observed as a result of the program?</p> <p>b. Are there any unintended (both positive and negative) outcomes?</p> <p>c. What factors are contributing to, or preventing, client needs being met?</p> <p>d. To what degree can outcomes be attributed to the program?</p>
<p>5. How well is the program encouraging innovation?</p> <p>a. What examples are there of innovative approaches being undertaken?</p> <p>b. Do the current arrangements encourage innovation?</p> <p>c. How could the current environment for innovation be improved?</p>
<p><i>Efficiency</i></p>
<p>6. How efficient is the program in the delivery of services?</p> <p>a. Is the current funding model cost effective?</p> <p>b. To what extent is Settlement Services Grants achieving value for money in terms of the intended projects/outputs being delivered?</p> <p>c. How well is the current funding structure supporting outcomes?</p> <p>d. Are there alternative funding models that could more efficiently support program outcomes and improve value for money?</p>

2.1 Methodology

2.1.1 Case studies

In-depth fieldwork was undertaken in three selected locations in New South Wales, Victoria and South Australia in late March/early April 2017. Two of the case study sites were metropolitan and one was regional. In each fieldwork site, qualitative data collection included:

- focus groups with current SG clients from a range of language and cultural backgrounds
- a focus group with volunteers at an SG-funded organisation (former SG clients)
- focus groups and interviews with SG SPs
- focus groups and interviews with non-SG-funded SPs, such as other settlement and mainstream providers, and
- interviews with ethno-specific community organisations/leaders.

The rationale for including the perspectives of ethno-specific community leaders in the evaluation was to investigate the ethno-specific service stream and the nature of capacity-building support. DSS were aware that some of these community leaders might not currently be funded, but were interested in their views on this service stream.

The total number of participants across the three sites is reported in Table 2.2 below for each data collection component. It is important to note that sample sizes in qualitative research are not intended to be statistically representative, but rather to produce rich data that encapsulate multiple meanings, experiences and interpretations, and account for cultural complexity.

TABLE 2.2 PARTICIPANT NUMBERS IN THE THREE FIELDWORK SITES

	NSW	SA	Victoria	Total
SG clients	29	33	32	94
SG-funded SPs	6	13	4	23
SG volunteers (former clients)	0	10	0	10
Non-SG-funded SPs	2	4	4	10
Ethno-specific community leaders	3	2	1	6

All of the focus groups and interviews were recorded, transcribed and coded in the qualitative data analysis software *NVivo*. See Appendix B for fieldwork details, and Appendix C to Appendix F for copies of the discussion guides.

2.1.2 Service provider survey

The evaluation included an online survey of the 113¹ SPs that receive SG funding across Australia. The survey was administered through *surveygizmo* (<https://www.surveygizmo.com/>) software. A copy of the survey questions may be found in Appendix G. The survey was developed in consultation with DSS and was piloted before being launched in April 2017. The survey was open for three weeks and three email reminders were sent. The survey email invitation invited up to two people per SG-funded organisation to complete the survey, depending on the number of SG staff employed in the organisation. A total of 120 participants from 81 organisations participated in the survey. The organisational response rate was 72 per cent² (81/113). Information about the organisational background and role of respondents is presented in Appendix H, where the methods used in the analysis of the survey data are also outlined.

2.1.3 Administrative data

A component of the evaluation involved an analysis of SG administrative program data available through the DSS Data Exchange—DEX³. Organisations are required to report at least on a six-monthly basis in the standard reporting periods, although some may provide data to DEX more frequently.

The analysis of the DEX program data examined:

- outcomes
- client profile data, and
- service profile data.

The outcomes data includes outcomes for circumstances, goals and satisfaction. The outcomes for client circumstances include:

- Age-appropriate development

¹ This figure includes the 22 organisations in the NSW Settlement partnership (NSP) consortium led by Settlements Services International (SSI)

² This is a conservative estimate; 19 participants did not state the organisations they belonged to, so they were excluded from the calculation of the organisational response rate, which therefore could be higher.

³ All DEX data is de-identified and confidentialised.

- Community participation and networks
- Employment education and training
- Family functioning
- Housing
- Managing money
- Material wellbeing
- Mental health, wellbeing and self-care
- Personal and family safety
- Physical health.

The outcomes data for goals encompasses six domains:

- **Changed behaviours** is selected as the goal domain where the funded activity is seeking to change a client's behaviours to improve their independence, participation and wellbeing.
- **Changed confidence to make own decisions** is selected as the goal domain where the funded activity is seeking to enhance a client's confidence to make their own decisions and take actions on issues that impact on their independence, participation and wellbeing.
- **Changed engagement with relevant support services** is selected as the goal domain where the funded activity is seeking to improve a client's engagement with support services needed to support their independence, participation and wellbeing.
- **Changed impact of immediate crisis** is selected as the goal domain where the funded activity is seeking to address or reduce the impact of an immediate crisis to improve the client's independence participation and wellbeing.
- **Changed knowledge and access to information** is selected as the goal domain where the funded activity is seeking to change a client's knowledge and understanding of issues to improve their independence, participation and wellbeing, or to improve their access to relevant information about these issues.
- **Changed skills** is selected as the goal domain where the funded activity is seeking to enhance a client's skills set to improve their independence, participation and wellbeing.

The DEX Protocol also provides guidelines indicating that client satisfaction SCOREs should be collected and that this data collection should be conducted in an ethical, reliable and confidential manner. SCOREs are collected in the following domains and scored on a scale of 1–5:

- I am better able to deal with issues that I sought help with.
- I am satisfied with the services I have received.
- The service listened to me and understood my issues.

Data sourced from the DSS Settlement Database was also analysed. The aim of the Settlement Database data analysis was to identify the potential population of settlers who can access the SG program in order to identify take-up rates.

2.1.4 Stakeholder consultation

The stakeholder consultation was undertaken between February and early March 2017. It involved individual and group interviews conducted by phone, with a range of professional staff responsible for overseeing policy, program development and implementation and also with peak body representatives.

Fifteen individual and group interviews were conducted, with a total of 42 individuals. This included thirty-five DSS staff comprising National Office, six states and one territory, and seven individuals representing four peak bodies: the Settlement Council of Australia, the Federation of Ethnic Communities' Councils of Australia, the Multicultural Youth Advocacy Network and the Refugee Council of Australia. All participants were provided with the questions guiding the consultation and asked to provide signed consent to participate prior to the discussions. All but one of the interviews were recorded. All interviews were transcribed and the transcripts were coded in the qualitative data analysis software *NVivo*. See Appendix A for a copy of the stakeholder discussion guide.

2.1.5 Engagement with DSS

Regular communication between SPRC and DSS (Policy Office and Settlement Support Branch) allowed for the refinement of the evaluation framework and ensured that all parties were kept informed of progress. This included regular email communication and fortnightly teleconferences.

2.2 Ethics

All research projects undertaken at SPRC are submitted for appraisal by UNSW Sydney's Human Research Ethics Committee. Ethics approval to undertake the research involved a two-stage application process due to the tight timeframe for undertaking the evaluation. The first ethics application was for the stakeholder consultation. The second ethics application addressed all other components of the research.

2.3 Caveats and limitations

2.3.1 Case studies

Client focus group data

The client focus group data comes with a number of limitations.

- It is likely that some clients underplayed their dissatisfactions about the support they were or were not getting from the SG-funded organisation. Many humanitarian migrants expressed fear about voicing their opinions about government-funded services and how expressing negative opinions might affect their citizenship prospects or visa status. These anxieties were based on experiences with government bodies in their countries of origin.
- The focus groups were promoted by and held at the premises of SPs. It is possible that this may have prevented some clients from expressing any criticism of the service. However, this was the most appropriate method for engaging with SG clients within the project timeframe.
- Some of the humanitarian clients had been in Australia for less than one year. Therefore, their comments on the support they had received may not reflect SG-funded support, but rather their experiences of HSS support. In one focus group, seven out of ten participants

had been in Australia for six months or less. This focus group data has been excluded from the analysis, as it is likely that their comments were about HSS support rather than SG, even if they may have availed of some supports provided through SG funding. The boundaries between different programs may become blurred when multiple programs are provided by the same provider. This is not necessarily problematic from a service delivery perspective, but it is from a program evaluation perspective.

- Many clients were quite reserved and did not appear to be comfortable with the group discussion format. The youth focus groups in particular were challenging and did not yield great depth of information. In one youth group, participants had very mixed levels of contact with the SG-funded organisation. Some appeared to have none (although their parents had some), while others were able to speak about the types of assistance they had accessed. In the other youth discussions, some clients were reluctant to speak, while others appeared restless and spoke over one another. Some participants had been in Australia for less than one year, while several had been in Australia for over five years.

Service provider focus group data

The case study sites were selected in consultation with DSS, who identified the sample of SPs (SG and non-SG) who were invited to participate. Limitations include:

- Social desirability bias, whereby research participants respond in a manner that places them in a favourable light by highlighting the positive while downplaying the negative. This is particularly pertinent in the context of competitive fixed-term funding and it is likely that SPs may have felt reluctant to express any contentious views out of a concern that their comments could be identifiable to DSS or other SPs. Efforts have been made to de-identify this data insofar as possible.
- As the focus group data was collected in three case study sites, the findings may not be representative of all organisations that receive SG funding.

Interviews with ethno-specific community organisations/leaders

DSS provided the research team with a list of names of community organisations and leaders in all three case study locations that included a range of DSS-funded, other funded, as well as ad hoc groups. Attempts were made to interview 3–4 participants per site, however just six ethno-specific community leaders were included in this component. Interviews were arranged with several additional participants, however, participants' unavailability in the timeframe precluded the inclusion of more participants. It is important to note the small sample size and point out that their views may not be representative of all ethno-specific community leaders working in the settlement space. However, their interviews provide some insight into the perceived value of ethno-specific support in the settlement space and community organisations' capacity-building needs.

2.3.2 Service provider survey

The service provider survey data comes with a number of limitations. The anonymity provided by the online survey may have allowed SPs to respond more frankly than they might in an open discussion. However, there is always a concern about social desirability bias. Although the organisational response rate was high for an online survey, the findings may not be representative of all organisations that receive SG funding.

2.3.3 Administrative data

There are a number of limitations with the program administrative data for the Settlement Activity in DEX for the purposes of this evaluation (see also Appendix B).

- Data on outcomes is collected as part of the voluntary Partnership Approach component of DEX. SPs who volunteer to participate agree to report client circumstances for the majority of their clients (over 50%). While 90 of the 125 organisations⁴ reporting under SG were in the Partnership Approach in May 2017, approximately 9–15% of clients had completed assessments on any outcome measure in the reporting period under consideration (data on changes in circumstances and goals, and data on levels of client satisfaction). This low rate recorded means that any assessment of outcomes based on DEX data should be interpreted with caution in this evaluation.
- Pre- and post-service data is collected and circumstances are rated on a score of 1–5. While the DEX Protocols outline guidelines for scoring the data, DSS have advised that there may be an inconsistent approach to collecting this data, and the assessment of client improvement could be very subjective. As the system for reporting outcomes is relatively new, SPs may also have limited understanding of how to report the outcome scores for the period under review in this evaluation, which may contribute to the low reporting rate. Another limitation of the DEX data for assessing the impact of the program on the intended outcomes is that services are only required to report on one domain (defined as the most relevant) for goals and circumstances. This may also contribute to the low recorded rate of response and may not fully capture the changes experienced by clients if they have outcomes across a number of domains.
- A key variable of interest to the evaluation, the migration stream, is also collected in the Partnership Approach data and had relatively high and varying rates of ‘not stated’ responses, which meant it was not reliable for analysis.
- Referral source data in DEX has a high percentage (between 68.9 and 72.1%) of clients in the ‘none’ category, which means that there was no information about referrals recorded in DEX⁵. The quality and comprehensiveness of the referral data is therefore not known.
- In the disability variable, which is collected in the mandatory data, there are relatively high levels of ‘not stated’ responses, which means that this data needs to be interpreted with caution.
- The concordance between the Settlement Database and DEX data for regional data, main language spoken at home and country of birth categories is adequate but not exact, as different classification systems are used in each data source for these variables.

2.3.4 Stakeholder data

A limitation of the stakeholder data is that there was an overrepresentation of policy makers from DSS (35), while there were just seven staff from settlement sector peak bodies.

⁴ Not all the 125 organisations reporting under SG are ‘funded’ organisations. Some sub-contracted or consortium member orgs report under their own name into DEX even though they do not have their own SG agreements.

⁵ Figures based on number of clients in ‘none’ category in Table 3.27 divided by the number of individual clients for that reporting period.

3. Findings

The findings are presented under each evaluation question and sub-question in turn. For some questions, the findings are drawn from several data sources, while for others the findings may be drawn from just one data source. Where relevant, findings from the different data sources are integrated. In some cases, the same issues were raised by clients, SPs and stakeholders, and therefore lend themselves to integration. In other instances, the different data sources elucidate different aspects of the research question and are therefore presented separately, as denoted by such headings as ‘SP perspectives’ and ‘administrative data’. A brief summary paragraph concludes each section and provides an ‘answer’ to the evaluation question.

3.1 Appropriateness

An aim of the evaluation was to investigate the appropriateness of the SG program in terms of how well it focuses on client needs and the appropriateness of the four-service delivery stream structure. These key questions include several sub-questions, as listed in Table 2.1. Key findings relating to appropriateness are summarised in Table 3.1.

TABLE 3.1 KEY FINDINGS RELATING TO APPROPRIATENESS

Key findings

- All groups consulted agreed that the SG program occupies a critical service space by providing culturally appropriate support to individuals, families and communities.
- SPs valued the flexibility of the SG program that enabled them to tailor services and programs to meet need. The four-service delivery stream structure entails some overlap between service streams, but this does not appear to be inherently problematic and could be amended without significantly altering the support delivered.
- SPs identified a gap in settlement services that sits between the intensive case management support delivered through CCS and the low-intensity support provided through SG. This medium level of support would benefit clients who have additional support needs, or are likely to experience a slower settlement process due to a range of disadvantages.
- All SPs were contributing to meeting the Australian Government’s priorities of clients gaining English proficiency, and pathways to employment and education. English language supports are generally complementary, but there is some overlap in the employment-related supports provided due to *jobactive* providers not being responsive to SG clients’ needs.
- Of those clients who had a pre- and post-score (complete assessment) for employment, education and training outcomes, 80–89% recorded a positive outcome.
- Clients were largely satisfied with SG-funded support and felt it had been critical to helping them establish their lives in Australia. Identified gaps in support were: a drop in intensity of support post-HSS, insufficient information about available services and concerns about the five-year limit for SG-funded support.
- The SG program’s ‘intended outcomes’ were interpreted very broadly by SPs and stakeholders. The majority did not feel that they were easily measurable using DEX. Stakeholders identified that the program scope, structure and guidelines could be improved.

3.1.1 How well is the program focussing on client needs?

3.1.1.a How well is the program meeting the client's settlement needs, as identified in the National Settlement Framework (nine priority areas for settlement)?

Service provider perspectives

The service provider survey showed that respondents' organisations provided services across the nine priority areas for settlement as outlined in the National Settlement Framework (Table 3.2). Over ninety per cent of the participants agreed or strongly agreed that their organisations provided good support to assist clients with language services (94%), with accessing education and English language (99%), with civic participation (96%), with issues relating to health and wellbeing (99%), and with family and social support (98%) (Table H-22). Nevertheless, 75 per cent of respondents thought that there were other client needs that needed to be addressed by the SG program that were not currently addressed (Table H-23).

TABLE 3.2 SERVICES PROVIDED BY THE RESPONDENTS' ORGANISATIONS ACROSS THE NATIONAL SETTLEMENT FRAMEWORK PRIORITY AREAS

National Settlement Framework priority areas	% ¹	n ²
Language services (translating and interpreting services)	70	76
Housing (accommodation/public housing programs)	75	81
Civic participation (citizenship, engagement with institutions and processes)	91	98
Employment (workplace and work readiness/job assistance)	87	94
Health and wellbeing (community care, support programs, specialised health/medical/disability programs)	90	97
Family and social support (income, family and child support programs, family relationship services, family/domestic violence)	94	102
Education and Training English language and literacy (early childhood, youth and adult education and training)	82	88
Transport (public transport, driver education/licences)	67	72
Justice (legal, dispute resolution services)	69	75

Note: Multiple answers question. ¹ Per cent of respondents ² Number of responses

The associations between participants' views on whether the SG program needs to address more clients' needs and the size of their organisations (Table H-3 in Appendix H), their role in them (Table H-2 in Appendix H), the geographical location of their services (Table H-4), and whether they thought that the funds received by their organisation were sufficient to meet the program's costs were tested (Table H-35), but none were found to be statistically significant.

Survey respondents were invited to enter comments on how the SG program could be improved (see Table H-40 in Appendix H). One suggested improvement related to the need to provide additional client support; the areas of need identified were: migration issues, specialised housing and employment programs. Elsewhere, in stakeholder consultations, service provider focus groups and survey responses, individuals gave examples of support being provided through SG funding on these very issues. It appears that some providers are providing needs-based support, while others do not. This could be a result of funding levels, or it could be a matter of provider innovation or providers feeling restricted in their service provision. It appears that there is limited sharing of

best practice or 'good news stories', or that a clear sense of what providers can do is lacking within the sector.

During the focus groups, the majority of SPs commented that the SG program was successful in meeting clients' needs. Providers were confident that they were changing clients' lives and making a significant impact. The majority felt that most SG-funded services are well established and providers have the settlement expertise required to meet clients' and communities' needs. Many providers shared stories of clients seeking assistance in a range of emergencies and challenging everyday circumstances. Providers assisted them directly and offered referrals to appropriate community support. Most SPs felt that the program, with its current funding structure (four funding streams), flexible program guidelines (including reduced reporting requirements), allowed them to tailor their services to client and community needs, which some perceived to be the 'key strength' of SG.

It's an incredible strength of the program and I think it's quite rare that you can be so responsive through a program ... and it contributes a lot to the success of the program as well.

SPs use a wide range of strategies to tailor their services and programs to diverse communities and client groups (e.g. youth, women at risk, families, parents, people with ongoing health needs, ethno-specific leadership, humanitarian entrants). The service delivery approaches varied somewhat across locations and between services (e.g. depending on the funding model, co-location with other programs, or additional funding streams (e.g. HSS), also the location of the service (regional/metro). Providers also identified several common and widely used service delivery strategies that work well to engage clients and meet their needs more effectively:

- **Accessibility and location:** the service is centrally located or located in proximity to where a culturally diverse community has settled. Services use 'a hub and spoke' model to provide satellite services to regional areas. Co-location with other community (e.g. Centrelink) or cultural specific services (e.g. Migrant Resource Centre).
- **Bicultural workers:** provide the link between clients and Australian culture and bridge culture and language barriers, establish trust and engagement with the service system more broadly.
- **Flexible and tailored:** services have scope to deliver and tailor to specific needs as they arise. For example, tailoring services to clients' learning needs, such as delivering a women's health or domestic violence information session during a picnic or a mothers' social group rather than in a formal format.
- **Outreach support:** some services have the capacity to work and engage communities/ leaders, or work with individual clients in specific situations (e.g. hard to engage or highly vulnerable clients, or clients in emergency situations, such as youth or women at risk, clients attending court cases).
- **Research to evaluate and improve services:** a few services were highly dedicated to undertaking research to understand clients' service use and preferences, and tailor their programs and service delivery accordingly.
- **Volunteers (former clients and from the broader Australian community):** provide additional social supports and targeted, individualised services, including outreach e.g.

taking a family to the GP, which would be difficult to provide with only paid staff. Volunteers running homework clubs and mentoring programs for young people.

- **Collaboration with ethnic communities:** service works hand-in-hand and in consultation with communities to identify their needs and preferred service delivery approaches, where possible.
- **Train the trainer:** service explores capacity building initiatives to reach more people e.g. enhance some community members' skills to deliver information and advocacy to and for their communities.

While providers were positive about the program overall, several SPs commented that currently the SG program 'is missing ... a medium level of support' for clients who have additional support needs, or are likely to experience a 'slower integration' process due to a range of disadvantages (e.g. their personal history, such as significant experiences of trauma, mental ill-health, disabilities, or low literacy levels). According to these SPs, many of these clients do not meet the threshold for support under CCS, but they have higher support needs than can be met through the SG program.

Clients who need a lot of more support than they are currently getting, these are clients with disabilities, also those who have mental health issues.

They come, the ones who are illiterate, like, they can't write or read and they're old people. Older clients, [...] they will continue to come after 10, 15 years in Australia. They will sometime come and ask for help.

This gap in support was also identified in the stakeholder consultations, where several stakeholders (including DSS staff and peak body representatives) identified humanitarian stream and youth migrants as key client cohorts that might not have their needs addressed under the SG program. The chief reason given was that many did not feel that the level of casework support provided under SG was adequate for these clients. Conversely, another stakeholder made the point that SG is not 'an intensive case management program', but rather that it acts as a point of referral to other specialised and mainstream supports.

Another program limitation identified by SPs was the SG program's limited capacity to provide outreach support, which prevented some clients and communities' needs being met. However, services that reported that they did not have capacity or were not sufficiently resourced to deliver more intensive support, especially through outreach, reported using a variety of strategies to overcome these barriers.

This included:

- asking other services, such as mental health support, to meet the client at their location/service where this was feasible
- relying on trained volunteers to assist clients to access mainstream services, and
- building capacity and confidence in clients to access mainstream services independently and successfully, particularly where clients have some understanding of English.

Additionally, some SPs acknowledged that the SG program alone could not address all client needs. Therefore, some services were working to become 'community hubs' based on a range of

funding sources and accreditations. This allowed them to deliver a broader range of services, and address more diverse client needs, including the needs of older people and people with disabilities.

Clients are facing a range of problems. It's common sense that those problems cannot be resolved by one service or one government department. That's why we always got a belief to establish kind of community hub and a range of services so we can resolve clients' problem internally. If we cannot of course we will refer them to other mainstream services.

Stakeholder perspectives

The consensus view among government and peak body representative stakeholders was that the SG program occupies a critical service space by providing culturally appropriate support to individuals and families that are settling in Australia, and by providing support to ethno-specific communities. The stakeholder discussions highlighted the diversity of services and support offered through the SG program, with assistance provided in the nine priority areas for settlement: employment, civic participation, health and wellbeing, transport, justice, housing, education and training, family and social support, and language services. A range of examples were provided, including: homework clubs, driving licence support services, citizenship assistance, legal workshops, 'coffee with a cop' initiatives, computer classes, mock interview classes, CV workshops, health workshops, barbeques, sports events, and volunteering opportunities. It was noted that the range of services and supports offered by providers funded under SG differ widely, with providers responding to context and client needs. This variation in service provision among SPs and the ability to provide context-specific and needs-based support was attributed to the flexibility of the SG program guidelines. Although most stakeholders considered the SG program to be a critical support service, many identified that the program scope, structure and guidelines could be improved.

In addition to providing services and supports, stakeholders frequently referred to the critical role that SPs play in assisting clients to engage with mainstream services. They noted that SPs acted as brokers between clients and other services, including Centrelink, *jobactive* and real estate agents. An additional identified strength of the program was its emphasis on both individual and community needs.

Summary: The consensus view among all groups consulted was that the SG program occupies a critical service space by providing culturally appropriate support to individuals and families that are settling in Australia, and by providing support to ethno-specific communities. The flexibility of the program allowed SPs to provide tailored responses to meet most clients' needs across the nine priority areas for settlement. SPs, clients and stakeholders identified limitations in the support available under the SG program that prevented some clients' needs being met, particularly clients with more complex support needs. All groups consulted recognised that collaboration with and referrals to other services were critical to meeting clients' settlement needs.

3.1.1.B HOW DO PROGRAM COMPONENTS CONTRIBUTE TO THE AUSTRALIAN GOVERNMENT'S PRIORITIES OF CLIENTS GAINING ENGLISH PROFICIENCY, AND PATHWAYS TO EMPLOYMENT AND EDUCATION (THE THREE ES)?

Client perspectives

Clients spoke about getting support to achieve the three Es (Table 3.3). Many of the youth cohort reported participating in a range of social opportunities that enabled them to interact with and develop friendships with youth from other ethnic communities. Often, these social events also provided an opportunity to develop their English language skills. Others spoke of having the opportunity to improve their English skills through computer classes. Clients spoke of getting assistance to study or access education. Examples included assistance with moving schools and buying school uniforms, enrolling in English lessons, accessing the internet, accessing training, and educational support through homework clubs. Clients spoke of getting job preparation assistance from SPs to improve their resumes and their computer skills, with one woman reporting that the SP helped her son find employment in a local cafeteria. Another reported undertaking volunteer work with the SP and helping case managers to interview new clients.

TABLE 3.3 SUPPORT TO ACHIEVE THE THREE ES IN CLIENTS' WORDS

Developing English language skills:

- *Sometimes we do a big competition, like soccer player, and we went to people from different group, people for example from I think Arabic and this stuff. Make friends.*
- *Yeah. Because when like they are from Burma, I am from Afghanistan, I don't know their own native English and they don't know my native English. But when we all went to camping, like this, we need to communicate.*
- *They know about English. I know English as well. Yeah, it's the common language. It will help for when we talk. It will improve.*
- *We were like a few people who attended these courses and we started to actually help each other to learn. So it's both like English class and computer class.*

Assistance to study or access education:

- *And also they help us to move school yeah. They helped even for uniform as well.*
- *Before I solved the internet problem they gave me some addresses of places which have free internet so that for my kids to do their homework and school work of course.*
- *I wanted to work for a nightclub type place so I needed to know how to do wine and these kinds of things. The people here helped me to check out a course and I learned from there.*
- *When I first go through some of my assignments I came here and they were able to help me to look it and made me put down the right stuff. And I've been coming here almost seven months now.*

Employment preparation assistance:

- *I wrote my CV and [organisation] helped to improve it because my English was not good enough.*
- *Then somehow a friend told me that I can not only study English but also computers so then we decided to come here to study English and computers.*
- *They took us to the Big W thing and then we spoke with the manager that how we can apply for the job.*

Service provider and stakeholder perspectives

The service provider survey showed that respondents reported using many different strategies to contribute to the Australian Government's priorities of supporting clients' English language learning (Table 3.4), accessing employment opportunities (Table 3.5), and education (Table 3.6).

TABLE 3.4 SERVICES PROVIDED TO SUPPORT CLIENTS' ENGLISH LANGUAGE LEARNING

Services provided	%¹	n²
Opportunities for conversational English	77	85
Referrals to language providers (e.g. AMEP)	90	99
Other	31	34

Note: Multiple answers question. ¹ Per cent of respondents ² Number of responses

TABLE 3.5 SERVICES PROVIDED TO SUPPORT CLIENTS IN ACCESSING EMPLOYMENT OPPORTUNITIES

Services provided	%¹	n²
Information sessions about employment services and systems in Australia	86	81
Skill development classes (e.g. computer skills)	67	63
Employment preparation programs	65	61
Referrals to employment services/training programs	95	89
Assistance with having clients' qualifications recognised	64	60
Assistance with interview skills	70	66
Assistance with job applications	77	72
Assistance with CVs	83	78
Other	22	21

Note: Multiple answers question. ¹ Per cent of respondents ² Number of responses

TABLE 3.6 SERVICES PROVIDED TO SUPPORT CLIENTS IN ACCESSING EDUCATION

Services provided	%¹	n²
Training (please specify what type/s of training)	48	42
Referrals to education providers	96	84
Assisting clients to provide proof of their qualifications	60	53
Assisting clients with course enrolment applications	84	74
Other	24	21

Note: Multiple answers question. ¹ Per cent of respondents ² Number of responses

Other specific forms of support were reported for each of the three priority areas (more details in Table H-9, Table H-10, Table H-11, and Table H-12 in Appendix H). For example, some programs provided employment support by offering clients new clothes and grooming to prepare for job interviews and/or the first week of work once employment was secured. Some programs offered education support to clients by providing homework support and/or tutoring, access to childcare, computer training and work placements. Other programs promoted group activities and volunteering to allow clients to both expand their social networks and practice their English. In some cases, the organisations' activities supported clients across two or more priority areas, such as English classes with a specific focus on employment, which help clients to improve their English while at the same time addressing interview skills, job applications and CVs.

In discussions with SPs, there was broad consensus that the program was not primarily set up and resourced to support employment outcomes, that it is the primary responsibility of other sectors. This point was echoed in the stakeholder consultations where many made the point that other government-funded programs are primarily responsible for delivering services that support the achievement of the three Es through DoE's *jobactive* service and DET's AMEP.

At the same time, the majority of SPs commented that they supported clients' independence, which included learning English or eventually gaining employment. One service manager put it this way: 'It [the three Es] is not compulsory but we try our best [to] give our clients opportunities and information [they need]'. All reported providing activities, programs or initiatives to support clients' employment opportunities, pathways and outcomes. Discussions with stakeholders focussed on the importance of providing complementary supports rather than duplicating what was already on offer through *jobactive* and AMEP, and 'soft skill building' to get clients job ready by helping them with their CVs and mock interview workshops.

Most SPs reported organising work, training and employment-related activities. These included:

- information sessions or short training programs: White Card, Food Safety Handling, how to become an entrepreneur, taxation systems etc.
- coordinating and facilitating access to employers: meeting with key industries in the area, establishing relationships with selected employers, and
- smoothing out pathways to finding work: help with preparing resumes, offering opportunities for volunteering and work placements in the SG-funded service.

Some organisations were offering clients opportunities for work placements and training within their organisation. SPs in two organisations, and all volunteers in SA, reported that volunteering and work placements were a highly successful strategy for gaining confidence in the workplace and with speaking English, entering careers in related social fields, and occasionally securing permanent work.

I am studying the TAFE for three day per week and volunteer job maybe one day or two day, if I can. And I am feeling I am happy here. (volunteer)

I started working here as a volunteer last year; because of my studies, I did my placement here – work placement. I'm doing community service. I started volunteering as an interpreter. (volunteer)

Several SPs reported that they delivered or facilitated small, targeted English language sessions, often run by former clients or volunteers from the broader community. This was identified as critical because some women or groups were not comfortable with mixed AMEP classes. Furthermore, most providers had relationships with selected agencies funded through DET and DoE (*jobactive*, AMEP, schools etc.) and assisted clients in accessing them as necessary by making phone calls on clients' behalf, interpreting letters or text messages for clients.

The broadly held view amongst SG and non-SG SPs was that the three Es are important for clients and their future wellbeing in Australia. However, some felt that the current political climate and Government policies tended to overemphasise them.

It feels like there's an over emphasis on those because sometimes other priorities need to be checked off first before someone can progress to focus on some of those other aspects. I feel those needs are diminished when there's an over emphasis on those three Es.

But a person's life is not just about employment, education and English. What about health? What about social life or community engagement, you know, all of those sorts of things?

This view was echoed by several stakeholders, who highlighted the importance of the SG program for social connections, which they felt can be overshadowed by the emphasis on the three Es. Another key point concerning the policy focus on the three Es raised by many stakeholders was that achieving the three Es was contingent upon having other settlements needs met, with health and housing often highlighted as being particularly critical. All SPs argued that a 'one size fits all' approach to employment and English overlooked many of the cultural, personal and structural barriers that many clients faced. Cultural barriers were related to gender roles and perceptions of work. Personal barriers included disability, low literacy, trauma and mental health related issues. Structural barriers reflected labour market opportunities for low skilled work and difficulties getting accreditation for overseas qualifications.

Additionally, a key systemic barrier that SPs identified as having a negative impact on clients' ability to achieve the three Es was the capacity of DoE's *jobactive* to provide culturally appropriate, quality support to the SG client group (see findings under section 3.1.1.c about the non-responsiveness of mainstream providers).

Administrative data

The SG program appears to contribute to the achievement of the three Es, mostly by providing complementary rather than direct education or employment services. The specific services provided were also context specific, depending on the particular client group being served and the range of other services in the area.

The DEX Partnership Approach data was analysed to identify the number of individual clients who reported that they have had a positive change in client circumstances in the area of employment, education and training. The data outlined in the Appendix J, Table J-4 and Table J-5 shows that, for employment, education and training outcomes, the percentage of clients with a pre- and post-SCORE (complete assessment) recorded in DEX were 1.8, 3.7 and 3.2% of total clients in the three reporting periods under consideration. Among those with a complete assessment, 80.3 to 89.6% recorded a positive outcome (Table 3.7). As there is no data on the number of clients in total who sought support for an employment, education and training outcome, it is not known what percentage have complete assessments and therefore no inference can be drawn from the number who report positive outcomes.

TABLE 3.7 RECORDED DATA ON CHANGES IN EMPLOYMENT, EDUCATION AND TRAINING CLIENT CIRCUMSTANCES BY REPORTING PERIOD:

Six month reporting period ending:	Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Positive change Number (%)	No change Number	Negative change Number
December 2015	1.8	411	330 (80.3)	67	14
June 2016	3.7	924	828 (89.6)	75	21
December 2016	3.2	863	769 (89.1)	75	19

Source: DSS DEX Settlement Activity data supplied by the DSS

Summary: The SG program contributes to the Australian Government’s priorities of clients gaining English proficiency and pathways to employment and education (the three Es) by referring clients to English language, employment and education and training providers. Additionally, all SPs reported providing complementary activities, programs or initiatives to support clients to achieve the three Es, and these opportunities were valued by clients. Some SPs and stakeholders expressed concern that the emphasis on the three Es could overshadow the importance of social participation.

3.1.1.c How well are grant projects complementing existing programs being provided by the Department of Education and Training and Employment?

DoE programs—*jobactive*

A large number of SPs commented that many clients were struggling to have their employment outcomes met through mainstream employment services. SPs felt that the outcomes payment focus of the *jobactive* service delivery model was problematic, because it put significant pressure on clients and SPs. As a result, SPs reported that many *jobactive* providers were not taking on SG clients, or only very reluctantly. Additionally, many held the view that the many *jobactive* providers did not provide culturally appropriate services. Some reported that clients who were not yet ‘job ready’ were experiencing high levels of stress and anxiety, due to imposed conditions of having to find employment or lose their benefits. Some stakeholders echoed SPs’ views that *jobactive* providers were often not responsive to SG clients’ needs.

This issue arose in one client focus group, where participants spoke about the pressures that some clients faced when dealing with *jobactive* providers. They felt that some providers had unrealistic expectations of some clients’ capacity to meet job search requirements, particularly when people have low literacy and computer skills:

I have my dad and mum who are illiterate and they have been associated with some job services provider as well. Once they are linked with them, they pressure them to look for work, a certain number of jobs every fortnight and they ask them to source them and the only method of sourcing the work possible is the internet, the computer, which they are completely illiterate on. This is making their life very hard.

Some SPs reported that they were achieving better employment outcomes for their clients than some of the funded employment providers. They attributed their success to their settlement expertise that enabled them to provide the level of support that some clients required and their established links with employers.

They're [client group] more resource-intense. [...] The mainstream agency organisations that are supposed to be providing a level of support and service outcomes are clearly not doing that. So we can foster as much as we like in encouraging people, and we did stuff around resumes. Actually, we probably place more young people in jobs ourselves than the jobactive providers will ever do.

The relationship we developed about five years ago with [business] ... they manage the contracts for a whole range of [services] ... They approached us and said, "Look, we're struggling with the workforce. Would any of your people be appropriate?" Almost 60 percent of their workforce now is from new-arrival communities. They don't advertise for positions. It's all word-of-mouth stuff. They've got a more stable and more responsive workforce.

DET programs—AMEP

A number of SPs reported close and active working relationships with schools, TAFE and AMEP, as well as receiving referrals from these services, or requests for assistance and collaboration. All reported providing a range of informal learning opportunities to enable clients to build on their formal language lessons (see section 3.1.1.b).

One non-SG SP spoke about the importance of better integration between federal and state initiatives to support migrant and new arrival families in schools. This non-SG SP reported that some SG services were working or trying to work within schools without much or sometimes any consultation with the state-based Department of Education and school administrators. The provider commented that the alignment of SG-funded and state-funded programs (e.g. staff capacity building, support to school children and their families) required improved integration and 'alignment'.

Stakeholders generally considered the language support offered by SG-funded SPs to be complementary to the support provided by DET's AMEP. In the client focus group discussions, most of the adult cohort reported that they had undertaken English classes through the AMEP, however, several expressed dissatisfaction with the classes. Problems identified included the inclusion of beginners and those with intermediate English in the same class, and that the 510 hours was insufficient for some to develop a competent level of English⁶, particularly for older clients.

So that is where they [older women from Arabic speaking backgrounds] feel more comfortable coming to our classes, because here we don't have that pressure on them. They cannot cope up in that [general AMEP], they just go and sit there for the sake of doing it.

⁶ From 1 July 2017, clients who have not reached functional English after completing the 510 hours will be eligible for an additional 490 hours' tuition (DET, 2017).

The issue of low levels of engagement with AMEP arose in one stakeholder discussion where stakeholders felt that SG-funded SPs should work with AMEP providers and try to address barriers to client engagement:

It's about trying to encourage providers to try and direct people towards those pathways rather than, well other than providing it obviously themselves. So there are other areas of the service system that should be able to respond to those needs.

Insights from one of the client focus groups suggest that SPs in some locations are attempting to address these barriers to engagement. Clients in one focus group spoke about getting referrals from the SG-funded SP to AMEP and being advised by the SG-funded organisation to let them know if they were experiencing any difficulties with the classes, although none reported that they had had any difficulties to date.

Summary: SG-funded SPs are an important point for referral to a range of mainstream services including those funded by DET and the DoE. For the most part, the English language, employment, education and training supports offered by SG-funded SPs are complementary to the support offered by DoE and DET. However, SPs reported that some clients were struggling to have their needs met through mainstream employment services, resulting in SPs occasionally providing support that should be provided by *jobactive* providers.

3.1.1.d To what extent do clients feel the program is meeting their most important settlement needs?

Clients described a range of supports that they accessed through the SG SPs (Table 3.8). These included practical assistance, such as filling in forms for housing applications or having a case worker accompany them to a housing service or to Centrelink, registering with the NDIS, getting a new phone, accessing banks, changing a billing address and getting food assistance. Legal assistance was a critical area of support for many clients for a range of different issues, including migration and family disputes. The responsiveness of SPs to clients' needs was highlighted in one focus group where clients reported that a community member was physically assaulted. They approached the SG-funded SP, which subsequently arranged for an information session with the police. Clients also spoke about information sessions delivered by their SG provider, covering topics such as applying for Australian citizenship, using transport cards, fire safety and law and justice. In one discussion, clients spoke about how the SG-funded SP arranged a parenting course for them to help them understand Australian parenting norms.

Clients described how the SG-funded SP offered them a range of opportunities for social participation. Events included English conversational classes, arts and crafts activities, playgroups, excursions and picnics. These provided opportunities for social interaction with members of their community, but also with other communities. These supports were vital for many clients who described how these opportunities for social interaction gave them an opportunity to engage with others and reduce their sense of isolation.

Some spoke about receiving assistance with managing finances. Some participants indicated that their SG-funded SP connected them with mainstream non-government organisations that provided financial assistance and gifts for children at Christmas. Clients reported getting referrals for health

and emotional problems in relation to family violence and mental health, and referrals for counselling, breast cancer talks and physical ailments. Some youth indicated that they had been referred to headspace for support, to participate in activities and mix with other young people.

TABLE 3.8 SG SUPPORT IN CLIENTS' WORDS

Practical support:

- *I moved houses and I needed to change the address at the electricity company. So I came here and the people here helped me to do that.*
- *They provided us with food and food vouchers, and whatever was missing in the house when they put us there, they provided us with that. They took us around to go to Centrelink and showed us the places around.*

Legal assistance:

- *If you need to go to court or to the police office, they might send someone with you to go to these places.*
- *I know a friend and they have had some family disputes and they helped them to get a lawyer.*

Information sessions:

- *Also they have organised some sessions to which the police would come and brief us on the laws in the country, about the traffic system, how the traffic system works and some things.*
- *They had a session here for all the ladies because in Australia lots of kids play with the iPad a lot. They don't know what time to eat, what time to go to play. So they were giving us some examples for how long we need to let them - allow to use the iPad, what time then to play outside and they are going to have the food. So they have to be doing all the different activities. They helped us to teach our children as well.*

Opportunities for social participation:

- *The other lady did the sewing classes - sewing classes here and sometimes they collect all the ladies and we go out for excursions, different places.*
- *I went with them in the Snowy Mountain, far away from here, and I went with them in Taronga Zoo.*
- *A few weeks ago there was a big event, like a multicultural one. They were showing the Harmony Day.*

Assistance with managing finances:

- *For example, if you got electricity bill and you can't afford to pay it at once, they also help you to do the instalment payment so that you can pay in instalment, you don't have to pay it at once.*
- *They also had a managing your finance talk and also pensions.*

Referrals to other social services:

- *Connected us with some services like the [organisation] and [organisation], especially during Christmas to get the presents especially for the kids during this season to make them happy.*
- *Most of the time for the bills I went to the different services.*

Referrals to health services:

- *We used to go to see a gynaecologist in the hospital, she would take us and she showed us where to go.*
- *I have chronic back pain and according to the doctor in [name] hospital, I needed some support for my leg and they made a referral to [name] hospital and they told me that I needed to pay them for whatever they did with my leg. As I could not afford to pay for whatever was involved, I approached [organisation] to see if they could help me and they referred me to NDIS. NDIS sent me a form which I was unable to fill out and [organisation] is helping me to do all the paperwork for that.*

Clients described how many of the supports that they accessed through the SG-funded SPs contributed to building their independence (Table 3.9). Two spoke about getting financial assistance to help pay for driving lessons, whilst another referred to getting advice on using transport cards. Developing their language skills was also important for fostering independence.

SG-funded SPs' contribution to building social capital came up in one of the focus group discussions, where a client spoke about the intercultural benefits of an excursion. Another discussion highlighted how established migrants can assist other new arrivals.

TABLE 3.9 BUILDING INDEPENDENCE AND SOCIAL CAPITAL IN CLIENTS' WORDS

Building independence:

- *She help me with driving lessons, because I have the L. About \$100. So two things, the driving lessons and because the driving lessons I pay only half the fee.*
- *They also offer car driving to help teach because I wanted to take a job for an aged care service. That required me to drive. I didn't know how to drive.*
- *If they make the Opal card for us for the first time, they would teach us next time how to do it by ourselves.*

Building social capital:

- *There was people living there and they had never seen [people from my country] in their lifetime. We went there and ... we got to know them, they got to know us ... I loved it. I loved it because I got to know some more people.*
- *We know if they are new arrivals, like, we know them through the mosque if they come, or maybe if we see them down the street; they're walking, no license, no car, new to the area, like, we'll help them; "Show me your address, I can drop you off, it saves you walking." Or if we - if they need more help with some other things we'll try to help them.*

Overall, clients spoke very highly of the support they received, with one client summing up what the SG-funded SP did as 'problem solving'. He felt confident that whenever he had a problem he could get help from the SG-funded SP. Other clients described the support they received as 'helpful', 'practical', 'patient', 'fast service', 'sense of safety here', 'can ask anything'. Many clients felt that the support they had received had been critical to helping them to establish their lives in Australia.

We were thrown in the deep ocean when we came here for the first time and we couldn't even [unclear]. At the moment, most of the families own a house and most of the youths have been able to look for jobs independently. So had we been not helped by them then, we would not have achieved what we have so far.

One young person valued the fact that his parents could get support from the SG-funded SP when he was at school or unavailable. This took pressure off him and the organisation's support was a 'big help for my family'.

Despite general satisfaction with the support available, clients were also able to identify limitations in the support available that they felt were preventing their needs being met. These included:

- not being able to access the same high intensity support they had access to under HSS
- not getting enough information about available services, and
- concern about no longer being eligible for support from the SG-funded SP after five years in Australia.

One client focus group discussion provided a very mixed account of clients' satisfaction with the support received. Dissatisfaction with the support provided appeared to be related to the drop in the intensity of the support offered through SG compared to clients' experience with HSS:

After six months, [caseworker] asked me to sign the form basically as saying the service has been finished and we've done everything for you. I signed that form obviously, but after that I didn't come very much. Maybe couple of times to ask him something, but it wasn't [caseworker] or the same person. It was someone else. So the most support and help that I get was from my family.

This was echoed by another client who was struggling to get support from the SG-funded SP to address medical issues. He reported that when he called the SP to request help for his medical issues he was told that he should call triple zero. Another client reported getting good support when she and her family first arrived in Australia, but that since moving interstate it had been very difficult to access support through the SG-funded SP and that they had been waiting six months to get their child enrolled in school.

And I told them already I don't know anyone here and I don't know English obviously. My English is not perfect. I've got a friend being here, but that just a woman. She can't help me for everything, and I need lots of support and help, but no one help me.

Clients reported relying on family and friends to support them when the SG-funded SP did not support them.

Unlike their experience with a single case manager in the HSS program, many clients found the experience of not having a single point of contact at the SG-funded SP unsettling. They found this challenging because it meant that each time they visited the SP, they would have to explain their issues and needs to a new staff member, leading to delays in getting support⁷. Some also mentioned that although they had a caseworker, they often had to wait hours for an interpreter to discuss urgent matters, or did not receive support they had requested. Some participants often felt pressured by SPs to be independent after a short period of time, although they felt that they did not have the skills required.

As soon as we arrive here, our case manager is not good at all. We still been waiting after six months to take [child] to school or to somewhere

They help us and they start for two or three months, then later on they used to say, "Go. You have to do it yourself", but we don't speak the language.

The drop in intensity of support available to clients under SG compared to under HSS was also identified by stakeholders (both government and peak body representatives) as a challenge for some SG clients. Some stakeholders acknowledged that the support provided under the SG program (casework coordination and settlement service delivery) was far less intensive than the level of support provided under HSS (intensive case management) and that this transition can be difficult for some clients.

A lot of the people that are coming through the humanitarian program have got high needs that go for a significant period of time. And you do occasionally hear if you're

⁷ It is worth noting that, in this particular instance, the clients were able to raise this matter with the service provider who reviewed service delivery to ensure that clients could have a single point of contact as often as possible. It is possible, however, that clients elsewhere do not have a single point of contact at their SG service.

talking to community members, the feeling that after the HSS they're basically left in limbo and there's not a lot of support around.

This echoes the point made by SPs and stakeholders about the gap in settlement support for a 'medium level of support' for clients who have higher support needs than can be met through the SG program (see section 3.1.1.a).

Most participants indicated that they would like to know more about other available services, some of which appear to be within scope for the SG program. They suggested that SPs should provide more information about community events and excursions, and offer information sessions to prepare for citizenship tests. Several clients spoke about their wish for more employment-related support from the SG provider. In many cases, it appears that the types of employment-related support that clients would like are beyond the scope of the SG program. These included having access to accredited employment training programs that can be used to gain employment.

They sometimes give very basic sort of training which is not certified. When we approach the employers, they won't accept it as a certificate. We want them to provide some sort of training, certified.

Clients in one focus group reported needing first aid certification for employment. They reported asking the SG-funded SP to assist with this, but were told by the provider that they did not have the necessary funding to provide it.

When they go to jobs, they need first aid and manual handling. There is other places to do that but they ask for us to pay money. So if [organisation] delivered that program, then that would be help everybody in the community.

The third limitation of SG support reported by clients concerned program eligibility and the transition to independence. This was also emphasised by SPs and stakeholders (see section 3.2.1.a). Most participants did not feel that the five-year cut off for support was reasonable for several reasons: they did not feel that it was long enough to enable someone to become independent, they believed that sometimes people may not be aware of the support available in their first few years in Australia, and they suggested that caring responsibilities (for children and grandchildren) could prevent them from accessing support in the early years after arrival.

Another type of people for example they come here, they produce a baby and didn't notice these kinds of services. When finally the baby grows up and they can work around then the time is up.

Seven family stream migrants who participated in one focus group explained that they had been in Australia for more than five years and that they could no longer access some avenues of support that they had been able to access before their five years lapsed. Although they continued to attend the SG-funded service, they only participated in programs and activities that were funded through other non-SG funding streams. They reported that one of the reasons that many of these clients continued to attend the service was because they did not know what was offered by other services or they heard that other services did not provide the same volume of activities as the SG-funded SP.

Service provider perspectives

SG and non-SG SPs had mixed views about what clients' most important settlement needs are. The general consensus was that clients' needs vary depending on a range of personal (gender, age), health, family, educational, motivational and other factors. However, communities generally go through a similar settlement process over time, which follows what one provider called the 'hierarchy of needs'. This entailed addressing primary needs first (housing, income, health etc.) before being able to address secondary needs (e.g. recreational, cultural and social needs).

SPs were quick to emphasise that some communities are more disadvantaged than others (due to experiences of severe trauma, war, discrimination, lack of education and civil institutions in the countries of origin, widespread substance abuse issues, and other compounding factors) and therefore require more time and support in the settlement process. Many SPs also discussed how certain cultural understandings and perceptions of gender roles and family responsibilities, for example, will shape clients' needs, aspirations and outcomes.

Many SPs argued that the most pressing issues for new arrivals in their first year are: suitable housing, health, safety, ensuring a basic family income, developing some connection to the community, children's schooling, and learning basic English to improve communication skills. Pursuing a career or training opportunities, accreditation of certificates and finding stable employment were a secondary goal for many, only to be attempted once their 'primary' needs had been met. Some providers reported that family safety and responsibilities towards kin separated in the migration process were key concerns for many humanitarian arrivals, with family members left behind in dangerous and uncertain conditions. For clients, finding ways to sponsor and support their family, including sending money back, was as important as their own wellbeing. SPs reported that many of these migrants were eager to find work in order to provide remittances.

Administrative data

Data on client satisfaction SCOREs are collected in the DEX Partnership Approach data for each reporting period. SPs who volunteer to participate in the Partnership Approach are requested to report client satisfaction post SCOREs for a small sample of their clients (at least ten per cent per reporting period).

At the national aggregate level, between 3.3 and 6.8% of clients had complete assessments recorded in DEX for any of these questions (Table J-2 in Appendix J). Among these clients with complete assessments, between 94.1 and 96.4% reported positive outcomes (Table 3.10).

TABLE 3.10 CLIENTS WITH PRE- AND POST-SCORES FOR SATISFACTION

Six month reporting period ending:	Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Number and percentage of clients with a pre- and post-SCORE reporting a positive change (%)
December 2015	3.3	745	718 (96.4)
June 2016	6.8	1,696	1,596 (94.1)
December 2016	6.7	1,823	1,722 (94.5)

Source: DSS DEX Settlement Activity data supplied by the DSS

Table 3.11 reports the recorded data for each of the satisfaction questions (see also Table J-8 and Table J-9 in Appendix J). Between 1.4 and 5.7% of total clients had a complete assessment recorded for any of these questions. Among these clients with a complete assessment, the rate of positive outcomes ranged between 81.5 to 92.5%. Due to the small number of client satisfaction SCOREs reported, this data on outcomes should be interpreted with caution and no inference should be drawn regarding outcomes for the client population as a whole.

TABLE 3.11 CLIENTS WITH PRE- AND POST-SCORES FOR SATISFACTION QUESTIONS

Six month reporting period ending:		Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Percentage of client with a pre- and post-SCORE who report a positive change
December 2015	I am better able to deal with issues that I sought help with	1.5	352	92.0
	I am satisfied with the services I have received	2.4	549	92.5
	The service listened to me and understood my issues	1.4	325	86.8
June 2016	I am better able to deal with issues that I sought help with	3.8	948	89.3
	I am satisfied with the services I have received	5.7	1,426	87.1
	The service listened to me and understood my issues	3.9	988	81.5
December 2016	I am better able to deal with issues that I sought help with	4.6	1,258	90.3
	I am satisfied with the services I have received	5.3	1,446	88.9
	The service listened to me and understood my issues	4.0	1,102	84.0

Source: DSS DEX Settlement Activity data supplied by the DSS

Summary: For the most part, clients were satisfied with the assistance they were getting from the SG-funded SP. Many faced major settlement challenges, including mental and physical health problems, low levels of English language proficiency and challenges adapting to a new culture and service system. Clients valued the problem-solving abilities of SPs, but also identified limitations in the support available that were preventing their needs being met. This included a lack of employment-related support beyond the scope of SG. They also voiced concern about ceasing to be eligible for SG-funded support after five years. SPs identified a ‘hierarchy of needs’ that entails addressing primary needs first (housing, income, health etc.) before being able to address secondary needs (e.g. social, recreational and cultural needs).

3.1.2 Is the current four-service delivery stream structure appropriate for meeting the target population needs?

3.1.2.a Are the current four components of the program (casework/ coordination and settlement service delivery, community coordination and development, youth settlement services and support for ethno-specific communities) effective in achieving program objectives?

Service provider and stakeholder perspectives

Overall, irrespective of the streams or fieldwork location, all SPs reported that the SG program was achieving its objectives, as it was delivering program outputs and outcomes. Most survey respondents reported that their organisations received funds to provide services under three of the four SG service delivery streams: ‘casework, coordination and settlement service delivery’ (92%), ‘community coordination and development’ (77%), and ‘youth settlement services’ (66%). A third (32%) of participants reported that their organisation was funded to provide services under the ‘support for ethno-specific communities’ delivery stream (Table 3.12). Overall, the majority of participants (84%) either agreed or strongly agreed that the four components of the program are a useful way to structure the SG program, however thirteen per cent (n=14) expressed uncertainty about this (Table H-27).

TABLE 3.12 SERVICE STREAMS

Services provided	%¹	n²
Casework, coordination and settlement service delivery	92	103
Community coordination and development	77	86
Youth settlement services	66	74
Support for ethno-specific communities	32	36

Note: Multiple answers question. ¹ Per cent of respondents ² Number of responses

Most SPs participating in the group discussions distinguished between the types of support they were providing under each stream and how they were achieving outcomes for individuals, families and communities. SPs reported delivering a range of activities, practical assistance and supports, information sessions, skills development or social activities that could be clearly assigned to one of the four service streams. Some providers reported more broadly about the SG program and what it was achieving. The section below presents a summary of the activities and outcomes delivered under each funding stream. See Appendix K for greater detail about the support delivered under each service stream.

Casework coordination and settlement service delivery

The casework coordination and settlement service delivery stream was also called the 'one-on-one' stream and 'the problem-solving component'. The majority of SPs shared the view that it was achieving important settlement outcomes for clients and their families, helping them to resolve a range of issues. The most frequently reported supports provided under this service stream in the SP survey were case work/case management, information sessions and referrals. A third of survey respondents also reported undertaking advocacy and cultural competency advice to assist mainstream providers to support SG clients under this stream. Advocacy work falls within the remit of the current second stream in the program guidelines—i.e. community coordination and development. Some SPs felt, however, that this component required more resources in order to work more effectively, such as outreach capacity or extending the program's eligibility criteria. The issue of clients being referred to mainstream services but referrals not being successful (e.g. clients returning or not having their needs met/lack of capacity in mainstream services) was widely shared and discussed by SPs, both SG and non-SG-funded, as well as in the stakeholder consultations. Most stakeholders felt that SPs were clear on what they were delivering and trying to achieve under the *casework coordination and settlement service delivery* service stream. However, there was also some confusion about how casework coordination differed from case management.

Community coordination and development

SPs reported that the main focus of this stream was to build individual, group and community/leaders' skills, cultural understanding and social connectedness. Social outings and activities to promote social inclusion outcomes for young people, mature aged clients and other socially isolated groups (e.g. mothers with very young children) are another output delivered under this stream. In the SP survey, the most frequently reported activities delivered under this stream were community capacity building, community development programs and activities.

Youth settlement services

In the SP survey, the most frequently reported support provided under the youth settlement stream was casework, followed by education support and recreation activities. Information sessions was another frequently reported activity on topics including: life skills, orientation to life in Australia (education, career advice, training and employment), safe use of social media, personal wellbeing, intergenerational relationship development, building self-esteem, building capabilities in employment, education, leadership and social skills, mentoring and volunteer programs. Employment support and referrals were also frequently reported. Other areas of support offered through this service stream are listed in Table H-11.

Two SPs working with young people commented on the importance of the SG program maintaining a focus on youth, as they present with particular settlement issues (intergenerational issues, family disputes, substance use, sexuality, FGM, forced marriage etc.) and are therefore vulnerable. In all three fieldwork sites, non-youth specific SPs also underlined the importance of focussing on youth as they represent a highly vulnerable group.

Most stakeholders felt that SPs had a clear understanding of what they were trying to achieve through the youth settlement service stream. One peak body representative expressed concern that the SG program guidelines and funding applications do not require SPs to demonstrate a commitment to a youth-focussed model of service delivery when applying for funding under this

stream. The point was made that delivering a program for youth was not sufficient, but that organisations needed to adopt a youth-focus in their service delivery:

It requires a shift in approaches and service delivery models, and some of those factors are outreach and working after hours, working in a genuinely youth participatory way, which can take a whole lot more work than organisations have capacity for ... Fundamentally, it requires a different model of service delivery.

Support for ethno-specific services/communities stream

In the survey, the most frequently reported activity that SPs whose organisation is funded to provide support under this service delivery stream was capacity building support, followed by leadership training (Table H-12 in Appendix H). In discussions, many SPs emphasised the importance of providing capacity building support for ethno-specific organisations for three key reasons:

- they are often the first point of contact when members of their community are in a crisis situation
- most operate on a voluntary basis, and
- many may lack the knowledge and skills needed to run an organisation.

Several SPs reported on the capacity building support they were able to offer local ethno-specific organisations, including legal advice, information about funding they can apply for, training and small amounts of financial assistance. However, these SG-funded SPs noted that some organisations that they had worked with had not been able to achieve as much as they would like due to an inability to secure funding.

Two non-SG SPs also spoke at length about the critical role that smaller ethno-specific organisations play in supporting good settlement outcomes. Both felt that it was important that the contribution these organisations make in the settlement space should be highlighted because it is 'unfunded and it's largely invisible'. The key reasons that ethno-specific organisations were considered to be 'incredibly important' for refugees and other migrants were because they spoke clients' languages; they provided culturally appropriate support and 'a safe base'; and they built community, self-sufficiency and independence. A key strength of ethno-specific organisations was their ability to mobilise high numbers of volunteers, which was recognised as very cost-effective from a service delivery perspective. The non-SG SPs spoke about the shift away from government funding for small ethno-specific organisations in preference of funding larger organisations. This concern was echoed in discussions with stakeholders (both government and peak body representatives).

Six ethno-specific community leaders were interviewed across the three fieldwork locations. The key points made were that:

- most operate on an unfunded basis and rely on volunteers to support clients
- most have tried to access grant funding (some SG and non-SG) but have been unsuccessful
- ethno-specific organisations are best-placed to deliver support to ethno-specific communities, and

- many are struggling to meet demand and are filling a gap in support that larger settlement organisations are failing to meet. This relates to eligibility for settlement support, as many are addressing settlement-related issues that individuals face beyond five years of settlement.

All ethno-specific leaders felt that there was room for greater investment in capacity building with larger organisations supporting smaller ethno-specific organisations, but most did not have any evidence of this happening. This was also echoed in some stakeholder consultations. Suggested capacity building and training topics included:

- how to submit, monitor and manage funding applications
- managing organisational accounting processes and financial requirements e.g. tax, and
- fundraising and increasing membership.

Summary: SPs were confident that the four components of the program were effective in achieving program objectives and provided a range of examples of supports being delivered under each. Stakeholders felt that SPs had a clear understanding of what they were trying to achieve under the *casework/coordination and settlement service delivery* and *youth settlement services* streams, which are both forms of individualised service delivery, but that there was less clarity with respect to the community supports available under the *community coordination and development* and *support for ethno-specific communities* service streams. Ethno-specific organisations were recognised as a critical support for many migrants in both the short and long-term, however, most were operating on an unfunded basis, relied on volunteers and had no access to any capacity building support.

3.1.2.b To what extent is the structure of the program useful in meeting the needs of clients?

Overall, the majority of SPs were satisfied with the current SG program structure and the four service delivery streams. SPs generally felt that the program needed to maintain a focus on all four streams and provide both individualised and community support. Most SPs commented that the current structure allowed them to deliver a range of tailored services, sessions and programs that align with clients' goals and communities' needs. The program guidelines were described as 'flexible enough to deliver a client focussed program', while keeping Government and program priorities in focus.

When discussing the usefulness of the program structure for meeting clients' needs, stakeholders referred to the program guidelines. Most agreed that the program goals and objectives were clear, but the general view was that there was a need for more accountability in terms of what organisations funded under SG are delivering. Some felt that it was possible to maintain flexibility, but also require SPs to report against key performance indicators and budget lines. A recurring tension in many of the stakeholder discussions was about striking a balance between providing prescriptive program guidelines and the flexibility to allow SPs to respond to client needs. The key improvements required for the program guidelines were:

- guidance on how to meet program objectives
- guidance on how to measure/achieve outcomes, and

- clarity, to ensure that SG-funded SPs do not duplicate supports that are available through other programs.

Summary: SPs valued the flexibility of the program, which enabled them to tailor responses to meet need. Whilst recognising that the guidelines were flexible enough to allow providers to be responsive to need, stakeholders felt that there was a necessity for greater accountability in terms of what organisations funded under SG are delivering.

3.1.2.c Are the intended outcomes from the program clear and measurable?

Service provider perspectives

As noted in section 2.1.3, data on outcomes for SG clients is collected as part of the voluntary Partnership Approach component of DEX. Although the majority of organisations funded under the SG were in the Partnership Approach in May 2017, only 9–15% of clients had completed assessments on any outcome measure in the reporting period under consideration. The SP survey conducted for this evaluation included questions about whether and how SPs collected client outcome data.

Most service provider survey respondents (91%) reported that their organisation used the DSS DEX, or their own internal databases (69%) to record clients' outcomes. About 27% of the participants reported that they recorded clients' outcomes using clients' feedback through surveys, follow-up calls, case notes, case studies or reports to DSS (see Table H-15 in Appendix H). Only four respondents reported that their organisation did not record participant outcomes (Table 3.13).

TABLE 3.13 ORGANISATIONS' APPROACHES TO MONITORING CLIENTS' OUTCOMES

Approaches to monitoring clients' outcomes	% ¹	n ²
Use DSS Data exchange	91	99
Use their own internal database	69	75
Do not formally record client outcomes	4	4
Other	27	29

Note: Multiple answers question. ¹ Percent of respondents ² Number of responses

In the focus group discussions, SPs reported many challenges in trying to measure the range of intended program outcomes in DEX. These included:

- measuring clients' 'readiness' towards achieving the three Es goals was conceptually challenging because the program was not established and resourced to deliver direct education, employment or English language outcomes
- the system was not 'sensitive enough' or designed to capture the breadth of services provided by SG-funded SPs; this was also acknowledged in stakeholder discussions
- DEX currently records and collects information on outputs (numbers of people supported, attending group sessions etc.) rather than real outcomes
- DEX does not currently capture the level (or quality of support) delivered
- SPs did not feel that the reported quantitative outputs (e.g. group information or training sessions) translated easily into 'real outcomes' for the client, and

- Several SPs commented that the DEX database was not designed for monitoring and reporting settlement support or outcomes. For example, one SP reported that it did not allow service managers to access the information entered into DEX, which precluded them from using it for their own service monitoring and improvement.

Administrative data

The DEX Partnership Approach data was also analysed to explore the extent to which it can be considered to provide measures of client outcomes. The aggregate number of clients with outcome data is reported in Table J-1 in Appendix J and shows that only 15.6% or less of clients had outcomes in any reporting period. Although providers agree to report SCOREs against the most relevant (can be more than one) circumstance and goal domains for at least fifty per cent of clients, the data below indicates that far fewer clients have outcomes reported in DEX. This may be due to providers not understanding how to enter the SCORE data, as it is a new system. The SCORE data in DEX, as currently collected, is not sufficient to measure program outcomes.

Table 3.14 (see also Table J-2 in Appendix J) provides aggregate national data identifying clients who had a complete assessment for any of these domains. Between 6.7 and 11.6% of total clients in any reporting period had complete assessments on any circumstance outcome SCORE. Among those who did have the complete assessment, between 92.1 and 94.4% reported a positive outcome.

TABLE 3.14 CLIENTS WITH PRE- AND POST-SCORES FOR CIRCUMSTANCES

Six month reporting period ending:	Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Number and percentage of clients with a pre- and post-SCORE reporting a positive change (%)
December 2015	6.7	1,538	1,416 (92.1)
June 2016	11.6	2,901	2,739 (94.4)
December 2016	10.5	2,869	2,658 (92.6)

Source: DSS DEX Settlement Activity data supplied by the DSS

Table 3.15 and Table J-4 and Table J-5 in Appendix J provide data as recorded in DEX on the different outcome domains for each reporting period. Between 0.5 and 5.1% of clients had a complete assessment on these different domains. Among those who had a complete assessment, the positive outcome rate varied between 56.9% in one reporting period for 'personal and family safety' to 93.4% in one reporting period for 'community participation and networks'. Due to the uncertainty about the comprehensiveness of this data, no robust conclusions can be identified from this outcome data.

TABLE 3.15 CLIENTS WITH PRE- AND POST-SCORES FOR CIRCUMSTANCES DOMAINS

Six month reporting period ending:	Domain	Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Percentage of clients with a pre- and post-SCORE who report a positive change
December 2015	Age-appropriate development	0.5	120	75.8
	Community participation & networks	2.5	569	92.6
	Employment, education & training	1.8	411	80.3
	Family functioning	1.5	346	84.7
	Housing	1.5	336	79.8
	Material wellbeing	0.9	211	82.0
	Mental health, wellbeing and self-care	0.5	121	71.1
	Money management	1.1	254	79.9
	Personal and family safety	0.7	167	56.9
	Physical health	0.6	132	68.9
June 2016	Age-appropriate development	0.7	180	75.6
	Community participation & networks	5.0	1264	93.4
	Employment, education & training	3.7	924	89.6
	Family functioning	3.8	949	90.8
	Housing	2.0	494	85.4
	Material wellbeing	1.4	347	86.2
	Mental health, wellbeing and self-care	1.0	243	78.2
	Money management	1.4	363	84.0
	Personal and family safety	1.2	308	68.8
	Physical health	1.3	330	80.0
December 2016	Age-appropriate development	0.8	207	88.4
	Community participation & networks	5.1	1,397	92.2
	Employment, education & training	3.2	863	89.1
	Family functioning	3.2	884	92.1
	Housing	1.7	467	85.4
	Material wellbeing	1.3	360	86.1
	Mental health, wellbeing and self-care	0.7	196	79.1
	Money management	1.2	336	83.3
	Personal and family safety	1.1	302	72.2
	Physical health	0.9	256	85.2

Source: DSS DEX Settlement Activity data supplied by the DSS

Data on outcomes for client goals is also collected in DEX. Table 3.16 and Table B-2 in Appendix J reports on the national aggregate level data recorded in DEX for any of these outcomes. Across the three reporting periods, between 5.0 and 8.4% of clients had a complete assessment on any of

these outcomes. At the national aggregate level, around 97% of these clients with complete assessments recorded a positive outcome.

TABLE 3.16 CLIENTS WITH PRE- AND POST-SCORES FOR GOALS

Six month reporting period ending:	Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Number and percentage of clients with a pre- and post-SCORE reporting a positive change (%)
December 2015	5.0	1,139	1113 (97.7)
June 2016	8.4	2,112	2061 (97.6)
December 2016	8.1	2,196	2124 (96.7)

Source: DSS DEX Settlement Activity data supplied by the DSS

Table 3.17 and Table J-6 and Table J-7 in Appendix J record the outcomes for the different goal domains. Between 0.7 and 5.1% of clients had complete assessments for any of these domains across the three reporting periods. The rate of positive outcomes among the clients with complete assessments varied between 84.5% for ‘changed skills’ in one reporting period to 97.3% for ‘changed knowledge and access to information’ in one reporting period. As for the data on circumstances above, due to the fact that the comprehensiveness of the data recorded in DEX is unknown, no robust conclusions can be drawn from this outcome data on goals for this evaluation.

TABLE 3.17 CLIENTS WITH PRE- AND POST-SCORES FOR GOAL DOMAINS

Six month reporting period ending		Percentage of total clients with a pre- and post-SCORE	Number of clients with a pre- and post-SCORE	Percentage of clients with a pre- and post-SCORE who report a positive change
December 2015	Changed behaviours	0.8	179	85.5
	Changed confidence to make own decisions	1.5	346	87.6
	Changed engagement with relevant support services	2.3	522	94.6
	Changed impact of immediate crisis	0.7	150	92.7
	Changed knowledge and access to information	3.3	746	94.4
	Changed skills	1.0	220	84.5
June 2016	Changed behaviours	1.1	270	86.3
	Changed confidence to make own decisions	2.2	548	90.3
	Changed engagement with relevant support services	4.8	1,197	94.7
	Changed impact of immediate crisis	1.1	280	87.1
	Changed knowledge and access to information	4.7	1,176	97.3
	Changed skills	1.4	355	88.5
December 2016	Changed behaviours	1.2	325	92.0
	Changed confidence to make own decisions	3.1	853	92.4
	Changed engagement with relevant support services	3.8	1,040	94.8
	Changed impact of immediate crisis	1.0	265	92.1
	Changed knowledge and access to information	5.1	1,380	94.1
	Changed skills	1.4	373	93.6

Source: DSS DEX Settlement Activity data supplied by the DSS

Stakeholder perspectives

Most stakeholders felt that the intended outcomes of the SG program were clear. However, their responses referred to a broad range of objectives that referenced social participation, employment, linking with mainstream services, fostering independence, self-reliance, promoting social cohesion and integration. When asked whether the intended outcomes of the program were measurable, most stakeholders felt that they were not.

Discussions about measuring SG program outcomes focussed on the current limitations of DEX. The dominant view was that DEX as it currently stands does not adequately capture sufficient data to permit an assessment of how well the SG program is working or what it is achieving. Several stakeholders felt that DEX had potential for improvement, with one discussion noting that additional data fields had been added to DEX for the Youth Transitions Support pilot.

Many stakeholders spoke about how the limitations of DEX are largely attributable to a concern about overburdening SPs (red tape reduction). Through the 'Partnership Approach' SPs have the option of entering additional non-mandatory data relating to client outcomes, but this is entirely voluntary. Currently, the SG program data available through DEX is limited for three key reasons:

- even though almost three quarters of SPs have entered the 'Partnership Approach', most do not enter outcome data
- there is a lack of baseline data against which to measure outcomes, and
- the data fields available in DEX cannot capture the range of activities undertaken by SG-funded SPs.

While many believed that the program was producing positive outcomes, they were aware of the lack of quantitative data to support that assessment. Many were also aware of the importance of capturing reliable outcome data so that programs that are working well can be replicated.

Several grant agreement managers (GAM) relied on GAM engagement reports and verbal feedback from SPs to make an informed assessment of SP performance. Some organisations also have activity work plans (AWPs) linked to their funding agreement. From a GAM perspective, AWP (where in place with SPs) were considered useful tools for directing discussions with SPs, for oversight and accountability, and for enabling greater coherence between program objectives and activities. However, from a national office perspective they were not viewed as a substitute for recording outcome data.

An issue raised in the stakeholder discussions concerned how some outcomes could be measured and whether it was realistic to expect the SG program to deliver certain outcomes within a five-year timeframe. Some stakeholders expressed the view that five years is too short a time period to measure many settlement outcomes, and noted the challenge in trying to capture the types of outcomes that the SG program could produce, particularly 'the community, social' outcomes. Despite this, they felt that it was not insurmountable.

Summary: Although the majority of SPs have entered the Partnership Approach and report using DEX, analysis of administrative data indicates a significant amount of voluntary data is not reported and this prevents any robust conclusions about program outcomes from being drawn. Overall, in the three reporting periods considered, less than 11.6% of clients had SCOREs collected for circumstances outcomes and less than 8.4% of clients had SCOREs for goal outcomes, so the data in DEX, while strongly positive, cannot currently provide a reliable assessment of client outcomes (Table 3.14 and Table 3.16). SPs referred to multiple challenges in trying to record client outcomes in DEX. Stakeholders also acknowledged that DEX as it currently operates in SG does not adequately capture sufficient data to permit an assessment of how well the SG program is working or what it is achieving.

3.2 Effectiveness

An aim of the evaluation was to investigate the effectiveness of the program in terms of how well it engages the target population, what outcomes are being achieved (intended and unintended) and how well the program is encouraging innovation. These key evaluation questions include several sub-questions as listed in Table 2.1. Key findings relating to effectiveness are reported in Table 3.18.

TABLE 3.18 KEY FINDINGS RELATING TO EFFECTIVENESS

Key findings:

- SPs felt that the SG program targeted the most vulnerable clients (humanitarian), but that some other vulnerable groups required support but were ineligible (e.g. some categories of visa holders, clients with intensive support needs in Australia over five years).
- SPs reported that they were running at capacity and identified a growing need for services for clients who are older, and people with ongoing health needs and disabilities, including intellectual disability and mental ill-health.
- Most SPs and many stakeholders recognised that the five-year eligibility criterion meant that some clients' needs were not being met and that many SPs currently support clients beyond five years.
- Overall take-up rates increased over the three time periods analysed: from 12% in period 1, 14% in period 2, to 16% in period 3. These take-up rates refer to individual clients only, not group clients, and are therefore likely to represent the minimum take-up rate.
- Lack of information about the program and lack of transport were the main reasons eligible clients do not take up SG services.
- The top five sources of incoming referrals were: self-referrals (the majority), HSS, family/friends, AMEP and Centrelink. The top five services clients were referred to were: Centrelink, housing services, health services, *jobactive* and AMEP.
- The outcome data recorded for clients in DEX is voluntary and only a small percentage of clients had such data.
- SPs believed that many positive outcomes for clients and the community could be attributed to the SG program. Despite the lack of quantitative outcome data, most stakeholders felt that the program achieved positive outcomes because it emphasised economic and social participation and addressed individual and community needs.
- An unintended negative consequence of SG was that the program's eligibility categories prevent SPs with settlement related needs who have been in Australia over five years from accessing assistance.
- The majority of SPs thought that the SG program encourages innovation due to the flexibility of the program guidelines. Suggestions for encouraging innovation included: an innovation fund and incentives for SPs that innovate.

Is the program effectively engaging the target population?

3.2.1.a Does the program target the most vulnerable clients?

Service provider & stakeholder perspectives

Eighty-two per cent of service provider survey participants thought that the SG program targets the most vulnerable clients (Table 3.19). Most respondents reported that their organisations supported humanitarian entrants (95%) and family stream migrants with low English language proficiency (84%). About forty per cent of the respondents worked for organisations that provided support to clients in rural and regional areas (Table 3.20).

TABLE 3.19 PARTICIPANTS' VIEWS ON WHETHER THE SETTLEMENT GRANTS PROGRAM TARGETS THE MOST VULNERABLE CLIENTS

Clients supported	%	n
Yes	82	87
No	14	15
Don't know	4	4
Total	100	106

TABLE 3.20 CLIENTS SUPPORTED BY THE RESPONDENTS' ORGANISATIONS AS PART OF THE SETTLEMENT GRANTS

Clients supported	% ¹	n ²
Humanitarian entrants	95	105
Family stream migrants (with low English language proficiency)	84	93
Dependents of skilled migrants in rural and regional areas (with low English language proficiency)	41	45
Selected temporary residents (e.g. Prospective Marriage and Provisional Partner visa holders) in rural and regional areas	44	49
Other	13	14

Note: Multiple answers question. ¹ Percent of respondents ² Number of responses

The association between the participants' views on whether the SG program targets the most vulnerable (Table 3.19) and organisation size (Table H-3 in Appendix H), participant's role (Table H-2 in Appendix H), the geographical location of their services (Table H-4), and whether they thought that the funds received by their organisation were sufficient to meet the program's costs (Table H-32) were tested. The associations between the organisation size (Table H-13), geographical location (Table H-14) and participants' views were found to be statistically significant, which means that participants' views about whether the SG program targets the most vulnerable differed depending on the size of their organisation (the effect size was small) and their geographical location (the effect size was medium). In particular, participants from organisations with 11–30 staff members (Table H-13) and from regional areas (Table H-14) were more likely to report that the SG program does not target the most vulnerable clients. On the other hand, participants from organisations with 31–100 staff members were more likely to report that the SG program does target the most vulnerable (Table H-14).

In the survey, participants were invited to comment on whether the SG program targets the most vulnerable. Comments were relatively evenly spread between 'yes' and 'no', with only a few mixed responses. The reasons why the SG program was considered to target the most vulnerable were:

- the most vulnerable were identified in the eligibility criteria
- vulnerable clients were identified through casework services
- referrals from other SPs assisted in identifying vulnerable clients, and
- the recruitment of clients focuses on identifying vulnerable cohorts (e.g. women in certain communities).

This view was supported in discussions with SPs who reported that the program was generally successful in engaging the SG target populations. According to SPs, the bulk of service delivery and support was provided to migrants arriving on humanitarian visas, who were also identified as the ‘most in need’ and ‘vulnerable’ (due to their likely experience of trauma, violence, co-occurring mental ill-health, and limited social/family networks in Australia). SPs reported that the next largest group they supported were migrants arriving in the family stream, on spouse or family visas. While some of these migrants could rely on family support to help them settle, several SG and one non-SG-funded SP held the view that a substantial number required support due to a range of vulnerabilities (e.g. limited spoken English, social isolation, at risk of domestic violence, limited access to employment and social exclusion).

In the survey, SPs identified other vulnerable cohorts that fell outside SG eligibility that participants felt should be included. These included:

- individuals in Australia for over five years who face significant settlement challenges
- categories of visa holders who are not eligible for support under the SG program (e.g. TPV and SHEV)
- women experiencing domestic violence who are isolated and fearful about accessing both mainstream and migrant-specific services, and
- isolated clients: ‘There are potentially many areas where clients may be, e.g. local massage parlours, nail shops and some factory-type businesses etc., which are generally inaccessible to the SG worker without connections in the organisations.’

SP concerns about the five-year limit on eligibility was repeatedly reinforced in the open-ended comments in the SP survey in questions concerning how the SG program could be improved and whether there were any other client needs that should be addressed by the SG program that currently were not addressed⁸.

The most frequently suggested improvement (28 comments) was extending eligibility for the program with respect to the length of time that clients could access the program and occasionally in terms of opening eligibility to other visa categories or vulnerable cohorts (older, minimal family supports, experience of domestic violence, child protection, mental health, homelessness). The top two responses to the question about whether there were any other client needs that should be addressed by the SG program that currently were not addressed also related to eligibility with

⁸ Many of the other less frequently mentioned issues were, in fact, areas in which some SG-funded SPs do provide support both directly and indirectly through referral. These included employment, assistance with driving and counselling. These responses highlight the finding elsewhere that SPs do not appear to have a clear understanding of the range of supports that they and other SPs can provide under SG funding. See Table H-40 in Appendix H for responses.

respect to timeframe (30 comments) and visa category⁹. Many of the comments referred to the fact that some clients have ongoing issues after five years and that there should be some flexibility to enable SG-funded SPs to continue supporting them. These comments referred to humanitarian entrants, older clients, clients with low levels of education and literacy issues, and clients who have experienced torture and trauma:

[Organisation] wishes to see some clients arrived in Australia more than 5 years still have the opportunities to access to the Settlement Grants Program on a case by case basis, should those clients have some specific barriers or issues, e.g. senior/mature aged clients.

Issues are arising for the clients who are over the 5 years cut off points who are still experiencing settlement issues due to pre arrival experiences, educational backgrounds. No other services available to work with these particular issues.

Providing assistance to humanitarian entrants who have been here more than 5 years who are still illiterate, speak limited English and are vulnerable. Support to read letters and complete forms e.g. citizenship, visa applications, housing applications.

Concerns about the five-year eligibility criterion were reinforced in discussions with both SPs and stakeholders.

Among SPs, the consensus view was that the five-year eligibility criterion was too rigid and left many vulnerable migrants without the support they needed. Stakeholders generally felt that five years of support under the SG program was sufficient for most eligible clients, with one stakeholder commenting that OSCAR data (the database used for the SG program prior to DEX) indicated that service use declines after three years among eligible clients. At the same time, it was noted that many continue to have ongoing settlement-related support needs. Some stakeholders felt that eligibility for support under the SG program should not be time limited, arguing that settlement was a long process for some and that settlement-related issues could arise well beyond the five-year mark. Stakeholders spoke of pre-settlement mental health-related issues that do not necessarily diminish after five years, or women with young children who may only be able to try accessing education or employment support when their youngest begins school.

It appears that a key reason why many felt that eligibility should extend beyond five years was because there was no alternative suitable support available for this client group and that SG-funded services filled a critical service gap. It was noted that a key aim of the SG program was to assist clients to become independent and help them to access mainstream services. However, many felt that the mainstream service system was often not responsive to the needs of this client group (see section 3.2.1.e).

⁹ In the SP survey, the second most frequently mentioned client need that should be addressed by SG but was not at the time concerned extending SG support to other categories of visa holder (10 comments). These included Safe Haven Enterprise Visa (SHEV) holders, Temporary Protection Visa holders, asylum seekers, partners of skilled (457) visa holders, individuals on Temporary Family Visa Holders (309) visas, bridging visas and all new arrivals with low English language proficiency.

In addition to noting that some clients require support beyond five years, SPs in each fieldwork location identified a growing need for services for clients who are older, people with ongoing health needs, and disabilities, including intellectual and cognitive disability. Several SPs identified an increased need to enhance the sector's capacity to better link clients with the National Disability Insurance Scheme (NDIS) and two SPs said the SG program should have more resources to better cater to the needs of older (non-working age) clients. However, SPs were clear that a strengthened focus on health, disability and mature age should not compromise the support provided to young people, who have specific support needs and represent a vulnerable group in themselves.

Administrative data

The DEX Partnership Approach data on migration stream could not be used to examine whether the program targeted the most vulnerable clients, as the data on migration stream had high and varying levels of not-stated responses (36% overall, and between 12.7 and 89.9% in the different states and territories), as this data is collected in the voluntary reporting component. The data was therefore not of sufficient quality to analyse for take-up rates for this evaluation. Existing data for clients by migration stream is described in Table 3.21 below. Data on settlers from the Settlement Database is reported in Appendix J in Table J-11 to Table J-13. The largest group of eligible settlers is the family migrant stream, which makes up between 55 to 58% of eligible settlers. Around 37 to 40% of eligible settlers are in the humanitarian migration stream, a further 5% are in the skilled stream and less than 1% are in the 'other' stream (Table J-12).

Among those SG program clients that do have migration stream recorded in DEX, the majority are from the humanitarian stream, with another smaller group from the family stream. These findings are consistent with data about the main client cohorts from the SP survey.

TABLE 3.21 SETTLEMENT GRANT PROGRAM CLIENTS BY MIGRATION STREAM

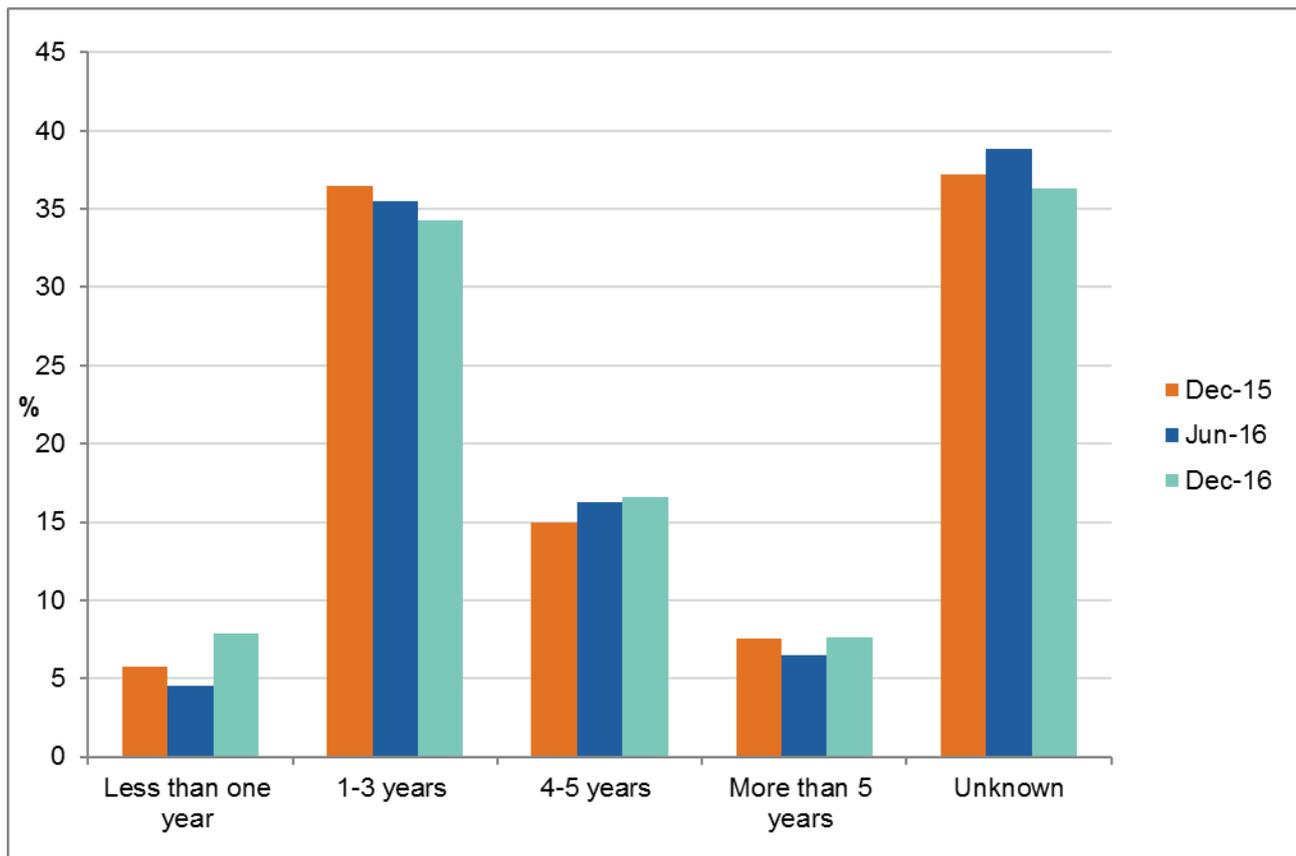
Six month reporting period ending:	December 2015	June 2016	December 2016
Migration stream	Number		
Family	2,292	2,600	2,900
Humanitarian	11,453	12,117	13,226
Skilled	249	247	256
Other	617	712	869
Not stated	8,233	9,440	9,963
Total Clients	22,844	25,116	27,214
	%		
Family	10.0	10.4	10.7
Humanitarian	50.1	48.2	48.6
Skilled	1.1	1.0	0.9
Other	2.7	2.8	3.2
Not stated	36.0	37.6	36.6
Total	100.0	100.0	100.0

Source: DSS DEX Settlement Activity data supplied by the DSS

DEX data on clients with a disability is reported in the Appendix J in Table J-14.

Figure 3-1 shows that the date of arrival is unknown for a significant number of clients (36.3 to 38.8%), so the data must be interpreted with caution. Of the clients who do have a time of arrival reported, the largest category is between one and three years ago. At the national level, less than 7.6% of clients with a time of arrival reported have a time of arrival greater than five years (see also in Appendix J Table J-19 and Table J-20).

FIGURE 3-1 CLIENTS BY TIME OF ARRIVAL AND REPORTING PERIOD



Source: DEX Settlement Activity clients, data supplied by DSS

DEX data also records the reasons for clients seeking assistance (see Table J-24 and Table J-25 in Appendix J). Between 40 and 43% of clients in major cities and between 26 and 33% of clients in regional areas had a reason for seeking assistance recorded. The two most common reasons for seeking assistance were community participation and networks, followed by education and employment and family functioning. In the major cities, between 9.2 and 11.9% of clients had data recorded that they were seeking assistance for community participation and networks, while in the regional areas, this figure was between 6.4 and 9.4% of clients. In the cities, 7.2 to 9.8% of clients sought assistance for education and employment and around 5.9 to 6.4% for family functioning. In the other regional areas, these figures were 5.8 to 8 % and 4.4 to 5.7% respectively. The majority of clients did not have reasons recorded and therefore this data should be interpreted with caution.

Summary: The consensus view among all groups consulted was that the SG program targets the most vulnerable clients because it targets humanitarian entrants. The other categories of eligible migrants were considered to have varying levels of vulnerability. SPs and stakeholders identified other vulnerable cohorts that fell outside SG eligibility that they felt should be supported. Many SPs and stakeholders felt that there should be some flexibility to enable SG-funded services to continue to support migrants who had been in Australia for over five years but continued to face significant settlement challenges.

3.2.1.b What are the current take-up rates for Settlement Grants services (comparing participation with the overall target population)?

3.2.1.c What are the trends in Settlement Grant participation?

Administrative data

The analysis of take-up rates compared the potential population of settlers eligible for settlement services as recorded in the Settlement Database with the SG program individual participants identified in DEX. Data reported in DEX includes both individual clients and group clients. These may or may not be the same clients, as a client may be provided with individual support, attend a group session, or both. Group clients significantly outnumber individual clients. The analysis compared both the overall number of individual participants and the profile of individual program participants and so provides an estimate of the minimum take-up rates. The analysis of trends in SG participation compared these rates over time and also considers trends in SG program activities. The analysis commences from July 2015, as this is the date when data reporting to DEX became mandatory.

Settlers are eligible for participation in the SG program for five years from settlement date. The take up analysis compares data for three periods of program and population data.

TABLE 3.22 TIME PERIODS FOR TAKE UP ANALYSIS

	Program data participants	Population data: settlers arriving within the following settlement date range
Period 1	1 July 2015–31 December 2015	1 July 2010–30 June 2015
Period 2	1 January 2016–30 June 2016	1 January 2011–31 December 2015
Period 3	1 July 2016–31 December 2016	1 July 2011–30 June 2016

The eligible settler population varied over the three periods between around 170 000 to 190 000. The largest group were settlers in the family stream (55 to 57%) and then the humanitarian stream (37 to 40%) (Table 3.23). Data in DEX does not provide adequate information on the migration stream, so take-up rates by migration stream have not been calculated.

TABLE 3.23 SETTLERS ELIGIBLE FOR SETTLEMENT GRANTS PROGRAM BY MIGRATION STREAM AND REPORTING PERIOD

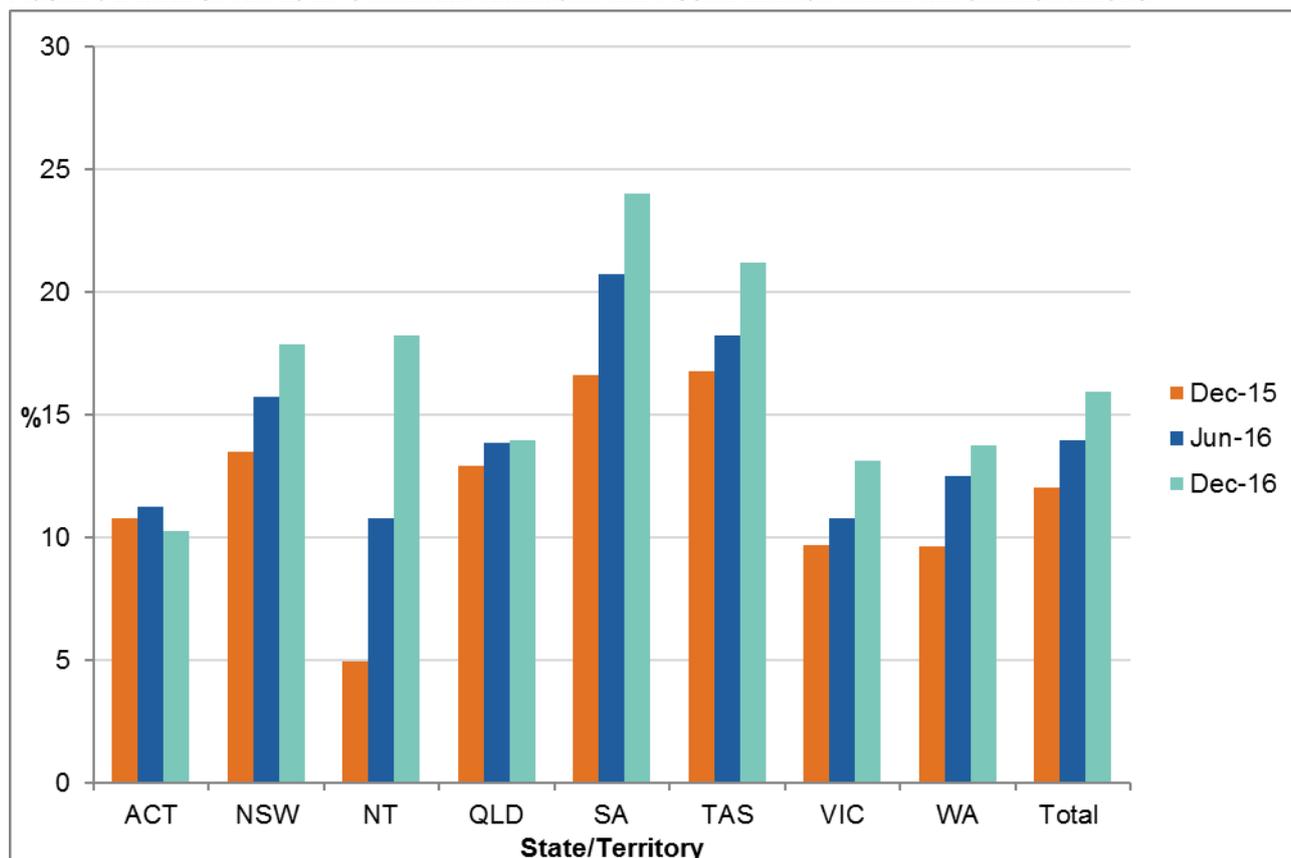
Stream	July–December 2015	January–June 2016	July–December 2016	July–December 2015	January–June 2016	July–December 2016
	Numbers			%		
Humanitarian	71,027	68,628	68,302	37.4	38.1	40.0
Family	109,739	102,692	94,170	57.9	57.1	55.2
Skilled	8,856	8,593	8,089	4.7	4.8	4.7
Other	63	43	35	0.0	0.0	0.0
Total	189,685	179,956	170,596	100.0	100.0	100.0

Source: Settlement Database, data supplied by DSS

Figure 3-2 outlines the numbers of settlers and clients by state and territory and the take-up rates for each. The overall take-up rates have been increasing from 12% in the first reporting period ending December 2015, 14% in the reporting period ending June 2016, to 16% in the reporting period ending December 2016, and the number of clients has increased in each reporting period.

As Figure 3-2 (and Table J-15 in Appendix J) shows, the take-up rates vary across states and territories, with the highest rates in South Australia and Tasmania, and lower rates in the ACT, Victoria and Western Australia.

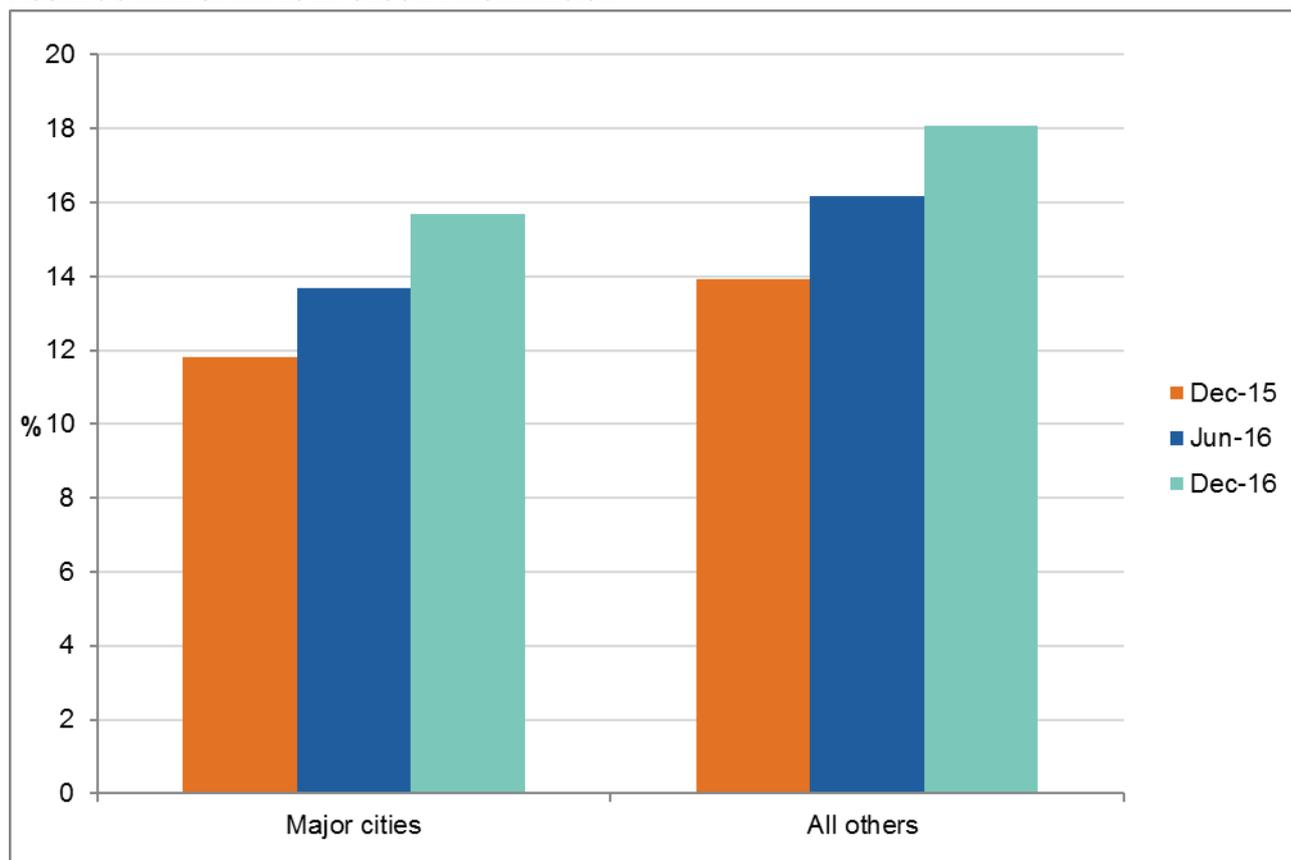
FIGURE 3-2 TAKE-UP RATES BY STATE AND TERRITORY AND AUSTRALIA FOR THREE REPORTING PERIODS



Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

Take-up rates by individual clients were slightly higher in the regional areas than the major cities in the three time periods, with a similar increase in take-up rates over time (Figure 3-3 and Table J-16 in Appendix J). In the most recent reporting period, 15.7% of settlers in major cities and 18% of settlers in regional areas were individual clients of the SG program. The actual number of eligible clients receiving services could be higher than individual registered clients because some clients may only attend group sessions and not be counted anywhere as an individual.

FIGURE 3-3 TAKE-UP RATES BY GEOGRAPHICAL REGION



Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

Data on take-up rates by gender indicated that women had slightly lower take-up rates than men overall in all time periods. This pattern was consistent for all time periods, however, varied across the states and territories (Table 3.24).

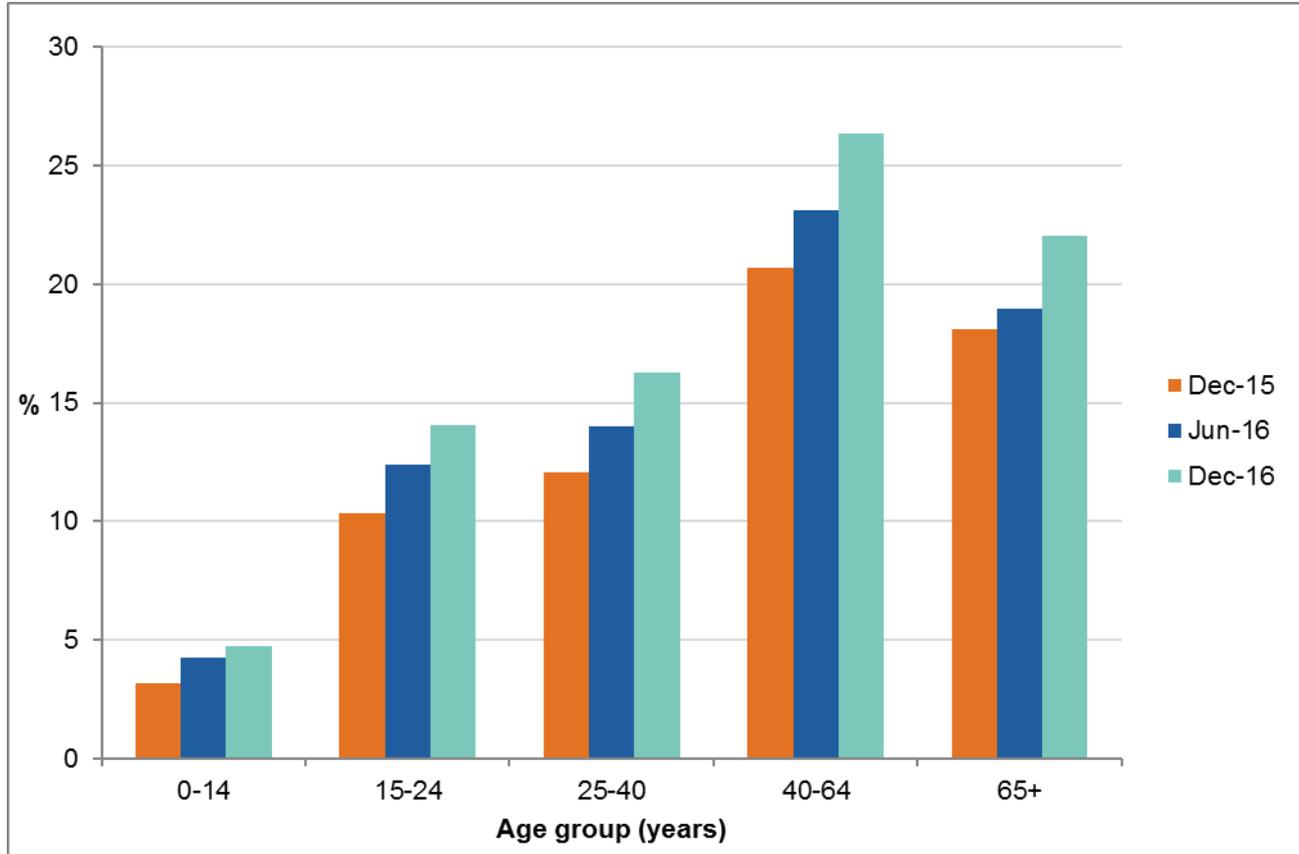
TABLE 3.24 TAKE-UP RATES BY REPORTING PERIOD, GENDER AND STATE AND TERRITORY

	Females (%)			Males (%)		
	July-December 2015	January-June 2016	July-December 2016	July-December 2015	January-June 2016	July-December 2016
ACT	11.1	11.1	9.3	9.7*	10.9*	11.7
NSW	12.5	15.0	17.5	14.0	15.6	16.7
NT	4.2	10.4	18.8	6.3	11.4	17.2
QLD	11.8	11.6	12.7	14.8	17.5*	15.9*
SA	14.7	19.1	21.5	18.7	22.5	26.9
TAS	16.0	16.4	20.4	17.9	20.8	21.6
VIC	9.3	10.6	13.2	10.1	11.1	13.1
WA	9.0	11.7	12.8	10.7*	13.7*	15.2
Total	11.2	13.1	15.3	12.9	14.7	16.1

Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS Notes: *estimated data due to concealed cells on number of intersex/not stated and not adequately described. Take-up rates for this latter group of clients are not calculated.

Take-up rates varied by age group, with settlers aged under 40 years less likely to be clients of the SG program than older settlers (Figure 3-4). Take-up rates for the different age groups varied across the states and territories with South Australia having the highest rates for the younger age groups in all reporting periods (See Table J-17 in Appendix J).

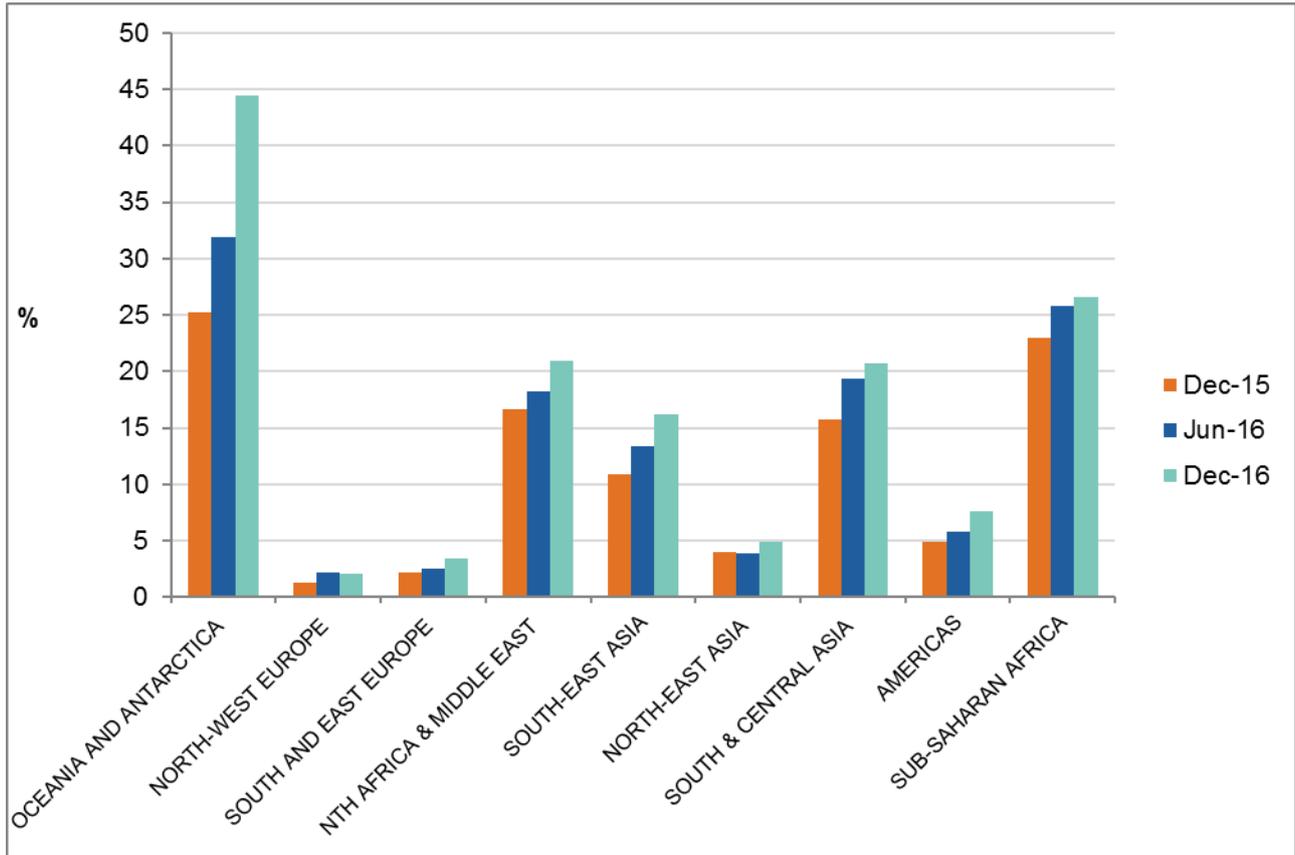
FIGURE 3-4 TAKE-UP RATES BY AGE GROUP AND REPORTING PERIOD



Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

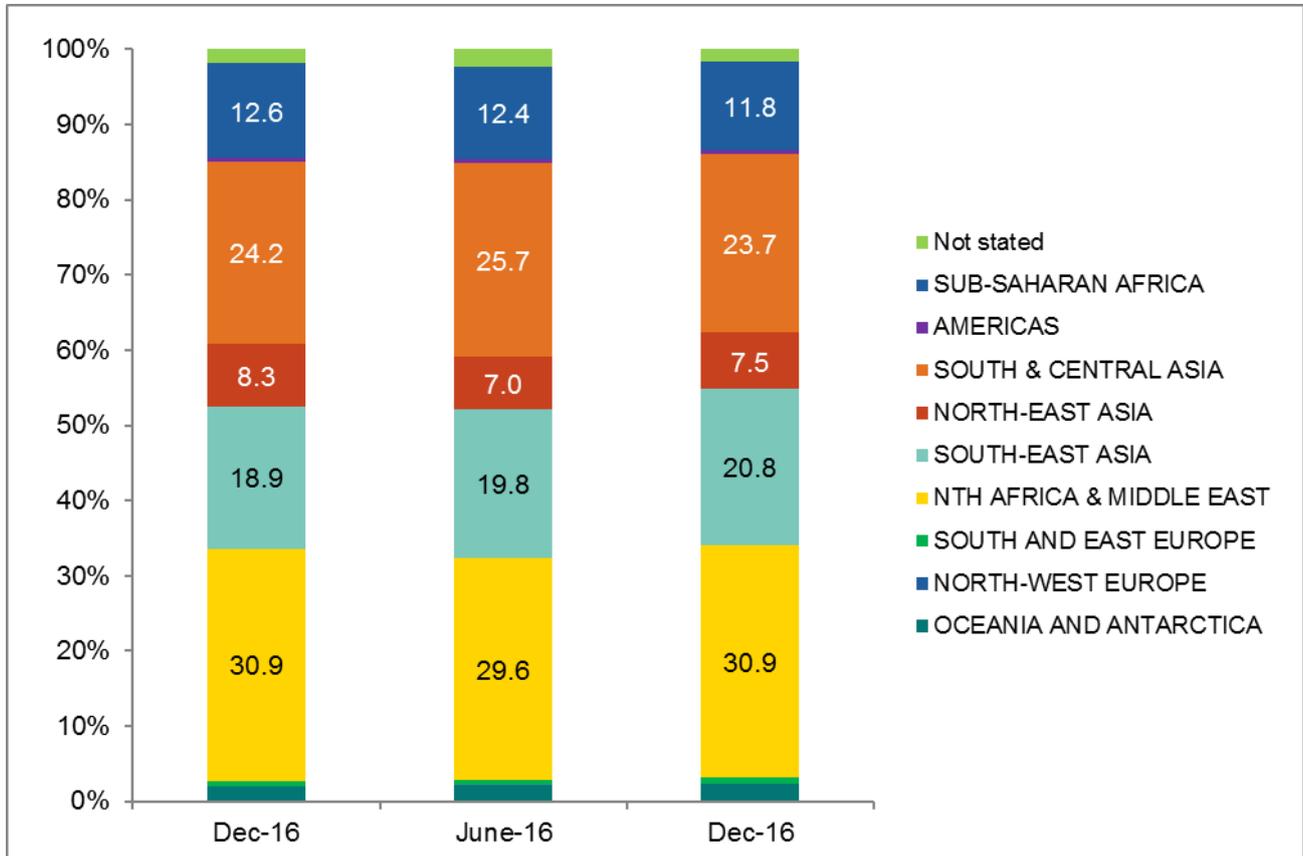
Figure 3-5 outlines the take-up rates by country of birth grouped into broad clusters. Take-up rates were highest (45% in the most recent reporting period) in the Oceania and Antarctica group, which includes settlers who were born in countries and areas including Australia, Melanesia, Micronesia and Polynesia. Settlers from Sub-Saharan Africa, North Africa and the Middle East and South and Central Asia had the next highest take-up rates at around 20 to 25% in the most recent reporting period. It should be noted that the majority of clients are from North Africa and the Middle East South (around 30%), and South and Central Asia (around 25%) (Figure 3-6).

FIGURE 3-5 TAKE-UP RATES BY COUNTRY OF BIRTH



Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

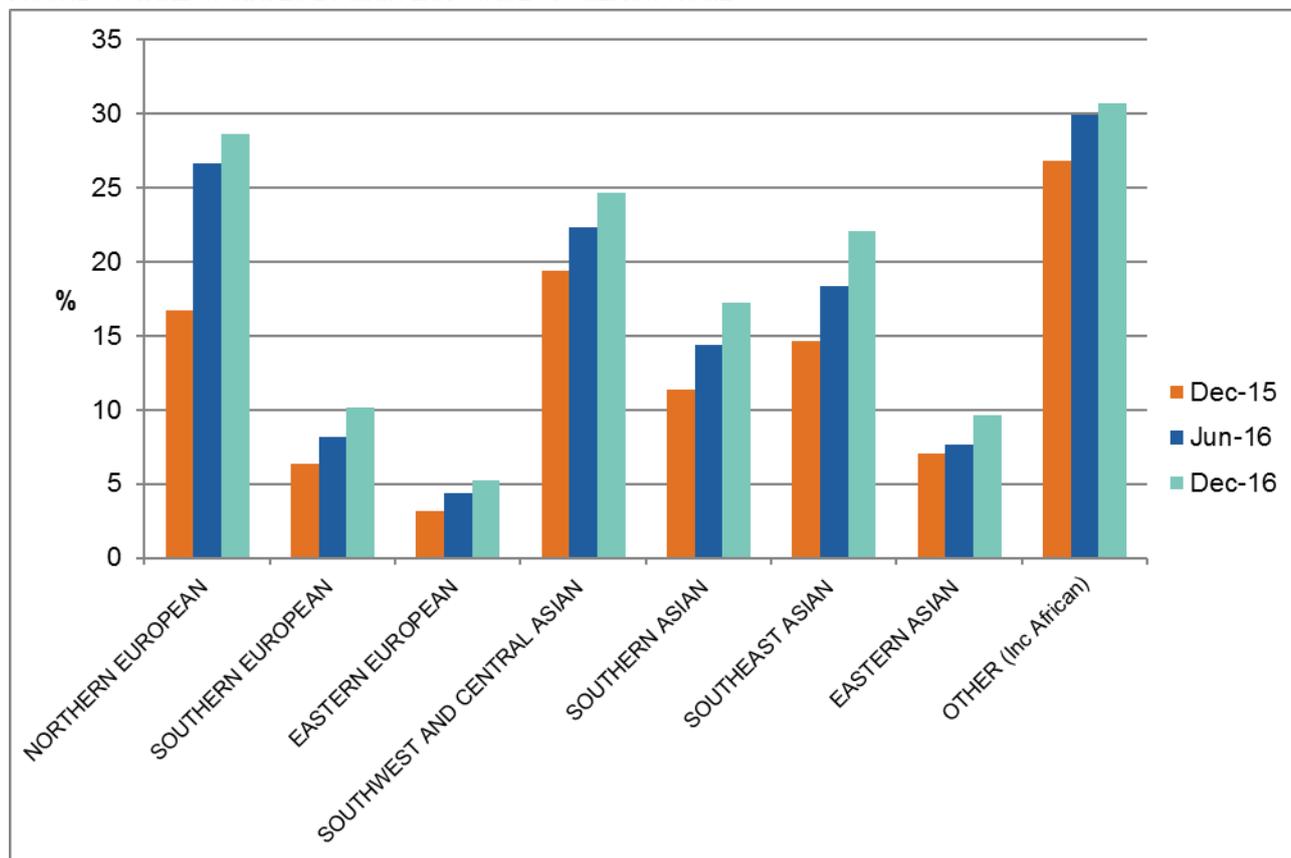
FIGURE 3-6 SETTLEMENT GRANTS PROGRAM CLIENTS BY COUNTRY OF BIRTH



Source DEX Settlement Activity clients, data supplied by DSS

Figure 3-7 outlines the take-up rates by main language spoken. Take-up rates are highest (above 30% in the most recent reporting period) among those who speak ‘other languages’, which are predominantly African languages. This is followed by SG program clients who speak Northern European and Southwest and Central Asian Languages. It should be noted that this data should be interpreted with caution as the Settlement Database data had relative high rates of not-stated responses at around 25% of settlers in each year (see Table J-18 in Appendix J).

FIGURE 3-7 TAKE-UP RATES BY MAIN LANGUAGE SPOKEN AT HOME



Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

Trends in Settlement Grants participation

DEX data also provides information on trends in Settlement Grants Program activities, which are measured by cases and sessions¹⁰. Overall, the number of cases provided has remained fairly stable in the cities and the regions (Table 3.25) and by state and territory (Figure 3-8).

¹⁰A ‘case’ is ‘a grouping of clients and sessions created to reflect they are receiving a common service from an organisation. This may reflect individuals, couples, families or a set of unrelated individuals’. A ‘session’ is an individual instance or episode of service, stored within a case and which can be ‘related’ to other sessions (when/if they occur) by its inclusion in the same case.

TABLE 3.25 NUMBER OF CASES BY REGION AND REPORTING PERIOD

	July–December 2015	January–June 2016	July–December 2016
Major cities	15,626	16,473	16,805
Other regions	5,412	6,054	5,195
Total	21,038	22,527	22,000

Source: DEX Settlement Activity clients, data supplied by DSS

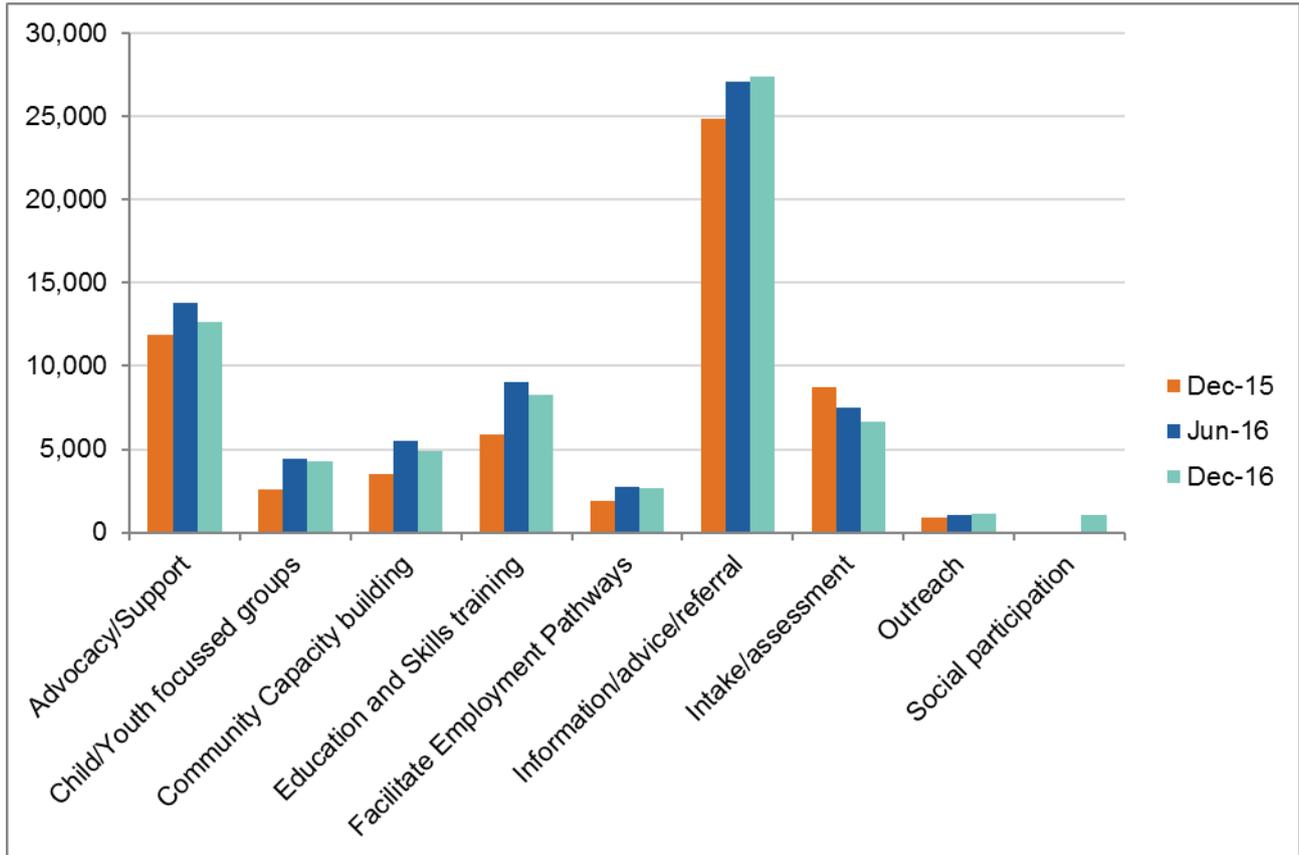
FIGURE 3-8 NUMBER OF CASES BY STATE AND TERRITORY AND REPORTING PERIOD



Source: DEX Settlement Activity clients, data supplied by DSS

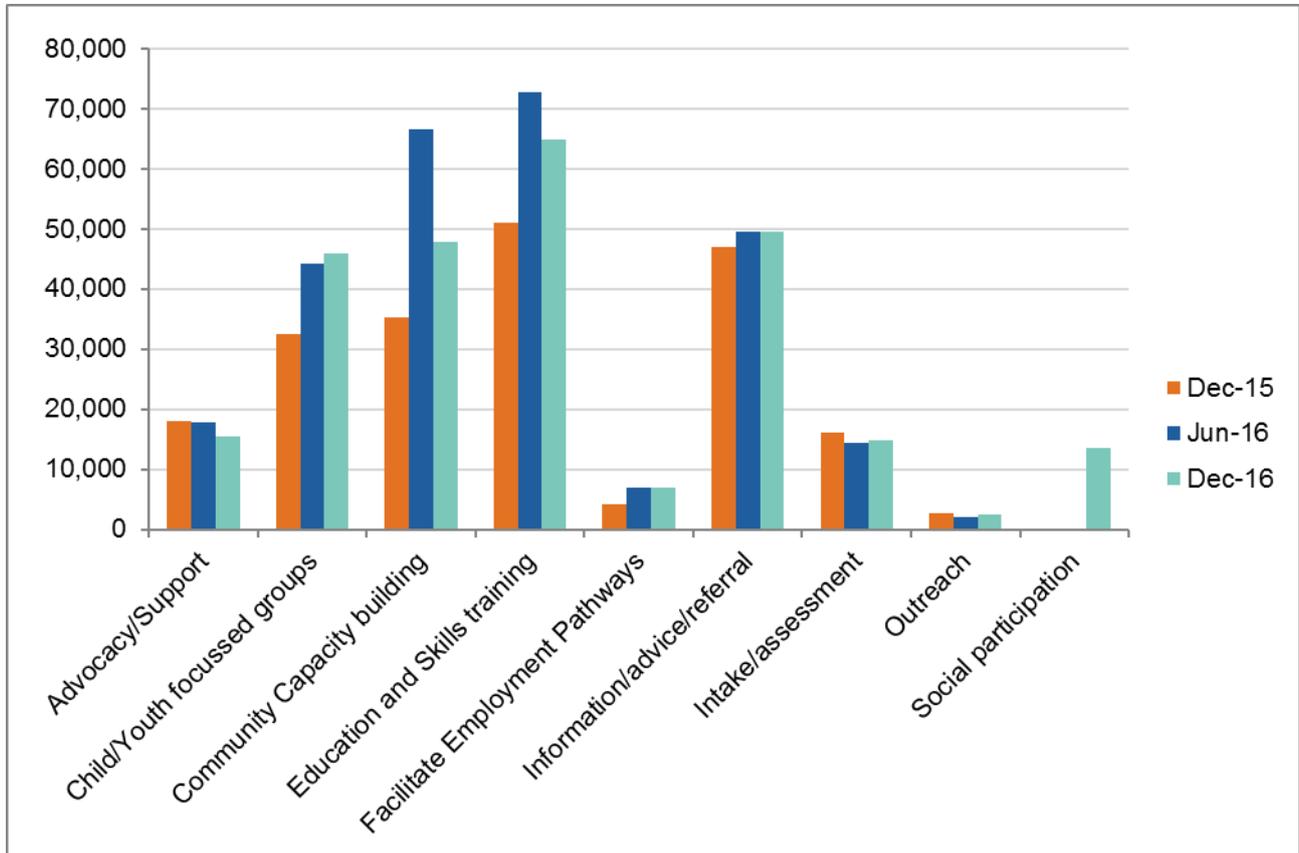
The types of sessions provided, as recorded in the DEX data, has also stayed relatively stable over the three reporting periods (Figure 3-9). The largest category of sessions provided is for information, advice and referral, followed by advocacy and support. Figure 3-10 reports on the session attendance by session type, which is the number of clients participating in sessions. The sessions with the largest attendance by clients in the most recent reporting period were education and skills training, community capacity building, information, advice and referral, and child/youth focussed groups. All these session types had increased in the number of attendees over time since the first reporting period, except for information, advice and referral, which has stayed stable.

FIGURE 3-9 NUMBER OF SESSIONS BY SESSION TYPE BY REPORTING PERIOD



Source: DEX Settlement Activity clients, data supplied by DSS

FIGURE 3-10 SESSION ATTENDANCE BY SESSION TYPE, BY REPORTING PERIOD



Source: DEX Settlement Activity clients, data supplied by DSS

Service provider perspectives

Despite the low take-up rates reported above, SPs in all fieldwork locations stressed that the demand for settlement services outstripped the available support. They noted that although they run the SG-funded service at capacity, primarily supporting migrants on humanitarian visas, they were not able to reach and deliver support to all potential eligible new arrivals who were likely to need support. SPs in one location commented that the demand for service was greater than they could meet and they estimated that they were likely only reaching 15 per cent of the total eligible SG population. This view was also shared among some of the non-SG SPs, who felt that there was not sufficient support in place for migrants arriving in the family migration stream, especially those settling in regional and more remote areas with limited service infrastructure.

Summary: Minimum level take-up rates, estimated by comparing the potential population of clients recorded in the Settlement Database with individual client numbers recorded in the DEX, suggest that the take-up rates are relatively low (12 to 16%) but have been increasing over time. Take-up rates varied across states and territories, with South Australia and Tasmania having the highest rates. Take-up rates were slightly higher in the regions compared to the cities. Male settlers generally had higher take-up rates than females, and settlers over 40 years of age were also more likely to access the SG program. Settlers from North Africa and the Middle East comprised the largest groups of clients. The number of cases and sessions provided in the program has stayed relatively stable over the three reporting periods. The largest category of sessions provided is for information, advice and referral, followed by advocacy and support. The sessions with the largest client attendance are education and skills training, community capacity building, information, advice and referral, and child/youth focused groups.

3.2.1.d What are the factors that lead to eligible clients not taking up services?

Service provider perspectives

The majority of the service provider survey respondents reported that lack of information about services (72%) and lack of transport to services (63%) were the two primary causes that prevented eligible clients from accessing/using support provided through the SG program (Table 3.26). Participants were invited to comment on why some eligible clients might not access/use support provided through the SG program. Many of the reasons mentioned duplicated the response categories, however, additional reasons offered included:

- cultural/gendered reasons that inhibit female potential clients' uptake
- family/caring responsibilities
- no time available due to employment or other commitments
- the service lacks culturally/linguistically appropriate staff
- client lacks confidence, is shy, and
- service not appropriate (for youth, for example).

TABLE 3.26 REASONS THAT PREVENT ELIGIBLE CLIENTS FROM ACCESSING/USING SUPPORT PROVIDED THROUGH THE SETTLEMENT GRANTS PROGRAM

Issues that prevent access to services	%¹	n²
Don't know about services	77	82
Don't need services	34	36
Not interested in attending	27	29
Prefer to use alternative services	19	20
Can't get to services (e.g. no transport/too far to travel)	63	67
Other	27	29

Note: Multiple answers question. ¹ Percent of respondents ² Number of responses

All SPs consulted had anecdotal information about some communities or population groups not accessing SG services, or not taking up all available forms of SG support. For some SPs, this was not always a negative sign because, as one SP reported, it means that the family was settling in well and had the resources and skills to be self-reliant and rely on their community for support.

In a lot of cases, the whole service network, they don't even know about a [newly arrived] family because they don't have a settlement need. They're managing perfectly well. Often they know about it [the service] when things go pear-shaped and something goes wrong, they come.

In contrast, many SPs agreed that in some cases, individuals and whole communities were unlikely or reluctant to seek out professional support. This was often the case for culturally sensitive issues, which were likely to be resolved or discussed within the family and community. The key issues that might deter individuals and communities from seeking support were: family conflict, child protection, gender, partnerships, sexuality, substance use, gambling and domestic violence. Many providers identified particular clients or communities who were presenting with these challenges but not accessing support, mostly due to the social and cultural stigma attached to these issues.

In our discussions with the communities ... if an individual has got issues their first port of call will be within the community or family. They'll try and sort it out with their community leaders or it might be at the mosque or whatever and often they'll come to us. We're the last resort. But if the community sorts that out, we'll never hear about it.

The general view among SPs was that it takes time for a new and emerging community to build trust to engage with services more broadly or to find out about them. Over time, word-of-mouth and shared knowledge filters through the community and encourages community members who might be reluctant to reach out for support due to cultural or other reasons. Several SPs felt that different communities had different ways of engaging with services. Some were viewed as more forthcoming in requesting support (e.g. Arabic speakers), while other cultural groups (e.g. Iranian, Afghani) appeared to be more reluctant to actively seek out support.

SG and non-SG-funded SPs identified a range of possible barriers that can impact on service use more broadly, including uptake of SG support. These included:

- limited knowledge of the available SG support
- no (self-)identified needs that require service intervention or support

- reliance on family/friends and community networks for support
- prefer to access other community supports (ethno-specific or mainstream)
- used SG support in the past and no longer require this level of intervention
- attitude of 'self-reliance' (resolving needs on their own) rather than asking for external help
- access barriers (transport, opening hours, etc.)
- caring responsibilities and lack of time
- negative service experiences
- fear of authorities and Government-run or funded services more broadly
- cultural prejudices (shame and stigma) to using services for issues that are considered 'too private' or 'better dealt with in the family or within the community', and
- perception that services are not culturally appropriate, e.g. if they do not have a bicultural worker representing the client's group.

Summary: Lack of information about services and lack of transport to services were the two primary reasons preventing eligible clients from accessing/using support. SPs identified some client and community groups who preferred to address culturally sensitive issues (e.g. family conflict, child protection, gender, partnerships, sexuality, substance use, gambling and domestic violence) within the family and community rather than access formal support.

3.2.1.e How well are referrals into and out of the program working (e.g. between HSS and Settlement Service Grants, and Settlement Grants and CCS)?

Service provider and stakeholder data

Eighty-nine per cent of survey participants worked for organisations that were accessible to anyone with or without a referral (Table H-16). Similarly, most survey participants worked for organisations that had formal processes both for receiving incoming referrals (75% of the respondents) and for giving referrals to other organisations (70% of the respondents) (Table H-17 and Table H-18). The top five sources of referrals into the participants' organisations were self-referrals, HSS, family/friends, AMEP and Centrelink (Table H-19). All respondents reported that their organisations referred clients to other services. The top five services that the respondents' organisations referred clients to were: Centrelink, housing services, health services, jobactive and AMEP (Table H-20).

Participants were invited to specify other services that they referred clients to (Table H-21). The most frequently mentioned were: migration assistance (12 comments), legal advice (12 comments), non-government/charitable/welfare organisations (11 comments) and family support/ domestic violence support services (11 comments). Additional services are reported in Table H-21 in Appendix H, but many duplicate the response option categories in the survey (i.e. employment, health, housing, Centrelink).

Overall, the majority of the participants (77%) either agreed or strongly agreed that referrals between the SG program and other programs worked well, however seventeen per cent (n=16) expressed an uncertainty on this (Table H-27).

Stakeholders felt that pathways into SG-funded programs were most clearly signposted for humanitarian entrants, but many were unsure how the other categories of eligible clients accessed the SG program.

Clients entering Australia through the humanitarian migration stream are eligible for support under both the HSS program for the first 6–12 months in Australia and for support through the SG program. There are expectations that 'a warm handover' occurs when clients are exited from the HSS program after 6–12 months, with one stakeholder quoting HSS program guidelines that state that:

The service provider must develop a referrals policy to effect clients' seamless transition to ongoing services such as Centrelink, AMEP, SGP or CCS.

This appears to function well in most cases, however, two stakeholders expressed concern that this was not working as well as it could. Both felt that 'proprietary behaviour' that emerges in a competitive tendering environment means that some SPs are reluctant to refer clients to other organisations. Other key points raised by stakeholders when discussing the transition from HSS to SG programs were:

- confusion among SPs about eligibility for the SG program
- the difference in the level of support available through HSS and SG programs, and
- an inability to track clients after they exit HSS.

Overall, SPs (in all three in-depth fieldwork locations) agreed that SG-funded services work very well in partnership with each other, as well as with other DSS-funded settlement services. However, one SP felt that a certain competitiveness between SG-funded services prevailed, especially if they worked within a different service delivery approach.

There is no communication. Sometimes the odd referral. We are doing settlement but in different ways.

Partnerships between SG and other DSS funded settlement services appeared to be strongest where organisations had a history of working well together (e.g. ongoing working relationships between key staff members); when they established referral pathways and formulated MOUs between organisations; where there was clarity around responsibilities (e.g. in metropolitan areas a certain provider was funded to focus on particular aspects of service delivery—such as housing); when organisations worked within a similar service delivery framework (e.g. cultural/language or population groups, a focus on youth rather than adult populations); and when cross-referral and collaboration was facilitated where an organisation was delivering a range of DSS-funded settlement services (for example, CCS, HSS) as well as SG.

The majority of SPs raised concerns about some referrals out, in particular to mainstream services. They noted that 'referrals [out] will not always be successful, and people come back to us'. The main barriers to successful referrals to other services identified by SPs included services' limited cultural understanding and a lack of culturally-appropriate practice, including some mainstream SPs' unwillingness to use interpreters.

Concern about mainstream services' non-responsiveness to SG clients' needs was echoed in the discussions with stakeholders. Many noted that achieving settlement outcomes involves a range of other system supports and that referrals were critical. Many stakeholders made the point that the SG program was not an intensive case management program, but rather a referral program through which clients are linked with specialist services. Several stakeholders expressed concerns about the ability of mainstream SPs to respond to the needs of SG clients. Among the reasons offered to explain why mainstream services might not be able to adequately address SG clients' needs were that they were supporting many vulnerable client groups and they lack the expertise to understand and respond to settlement needs. Suggestions for improving SG clients' ability to access mainstream service included that they:

- improve mainstream SPs' capacity by improving collaboration between the settlement and mainstream sector, and
- build capacity in the settlement sector to provide mainstream services.

One stakeholder (a peak body representative) felt that the settlement service sector should provide services that are more usually considered mainstream. This point was taken up in another discussion where stakeholders noted that many SPs felt that they should be able to access additional funding so that they can provide services that are more usually provided by mainstream services. They acknowledged that mainstream providers were not as responsive to SG clients as they might be, but queried whether SG-funded SPs would provide superior levels of support. Nevertheless, they pointed to 'a massive gap in how well mainstream organisations can cater to CALD clients' and emphasised the importance of promoting collaboration between mainstream and settlement services.

A suggestion from one discussion was that the SG program could support a position to liaise with mainstream services to work out how best to meet the needs of this client group. Stakeholders in another discussion explained that they had an expectation that SG-funded services work with mainstream services to build their cultural competency and this is included in the program guidelines under the *community coordination and development* stream. The findings from the service provider survey indicate that many SG-funded SPs undertake capacity building, cultural competency training and advocacy with mainstream providers.

Some discussions referred to a range of formal mechanisms used to link different services and promote collaboration and referrals. These included quarterly interagency meetings that would include staff from a range of government departments, including Education and Training, Employment, DHS, and Health and Immigration. Another stakeholder referred to the HSS local area coordination network, which was noted as a valuable mechanism that could be utilised by SPs to exchange information about available services and to encourage referrals.

Administrative data

DEX collects data on the referrals' source, referrals onwards and reason for referrals. Table 3.27 outlines the different sources of referral for DEX clients over the three periods. Over two-thirds of clients have no referral source identified in DEX in each of the reporting periods, and between 13 to 15% of referrals are self-referrals. Among the rest, the main sources of referral are community services agencies, educational agencies, internal referrals and family and friends. Around 70% of clients in major cities and between 65 to 70% of clients in regional areas did not have their referral

source recorded, so this data was not considered to be of sufficient quality to be used in the evaluation (See Table J-21).

TABLE 3.27 SOURCES OF REFERRAL TO SETTLEMENT GRANTS AS RECORDED IN DEX

	July to December 2015		January to June 2016		July to December 2016	
	Number	%	Number	%	Number	%
Centrelink / DHS	233	0.9	278	1.0	215	0.7
Community services agency	1,016	4.1	1,316	4.8	1,007	3.4
Educational agency	557	2.3	664	2.4	633	2.1
Employment/ job placement agency	81	0.3	78	0.3	54	0.2
Family	611	2.5	835	3.0	830	2.8
Friends	635	2.6	581	2.1	736	2.5
General Medical Practitioner	48	0.2	21	0.1	22	0.1
Health Agency	41	0.2	79	0.3	54	0.2
Internal	743	3.0	819	3.0	1,538	5.2
Legal agency	63	0.3	75	0.3	52	0.2
My Aged Care Gateway					*	*
None	15,732	63.6	17,412	63.3	19,633	65.8
Not stated/inadequately described	787	3.2	728	2.6	641	2.1
Other agency	425	1.7	448	1.6	390	1.3
Other party	118	0.5	89	0.3	69	0.2
Self	3,662	14.8	4,088	14.9	3,985	13.3
Total referrals	24,752	100.0	27,511	100.0	29,859	100.0
Total clients	22,844		25,116		27,214	
Clients with no referral data recorded (none' category)	15,732	68.9	17,412	69.3	19,633	72.1

Source: DSS DEX Settlement Activity, data supplied by the DSS. Note: Shaded rows indicate the most common referral sources

Data on onwards referrals is recorded at a 'high' level, indicating only whether referrals made in the SG program were internal or external. Internal referrals are within the organisation and external referrals are referrals to a different organisation. The available data indicates that the majority (around two-thirds in the major cities and 75–80% in the regional areas) of referrals recorded were to external sources (See Table J-22 in Appendix J). Data on the referral purpose was also recorded. Table J-22 in Appendix J outlines the number and percentage of referrals for different activities by geographical regions. The largest group of referrals in both the major cities and in the regional areas are for community participation and networks and for employment, education and training. The quality of this recorded data, in terms of completeness, is not known.

Table 3.28 and Table 3.29 Onwards referrals to external sources by referral purpose and reporting period report on the onwards referrals as recorded in DEX by purpose and for internal or external

referrals. Between 9 000 and 11 500 referrals were made to internal sources and around 23 000–25 000 referrals were made to external sources in each of these reporting periods. The purposes of internal and external referrals showed a fairly similar profile, except that a higher percentage of external referrals are made for housing, money management and physical health.

TABLE 3.28 ONWARDS REFERRALS TO INTERNAL SOURCES BY REFERRAL PURPOSE AND REPORTING PERIOD

	July to December 2015		January to June 2016		July to December 2016	
	Number	%	Number	%	Number	%
Age-appropriate development	247	2.7	280	2.5	279	2.7
Community participation and networks	1,661	18.2	2,272	19.9	2,151	20.7
Employment, education and training	1,583	17.3	1,887	16.5	1,666	16.0
Family functioning	1,100	12.1	1,262	11.1	1,218	11.7
Housing	536	5.9	619	5.4	535	5.2
Material wellbeing	956	10.5	1,005	8.8	1,075	10.4
Mental health wellbeing and self-care	191	2.1	245	2.1	265	2.6
Money management	542	5.9	654	5.7	623	6.0
Other	1,688	18.5	2,340	20.5	1,741	16.8
Personal and family safety	249	2.7	274	2.4	267	2.6
Physical health	248	2.7	346	3.0	263	2.5
Support to caring role	123	1.3	224	2.0	302	2.9
Totals	9,124	100.0	11,408	100.0	10,385	100.0

Source: DSS DEX Settlement Activity, data supplied by the DSS. Note: Shaded cells are ones with highest percentage of referrals

TABLE 3.29 ONWARDS REFERRALS TO EXTERNAL SOURCES BY REFERRAL PURPOSE AND REPORTING PERIOD

	July to December 2015		January to June 2016		July to December 2016	
	Number	%	Number	%	Number	%
Age-appropriate development	464	2.0	415	1.6	335	1.4
Community participation and networks	3,321	14.1	3,784	14.8	3,964	16.6
Employment, education and training	3,089	13.1	3,413	13.3	3,032	12.7
Family functioning	2,575	10.9	2,696	10.5	2,737	11.4
Housing	2,819	11.9	2,880	11.3	2,640	11.0
Material wellbeing	2,292	9.7	2,234	8.7	2,109	8.8
Mental health wellbeing and self-care	806	3.4	827	3.2	847	3.5
Money management	2,284	9.7	2,437	9.5	2,210	9.2
Other	3,430	14.5	4,006	15.7	3,260	13.6
Personal and family safety	821	3.5	888	3.5	857	3.6
Physical health	1,427	6.0	1,630	6.4	1,552	6.5
Support to caring role	292	1.2	356	1.4	376	1.6
Totals	23,620	100.0	25,566	100.0	23,919	100.0

Source: DSS DEX Settlement Activity, data supplied by the DSS. Note: Shaded cells are ones with highest number and percentage of referrals

Summary: The key sources of referrals into SG were: self-referrals, HSS, family/friends, AMEP and Centrelink. The key sources of referrals out of SG were to: Centrelink, housing services, health services, *jobactive* and AMEP, and the most common purposes of external referrals were for community participation and networks, education, employment and training, family functioning, housing and money management. The majority of SPs and many stakeholders raised concerns about some referrals out, in particular to mainstream services, resulting in clients returning to the SP for support. The main barriers to successful referrals to other services were providers' limited cultural understanding and a lack of culturally appropriate practice. While the DEX data on referrals is not complete, the available data supports the findings from the SP survey that many referrals into the program are self-referrals or come from family and friends, community services and educational agencies.

3.2.1 What are the outcomes being achieved from the program, both intended and unintended?

3.2.2.a What intended outcomes for clients are being observed as a result of the program?

Service provider perspectives

Over ninety per cent of survey participants either agreed or strongly agreed that their organisations helped clients to become self-reliant (97%) and to participate equitably in society (96%) (Table H-27). In focus group discussions, SPs identified a range of outcomes for clients, but also the broader local communities and service system in which the SG program was operating. SPs were

confident that many positive outcomes could be attributed to the SG program. These included outcomes for clients and the broader community.

All SPs reported on the critical difference the program was making in clients' lives, assisting them in an overall smoother settlement process. In many cases, clients who access SG services are experiencing significant challenges in managing everyday situations (e.g. finding suitable health providers, understanding Government correspondence or procedures, making decisions about their children's education, knowing where and how to seek support for a range of needs). All SPs reported a range of situations where clients sought assistance in times of crisis. These included: termination of tenancies, significant financial hardship, escalated negotiations with teachers and schools, abusive/exploitative employers, and experiences of social isolation and emotional breakdown. SPs identified how they aimed to remove such 'road blocks' by assisting clients to get the right level of support and information, linking them with a range of supports and mainstream services. This meant that clients were better placed to progress in their (and their families') settlement journey.

We're getting a lot of success with our young people around education. You know, finishing Year 12, going onto university. The only thing that we feel a little bit iffy about is a lot of them are going into those sort of – you know, the for profit colleges where they say you get a big diploma in community services or whatever but you know it's not really seen as a real qualification within the sector.

We have the best houses statistic in the country of any service where you know 96% of clients that engage in our housing program end up with long term accommodation. So that – that's incredible. So we are focused on outcomes.

All SPs reported that a key SG program outcome was that many clients were better equipped and resourced to address their needs more independently in the future. SPs commented that they focused on building clients' capacity to understand the process of navigating the Australian welfare and service system during their service intervention (by resolving a particular incidence or support need a person was experiencing). A main strategy utilised was to link clients with ongoing support, which they could access independently, and put in place other strategies to avoid a similar situation in the future (where this was possible).

I guess from our point of view we're early intervention. So I guess we're supporting young people to develop those independent skills so that they are able to settle positively and have a good experience and then be able to tackle barriers that they might face later on either on their own or they know what services that they can access, where and how they can get that support. But bearing in mind also to avoid a situation where we try to care too much for people and they then become dependent on the [organisation].

SPs reported that clients were achieving good outcomes in the following key domains:

- navigating the system (everyday assistance with forms etc.)
- increased independence
- linking with mainstream provider supports
- increased understanding of Australian culture, systems, rules and regulations

- achieving stable housing and accommodation
- building/maintaining ethno-cultural networks and organisations, and
- supporting positive education and employment pathways (by providing volunteering opportunities, working with industries and sectors to identify opportunities, and building skills and knowledge, e.g. around entrepreneurship).

The majority of SPs reported that they are regarded as experts in their communities in delivering support to newly arrived migrant groups—to humanitarian entrants, in particular, and to people from multicultural backgrounds more broadly. All reported instances where mainstream services would rely on their expertise, knowledge, bilingual staffing, and links to ethno-community leaders in resolving and dealing with particular issues (e.g. increased incidences of violence towards or within particular communities; supporting individuals during a court hearing; negotiations with employers or other key services; building and facilitating links with key mainstream services, e.g. police community liaison officers). Many SPs were active participants in local, regional, and some state-wide forums or advocacy bodies, representing the clients they work with.

If we didn't collaborate and cooperate with one another [SGP and mainstream services], it would be a massive issue about duplication and overlap ... We are recognised in the community, amongst key services as specialists in multicultural service delivery.

The majority of SPs commented on the important role they played in building and maintaining social cohesion in the communities where they worked. The SG support provided an essential 'fall back' resource for people from migrant backgrounds, as well as some mainstream services, who may struggle to work with CALD client groups. In this respect, the SPs credited themselves as a key community resource to help build and maintain a more cohesive multicultural Australia.

One non-SG SP challenged the above view. The counter argument was that SG and its clients could in some contexts be perceived as creating a social divide between the 'newly arrived' and 'poorer Australians'. Newly arrived migrants tend to settle in areas with lower socio-economic-status (SES) populations. Concern was expressed that if resources to migrants were not properly managed (e.g. migrant children receiving free school uniforms through SG-funded services), it could be viewed negatively by the broader Australian community.

Stakeholder consultation

Despite the lack of quantitative data that the program produces positive outcomes, stakeholders reiterated SPs' views that the SG program was achieving positive outcomes at both the individual and community level. Most stakeholders felt that the program was critical because it emphasised both economic and social participation and it addressed both individual and community needs. Most could provide examples of referrals, classes and programs that they felt were yielding enormous benefits for clients. Stakeholders identified skills that clients had gained—learning to drive, improved language capacity—but many also identified the more intangible, but critical, social benefits that participation and engagement in SG-funded activities had for many clients. Many also felt that the SG program occupied a critical space because it provides a broad range of supports to a client group that would struggle to have their needs met through mainstream SPs.

Summary: SPs were confident that a range of positive outcomes were being observed for clients and communities due to the support they were receiving through the SG program. Individual

outcomes included increasing self-reliance and independence, fostering the ability to participate equitably in society, providing a smoother settlement experience through receiving information, advice and referrals, and offering problem-solving support. Outcomes for communities included building community capacity and the cultural responsiveness of local SPs to respond to SG clients' needs, and improved integration and social cohesion. Despite the lack of quantitative outcome data, many stakeholders felt that the SG program was achieving positive outcomes at both the individual and community level.

3.2.2.b Are there any unintended (both positive and negative) outcomes?

Service providers' perspectives

The majority of survey participants (70%, n=73) reported that SG program had positive unintended outcomes (Table H-28). The three most frequently reported unintended outcomes referred to improving clients' employment potential, capacity building and contributing to social cohesion, however it should be noted that these are all intended program outcomes. Respondents reported improving clients' employment potential (12 comments) through:

- offering work experience and volunteering opportunities
- assisting them to gain a driving licence, and
- facilitating employment 'which should be the role of employment services'.

Community capacity building was also reported as an unintended positive consequence of SG (11 comments):

Clients taking up leadership position in their communities and using the skills they have gained through SGP to assist other community members.

Contributing to social cohesion was also identified as an unintended positive consequence (10 comments).

Better integration and participation in life in Australia.

Volunteer contact with new arrivals has unintended benefits both ways. Community connections for new arrivals and better awareness and understanding for broader community.

Additional unintended positive outcomes are reported in Table H-29.

Forty-four per cent of the participants did not think that the SG program had negative outcomes and twenty-six per cent did not know. Participants were invited to enter comments. The most frequently reported unintended negative consequence of SG was that the program's eligibility categories prevent needs-based responses (7 comments) (see also section 3.2.1.a).

Young people often over their 5-year eligibility by the time they need settlement focused support in their own right.

Determining eligibility by visa class and time in the country rather than by need can increase the impact of isolation. Particularly true for women, including those on spousal visas (not in regional areas).

Some of the comments referred to some clients' lack of understanding of program eligibility leading them to request support when no longer eligible (5 comments). Additional unintended negative consequences are reported in Table H-30.

An unintended negative outcome identified by some SPs in the focus group discussions was that because the SG program provides very specialised and culturally appropriate support, clients can struggle when referred to mainstream services or other community support (see findings relating to the non-responsiveness of mainstream services in 3.2.1.e). SPs noted (in all fieldwork sites) that the client group using services beyond the five-year period represented a small proportion of the SG client population.

Summary: The three most frequently reported unintended positive outcomes reported by SPs were in regard to improving clients' employment potential, capacity building and contributing to social cohesion; however, it should be noted that these are, in fact, intended program outcomes. The most frequently reported unintended negative outcome of SG was that the program's eligibility criteria prevents SPs from supporting clients who are in need but do not meet eligibility criteria.

3.2.2.c What factors are contributing to, or preventing, client needs being met?

Service providers' perspectives

Most SPs reported that client outcomes will vary for different groups depending on a number of interrelated factors, including: gender, age, mental health, literacy levels, educational background, English language proficiency, location, family support, cultural background community support, time since arrival, community attitudes towards migrants and others.

Those who can speak some English. It is easier for these people and much easier to work with them. It just feels like it's a smooth - I'm ready to go to the next stage [process].

For the clients who they didn't experience the trauma as other, the ones who have better education, the ones who live in the city. So these - and the ones who have, like, they live somewhere, they work. They are doing better.

Several SPs in all fieldwork locations identified that some client groups require more individualised and ongoing support (see section 3.2.1.a, 'Does the program target the most vulnerable clients?'). These included people with complex and interrelated support needs, including health issues, disabilities, low levels of English proficiency or family and community support. Access to this type of support was identified as being particularly pressing for people arriving on humanitarian visas.

Additionally, SPs recognised that some clients have different settlement priorities and hence different timeframes for settling. Some clients are in "survival mode" in the first few years, according to one SP. This might include raising children and employment, perhaps buying a home. Only after a certain timeframe will they start exploring other opportunities to become engaged in their community (English language, social connectedness, cultural or political activities).

3.2.2.d To what degree can outcomes be attributed to the program?

See findings under section 3.2.2.a concerning the intended outcomes being observed for clients as a result of the program.

SPs were certain that SG often played a critical role in maintaining or supporting positive outcomes for clients. In cases where the goal was clear and concrete, if someone urgently needed accommodation and they helped to find and secure it, for example, the outcome was more easily attributed to the SG program. Many providers commented that less tangible goals, such as clients' increased independence, were less easily measured.

Some SPs argued that some broader SG aims, such as clients becoming more resourceful and independent in navigating a range of systems (mainstream services, civil institutions, education and employment networks and pathways), or achieving goals in education or employment, were dependant on a range of factors outside of the SG program, including:

- individual factors (person's history, capacity, resources)
- family factors (support, caring responsibilities)
- community factors (social networks, sense of belonging and support), and
- circumstantial factors (location, transport, living conditions, local labour demand, availability of services, including their quality and frequency of support provided).

3.2.2 How well is the program encouraging innovation?

3.2.3.a What examples are there of innovative approaches being undertaken?

3.2.3.b Do the current arrangements encourage innovation?

Service provider perspectives

Eighty-two per cent of survey participants thought that the SG program encourages innovation (Table H-32). Over ninety per cent of participants reported that their organisation adopted innovative practices to respond to clients' support needs (93%), maximise the effective use of resources (94%), and address barriers that limit clients' access to their services (93%) and their use (90%) (Table 3.30).

TABLE 3.30 PERCENTAGE AND NUMBER OF PARTICIPANTS REPORTING ADOPTING INNOVATIVE PRACTICES IN MEETING CLIENTS' NEEDS

Innovative practices to	Yes	No	Total
Address barriers that limit clients' access to services you provide	93 (92)	7 (7)	100 (99)
Address barriers that limit clients' use of the services you provide	90 (86)	10 (10)	100 (96)
Respond to clients' support needs	93 (95)	7 (7)	100 (102)
Maximise the effective use of resources	94 (94)	6 (6)	100 (99)

Note: Row percentages. Number of responses in parenthesis.

Survey participants were invited to provide examples of innovative practices that they had initiated under the SG program. These comments were coded thematically and are ordered numerically (see Table H-31 in Appendix H). The most frequently mentioned examples of innovative practice (31 comments) concerned co-location and collaboration with other supports and services. This approach was considered vital to meeting client and community needs.

Establishing strong partnerships with external key stakeholders, including co-delivery of programs and co-location of services at [organisation's] offices. For example, having a refugee health nurse hold a clinic within [organisation's] office to offer services to our clients.

Partnerships within the consortium to support a larger community needs.

Deploying SSP [sic] caseworkers at jobactive sites to provide wrap around support that will enhance the client's capacity to gain employment.

[Organisation] believes no single program can resolve every issue every client faces. We encourage the concept of Community Hub within the organisation. If a client is not eligible for SGP, based on the actual needs, our workers refer the client to other programs at [organisation], such as housing, families & children, aged, disability etc.

The next most frequently mentioned examples of innovative practice (23 comments) concerned innovative service delivery.

Embedding financial capability work into settlement case work so clients learn about financial wellbeing early in their settlement journey.

We have adopted a youth-led approach whereby we have recruited and trained young people who have gone through the settlement process themselves to deliver the training.

[Program name] project- facilitating the development of music and song writing skills for newly arrived women and supporting them to build social connections and confidence.

Other innovative practices identified included providing outreach support (12 comments) and through employment programs (10 comments). The former included examples of home visits and outreach support provided in schools. The latter included:

The dress for work initiative for supporting men who are looking for work.

Our [program name] courses assists participants to gain skills to assist them to seek employment, further training and educational pathways independently.

A partnership has been established with [university] to run a 2 year community based certificate III in clothing production for the [client] communities. Two separate classes are held monthly in [locality] and [locality] involving a total of 20 women. The course aims to not only enhance participants' practical sewing skills, but also build their capacity to work in the industry.

Survey respondents were invited to enter comments regarding innovation under the SG program. These comments were coded and ordered numerically (see Table H-33 in Appendix H). Comments reflected a diversity of views, but the majority view was that the SG program encourages innovation in large part due to the flexibility of the program guidelines.

More than half of the survey comments (20) were positive with respect to the SG program encouraging innovation. Comments reflected the view that developing needs-based responses allows for innovation and that the program guidelines provide the flexibility to allow for innovative responses:

One of the advantages of the Settlement Grants Program is the flexibility and freedom to meet outcomes and goals. Innovation is at the core of the Settlement Grant Program. Staff are encouraged (and are given the autonomy) to consult with clients, identify their needs and develop services and programs that are individualized and community specific.

Yes, settlement program is not prescriptive, it allows for flexibilities in program planning and activities as long the desired outcome has been achieved.

Similarly, the consensus view among SPs in the focus group discussions was that innovation was strongly encouraged within the SG program. This was mainly due to the increased flexibility under the new contract that allowed SPs to tailor services to client needs and preferences more so than in the past (e.g. delivering information about domestic violence during a mothers' group picnic). These new funding and governance arrangements have also increased innovation in service delivery and significantly contributed to innovation around partnerships with SG and non-SG SPs.

The majority of innovative examples reported in the SP discussions involved expanding on existing strategies that worked well, and tailoring services more directly. For example, one SP was organising a bike tour, with the aim of introducing young people and young adults to the city and the available public services. Another SP had undertaken research to identify client needs and undertaken a subsequent complete 'overhaul' of their service:

And so we were the only service where that red tape reduction came out and we changed radically what we were doing when it wasn't prescribed and we were the only service that changed out of all the other settlement providers.

Because of our networks and links with [NGO], they have the [program] ... which is full of technology and funky things that teenagers like. So we went, "Okay. You know what? Let's make it specifically for a group of [client] girls or a group of [client] boys and so it can make that suit your needs."

Other key examples of innovation and innovative practice in SG service delivery noted in the service provider focus groups included:

- refinement of in-house outcomes measurements linking client goals and outcomes to a database
- establishment of a social enterprise to generate additional income and create innovative service delivery options for clients (e.g. work experience)
- establishment of new partnerships outside the settlement sector (e.g. with universities and research organisations)
- extension of opening hours to deliver services beyond regular working hours if there was a particular identified need for it
- a focus on harder to reach groups with higher support needs, including more vulnerable groups
- strengthening of the support provided to volunteers (recruited from the existing and past client base) to work with current and new SG clients (e.g. training and mentoring support, leadership input to build capacity amongst volunteers)
- establishment of stronger networks and partnerships with selected employers or industry sectors to facilitate employment and training pathways for the client group, and
- undertaking of research to understand how to tailor services to clients' needs. This resulted in the development of an evidence-based practice manual and changes implemented throughout the organisation.

Nine survey comments expressed a mixed view on whether the program encourages innovation. These comments were that the ability to innovate depends on DSS and that limited funding discourages innovation. Seven survey comments disagreed that innovation was encouraged for several reasons: the program is output-focussed; there isn't much room to be innovative in casework; the funding does not cover pilot programs; program guidelines are too restrictive; and innovation takes time and additional resourcing.

Stakeholder perspectives

When asked if current arrangements encourage innovation, stakeholders offered a range of responses. Some gave a definitive 'no' because within the program guidelines 'we have specified to them what needs to be done'. Others felt that the flexibility within the program guidelines gives scope for providers to develop innovative responses. Two reasons why the SG program was considered to encourage innovation were the limited funding and the competitive funding environment that compelled SPs to innovate.

Examples of innovative approaches reported by stakeholders included men's sheds, DVDs of workshops, apps, a parents' cafe, a community garden, car cafes and community kitchens. One stakeholder reported that there were many examples of innovative practices in the settlement sector to engage youth at risk, and she provided the example of a youth camp where youth heard from an ex-criminal who had spent time in prison and they were offered mentoring and support work. Another example of an innovative project included a program for clients who were facing difficulty with keeping accommodation.

Other stakeholders felt that the question 'do the current arrangements encourage innovation?' was difficult to answer because they felt that the word 'innovation' was open to interpretation. Some focussed on the need to define 'innovation' and what is meant by 'innovative practice'. A point made in one stakeholder discussion and also in one SP interview was that up to 10 per cent of funding could to be used for 'innovative projects'. The Settlement Services Guidelines Overview (April, 2017) (Department of Social Services, 2017) includes the following statement on page nine:

As a part of the National Initiatives Activity, organisations may choose to use up to 10 percent of their funding for innovative projects. This will be negotiated as part of the grant agreement.

It is unclear how this is currently adopted in SG grant agreements with SPs.

Summary: The majority of SPs thought that the SG program encourages innovation and reported that their organisation adopts innovative practices. The most frequently reported examples of innovative practice concerned co-location and collaboration with other supports and services, followed by innovative service delivery. SP comments reflected a diversity of views, but the majority view was that the SG program encourages innovation in large part due to the flexibility of the program guidelines. Similarly, stakeholders expressed mixed views on whether the SG program encourages innovation; however, the flexibility within the program guidelines, the limited funding and the competitive funding environment were all identified as incentives to innovate.

3.2.3.c How could the current environment for innovation be improved?

Service provider perspectives

Although there were few suggestions about how innovation could be improved, SPs made the following points:

- innovation requires more funding (e.g. to undertake research and build and deliver more evidence-based practice and services to migrants)
- certain aspects of service delivery cannot be innovated due to professional guidelines (such as case coordination)
- DSS should consider 'incentives' or bonuses for services that demonstrate excellence and innovation to further encourage the sector and providers in this direction.

There is some scope for innovation. I think there could be more, you know, it's striking that balance between being able to be flexible, as flexible and innovative, but also accountable.

You can't be innovative within it because case management is social workers, it's got set guidelines.

I don't think the settlement grant encourage innovation because, when we use innovation, it's kind of a mechanism to award those people who innovate, and kind of punish those people who don't ... For example, no matter how many clients you serve, there is no bonus or punishment mechanism. If that's the case I don't think people have the ... motivation to innovate.

Stakeholder perspectives

Suggestions for encouraging innovation included establishing an innovation fund where organisations bid for funding or are rewarded for innovative practice or emphasising it in the program logic. Conversely, another stakeholder felt that simply making funding available for innovation may not encourage innovation, drawing on an example elsewhere in government.

[Department] have got this fund that their providers can access above and beyond the base funding they get ... but a lot of them don't do it as it's all just too hard. So it would suggest that a purely financial motive is insufficient to get providers to take on additional challenging work.

One stakeholder also referred to the Youth Transitions Pilot that included a focus on innovation in the program logic.

Summary: Both SPs and stakeholders agreed that innovation requires funding incentives.

3.3 Efficiency

An aim of the evaluation was to investigate how efficiently the program delivers services. This question includes several sub-questions as listed in Table 2.1.

Key findings relating to efficiency are listed in Table 3.31.

TABLE 3.31 KEY FINDINGS RELATING TO EFFICIENCY

Key findings:

- SPs believed that the SG program was delivering good value for money.
- There was inadequate data available to make an assessment about whether the SG program is cost-effective.
- Over half of SPs reported that SG funding was not sufficient to meet program costs or the level of support that some client groups require. Insufficient funding resulted in difficulty meeting demand and the necessity to source additional funding to supplement program costs and rely on volunteers to support service delivery.
- SPs reported that service demand is increasing and some SPs deliver support above forecasted or previously achieved service delivery outputs.
- The average annual expenditure per client overall for the program in 2015–16 can be estimated at a minimum of \$196.69 using the total number of individual and group clients and at a maximum of \$1 105.13, using the number of individual clients. The average expenditure per session is \$343.39. States and territories in regional areas (NT and Tasmania) and those with lower numbers of clients have a higher than average expenditure per individual and total client. While there is no appropriate data against which to benchmark these costs, these figures can provide a baseline for future evaluations.
- SPs operating independently collaborated with other SPs in their local service delivery area. SPs in a consortium arrangement collaborated with consortium partners and benefitted from the lead agency's support infrastructure.
- Pros of the consortium model included: more holistic and needs-based service delivery; opportunities for clearer referral pathways; reduced competition between local providers; encourages innovation and knowledge sharing; reduces risk for DSS; a more efficient approach to service delivery; and allows smaller organisations to partner with larger organisations and benefit from support infrastructure.
- Cons of the consortium model included: potentially competing priorities; in/equitable funding distribution; partners' limited contact with DSS; can limit competition in sector; and can prevent growth of smaller community organisations, particularly ethno-specific.

3.3.1 How efficient is the program in the delivery of services?

3.3.1.a Is the current funding model cost effective?

Service provider perspectives

Over half of the survey participants (53%) reported that the SG funding received by their organisations was not sufficient to meet program costs (Table H-35). Survey participants were also invited to comment on SG funding. The majority of the comments were negative (27 comments), with one positive and five mixed comments (Table H-36). The mixed comments generally expressed the view that funding was sufficient, but that the SP could do a lot more if more funding was provided. The negative comments focussed on:

- Difficulty meeting demand:
Client expectations are ever increasing, requiring increasing amounts of time, particularly as public sector agencies move to provide services online. There are

limited resources for programs that are not casework related. The cost of commercial rental space means we can't offer more day programs.

As there is a large demand within the [LGA] and surrounding suburbs our services are accessed by more than 3,000 clients per annum and it is quite demanding especially having assistance on a voluntary basis.

- Needing to source additional funding to cover program costs through philanthropy, other government programs and donations:

My organisation needs to apply for extra funding through different bodies in order to cover program costs, these applications are not always successful hindering the possibility to run specific programs. In some cases, partnerships are developed to share resources/funds to cover program costs.

The largest component of the budget for SSP [sic] goes to wages. Current funding does not completely cover the wages of the worker. 2 hours service delivery per fortnight had to be cut - the worker is currently employed 29 hours per week.

These points were reinforced in the discussions with SPs, where some contrasted their scheduled service delivery outputs (e.g. number of client contact/episodes or KPIs) within a year, as indicated in their work plans to the Department, with the actual support they were delivering (outputs) and funding received (inputs). The following points summarise a broad range of comments made by mostly service managers with respect to how they determine if the SG funding was cost effective.

- Local demand for services was growing faster and funding remained steady (or decreased in real terms), and
- Services deliver support above forecasted/estimated or previously achieved service delivery outputs.

Several SPs highlighted how demand for support had outstripped organisational capacity to meet local support needs in recent years and SPs in all sites reported that the numbers of people arriving on certain visa streams was continuously rising.

[Our SGP funding] its dropped quite a bit [from 80 to 30 percent of total organisational funding] ... It's not necessarily that the amount for SGP has dropped, it's that our other income has risen too. [...] But the Department they've not increased the level of [SGP] funding, but the increased demand is considerable ... In the last financial year, we tripled what we - our target, which is crazy, but that's how big the gap is between demand and what we're actually funded to do.

We always make our funding agency aware that we do over and above the expectations of the work plan ... because we need to address the issues that our clients present to us.

Additionally, a number of SPs reported accessing other resources (state, philanthropic, fundraising etc.) to subsidise or enhance certain components of their SG service delivery.

Ninety-three per cent of survey participants reported that their organisations received other funding in addition to SG funding (Table H-34). Most participants (68%) reported that SG funding represented less than 50% of their annual operational budget (Table 3.32).

TABLE 3.32 PROPORTION OF ANNUAL OPERATIONAL BUDGET REPRESENTED BY SETTLEMENT GRANTS FUNDING

Settlement Grants funding operational budget	%	n
Less than 10%	25	26
10–24%	22	23
25–49%	21	22
50–74%	16	16
More than 75%	9	9
Don't know	7	7
Total	100	103

The association between the proportion of annual operation budget constituted by SG and the size of the participants' organisations (Table H-3), their role in them (Table H-4), the geographical location of their services (Table H-5), and whether they thought that the funds received by their organisation were sufficient to meet the program's costs (Table H-35) were tested. The only association that was found to be statistically significant was that between budget proportion and organisation size (Table H-37), which means that the proportion of annual operational budget represented by SG funding differed depending on the size of the respondents' organisation (the effect size was medium). In particular, participants who worked in organisations with less than ten staff members were more likely to report that SG represented more than fifty per cent of their annual operational budget (Table H-37). On the other hand, survey participants who worked in organisations with more than one hundred staff members were more likely to state that SG represented less than twenty-five per cent of their annual operational budget (Table H-37). Thus, smaller organisations tended to rely more on settlement services grants than larger organisations.

In the focus group discussions, SPs reported that the additional non-SG sources of funding they received were used to cross-subsidise between in-house programs (including other settlement support programs) to meet SG services demands. One SP highlighted that having a range of funding sources and programs available 'in-house', delivered from the one location (or in a hub), was beneficial for the SG program itself, in terms of cross-referral and relying on a diversity of services to meet clients' needs and workers' expertise. Additionally, being able to deliver a broader range of funded activities was beneficial for achieving the best outcomes for clients.

An issue that raises some questions about program efficiency relates to duplication in service delivery, which came up in discussions with SPs. One non-SG SP raised concerns that funding to some SG-funded services was not always well aligned with state funding and local mainstream service delivery strategies. In this case, the mainstream provider reported that several SG-funded services had received funding to collaborate with schools, build staff capacity or respond to the needs of new arrivals. This non-SG provider highlighted two issues. First, the SG activity proposals had been approved by DSS without evidence of support for the proposed intervention/activity from the local school or education department. Second, the non-SG SP reported that some of these proposed SG activities were duplicating or undermining existing state initiatives, such as building capacity through school community liaison officers.

In another fieldwork site, one non-SG and two SG SPs identified the actual or potential overlap with other services as a program weakness. One felt that due to the broad scope and number of SG-funded SPs there was duplication and overlap in service delivery among SPs:

I think that the biggest problem SGP programs are facing actually is the ignorance of the SGP programs about what each program is doing. Sometimes we see that the same thing is done to a particular group in different SGP organisation.

It was suggested that SG services take more responsibility to ensure that there is less overlap in local delivery areas, by sharing information on the range of programs and activities they provide or via broader communication on a program level (this is discussed further in section 4.5 of the Discussion).

Stakeholder perspectives

Stakeholders were asked if they felt that the current funding model was cost-effective. The most common response was that there was inadequate data available to make an assessment about whether the SG program is cost-effective. Stakeholders reported that DEX could not provide that data, and that AWP's used to provide more useful information than currently available.

Summary: Over half of SPs reported that the SG funding received by their organisations was not sufficient to meet program costs and that many were supporting a higher number of clients than they were funded to support. Due to difficulty meeting demand, many reported having to access additional funding to cover program costs. For these reasons, SPs were of the view that relative to its costs, the SG program was very cost-effective for government. Stakeholders reported that DEX could not provide the data to determine whether the current funding model was cost-effective.

3.3.1.b To what extent is Settlement Grants achieving value for money in terms of the intended projects/outputs being delivered?

Service provider perspectives

The consensus view in the discussions with SPs was that the SG program was overall delivering good value for money for government and the Australian community. SPs listed a number of indicators that they felt demonstrated they were achieving good value for money: services delivering support beyond their contracted work plans/outputs; staff working at full capacity; services allocating or seeking out additional resources, including philanthropic, local and State funding; and lastly, supporting ineligible clients, particularly those in Australia for over five years. Supporting ineligible clients could, however, be viewed as diluting the impact of the funding.

We're demonstrating that we can do more for less. [...] By remodelling the way that we deliver services to try and meet need while working within the constraints of our funding.

[The program] it's preventative ... an early intervention ... the vast majority of the people that we work with we can to some degree build their capacity. So in the long run it's saving - it's going to save a lot of money. It's about prevention and early intervention. And certainly, it achieves that.

Administrative data

Data for analysing the efficiency of the program based on expenditure are currently only available for the financial year 2015–2016. Table 3.33 and Figure 3-11 outline estimates of the minimum and maximum expenditure per client for each state and territory, and the expenditure per session over this financial year. Estimates of the minimum expenditure per client in each state are based on dividing the total expenditure by the total number of clients. Total clients are the sum of individual and group clients. Dividing the expenditure for each state by the number of individual clients provides a maximum expenditure per client. Due to the different composition of the client populations in organisations and states and the different mix of services provided, it is not possible to estimate an average expenditure per client. The national rate for minimum expenditure per client is \$196.69, while the maximum rate is \$1,105.13. These figures provide a range for estimating the average cost per client. These figures provide estimates of higher expenditure for clients in the Northern Territory and Tasmania compared to other states and territories.

The national rate for expenditure per session is \$343.39. Average expenditure amounts per session for states and territories are relatively close to the national average (Table 3.33) with South Australia having the lowest expenditure for sessions and the Northern Territory the highest.

Given the unique and varying types of services provided in the SG program, no sources of benchmarking data for an equivalent program exist with which to compare the efficiency of the program overall on these measures. This existing financial and administrative data for 2015–2016 can provide a baseline for analysis of efficiency over time in future years of the program.

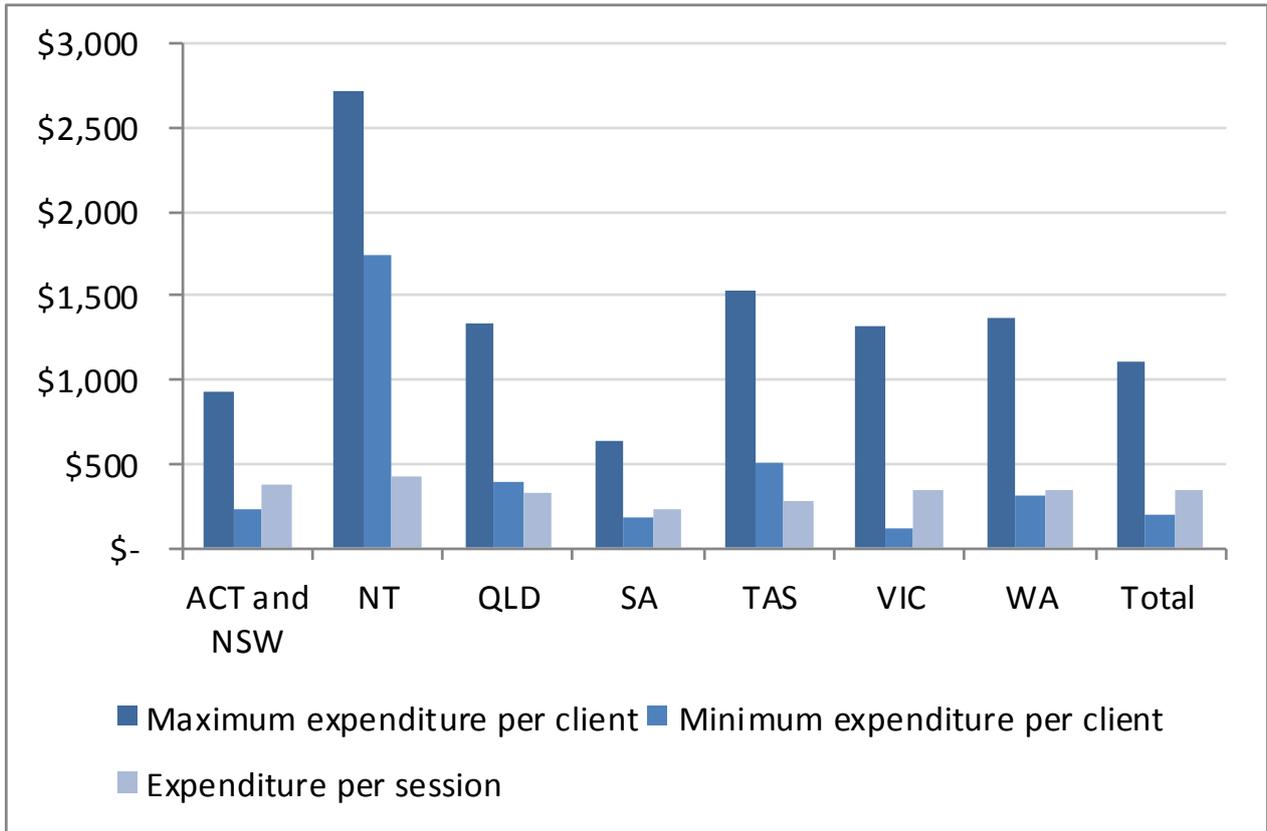
TABLE 3.33 FUNDING, CLIENTS, AND SESSIONS BY STATE AND TERRITORY, 2015–2016

	Funding¹	Individual clients²	Group clients²	Total clients (individual and group)²	Total sessions²	Maximum expenditure per client (based on individual clients)	Minimum expenditure per client (based on total clients)	Expenditure per session
ACT and NSW	\$15,654,835.85	16,876	50,117	66,993	40,946	927.64	233.68	382.33
NT	\$779,427.38	287	158	445	1,831	2,715.77	1,751.52	425.68
QLD	\$7,085,975.19	5,329	12,931	18,260	21,506	1,329.70	388.06	329.49
SA	\$2,504,696.07	3,892	9,905	13,797	11,099	643.55	181.54	225.67
TAS	\$1,231,011.34	807	1,632	2,439	4,492	1,525.42	504.72	274.05
VIC	\$12,358,341.47	9,312	97,525	106,837	35,279	1,327.14	115.67	350.30
WA	\$3,836,229.58	2,814	9,327	12,141	11,380	1,363.27	315.97	337.10
Total	\$43,450,516.87	39,317	181,595	220,912	126,533	1,105.13	196.69	343.39

Source: 1. DSS Current Settlement Grant Funding 2016–2016, include SACs funding, supplied by the DSS. Funding for two organisations has been split across States based on estimated apportionments. 2. DSS DEX Settlement Activity data supplied by the DSS.

Notes: An individual client is defined as ‘An individual who receives a service as part of a funded activity that is expected to lead to a measurable outcome’. Clients can have a range of services. Group clients are aggregate numbers of individuals who attend group sessions. These can include information sessions, public events, playgroups etc. Total clients is the sum of individual and group clients. A ‘session’ is an individual instance or episode of service, stored within a case and which can be ‘related’ to other sessions (when/if they occur) by its inclusion in the same case.

FIGURE 3-11 EXPENDITURE BY CLIENT AND SESSION BY STATE AND TERRITORY, 2015–16



Source: DSS Current Settlement Grant Funding 2015–2016, include SACs funding, supplied by the DSS. Funding for two organisations has been split across States based on estimated apportionments. DSS DEX Settlement Activity data supplied by the DSS

Another measure of efficiency is to consider the number of sessions per client and whether this has been changing over time. Table 3.34 reports on the number of clients and sessions in each reporting period. The average session attendance is the average number of clients who attend a session and indicates that on average between one and two clients attend each session. Nearly half (45 to 47%) of clients attend only one session, around a third attend between two and five sessions, and less than one fifth attend more than five sessions in any reporting period. This profile has remained stable over the reporting periods.

TABLE 3.34 SESSION ATTENDANCE FOR CLIENTS BY REPORTING PERIOD

Reporting period ending:	Number of individual clients	Number of sessions	Average session attendance	Clients with one session	Clients with two to five sessions	Clients with more than five sessions
				Numbers (%)		
Dec-15	22,844	51,518	1.6	10,663 (46.7)	8,167 (35.8)	4,014 (17.6)
Jun-16	25,116	57,775	1.6	11,551 (46.0)	9,196 (36.6)	4,369 (17.4)
Dec-16	27,214	56,782	1.8	1,2241 (45.0)	9,998 (36.7)	4,975 (18.3)

Source: DEX Settlement Activity, data supplied by DSS. Percentages in brackets. Note: the average session attendance is Count of Attendances divided by the Count of Sessions

Stakeholder consultation

Discussions about whether the SG program delivered value for money focussed on two contrasting points. First, many stakeholders felt that it was impossible to know whether the program was achieving value for money because there was no data available to support that assessment. Second, there was a perception among many that the program achieved a lot more than might be expected, given the level of funding it received. Three points were made to illustrate that the SG program provided great value for money:

- many SPs go above and beyond the call of duty in responding to clients' needs
- SPs undertake a lot of unfunded work by supporting ineligible clients, many of whom had passed the five-year eligibility mark. While this was considered to be evidence of 'good value for money', this could also be an argument for inefficiency, as it picks up on the point that providing support to ineligible clients dilutes the impact of the program. However, it appears that many SG providers fill a critical service gap the mainstream services are not meeting (see section 3.2.1.e concerning 'How well are referrals into and out of the program working?'). Additionally, many SPs report accessing other sources of funding in order to meet client demand (see section 3.3.1.a), and
- the sector benefits from a high degree of volunteerism, particularly among ethno-specific communities.

The [ethno-specific organisation] in [location] ... for the past 10 years has been a one-person show. If it wasn't for [the] pool of committed and dedicated 18 volunteers, there's no way they would have been able to survive ... I think they do brilliantly with that funding level.

This point was made by another stakeholder who felt that the ability of the settlement sector to mobilise vast numbers of volunteers meant that it was providing exceptional value for money.

The high level of volunteerism in organisations receiving SG funding was supported by the survey findings. Eighty-nine per cent of the participants reported that their organisations engaged

volunteers to support activities funded under the SG program (Table H-38). The association between engagement of volunteers and the size of the organisations in which participants worked (Table H-3), their role in them (Table H-2), the geographical location of their services (Table H-4), and whether they thought that the funds received by their organisation were sufficient to meet the program's costs (Table H-35) was tested. The only association that was found to be statistically significant was that between engagement of volunteers and organisation size (Table H-39), which means that volunteer engagement differed depending on the size of the respondents' organisation (effect size was small). In particular, participants who worked in organisations with 31–100 staff members were more likely to report that their organisation engaged volunteers (Table H-39).

Survey respondents had the option of entering a comment following the question about whether their organisation engaged volunteers to support activities funded under the SG program. From the 28 comments, only two indicated that they did not engage volunteers, commenting that engaging volunteers was not undertaken due to previous difficulties and a lack of time to canvass volunteers.

The positive comments about engaging volunteers focussed on the:

- number of volunteers engaged: '102 ... last year', 'approx. 40 support the program', 'We currently have minimum of 6 volunteers linked to SSP [sic]'
- types of volunteers engaged: 'volunteers of refugee background', '[Organisation] encourages clients who received our SGP support to become our volunteers', '[Organisation] has a Registered Migration Agent volunteering, volunteer youth facilitators, 'social work students', 'bilingual volunteers'
- activities undertaken by volunteers: 'event management, administration or project evaluation', 'after school, play groups and similar activities for children of migrant families', 'driver mentor program', and
- importance of volunteers' contribution to supplement insufficient program costs:

We employ volunteers from time to time to ensure that programs and projects are adequately resourced as there is not enough funding for staff.

Yes, we use volunteers on a large scale of SG, because the fund is too insufficient to accomplish planned activities.

Summary: SPs felt that the SG program was delivering good value for money. At present, DEX data can be used to estimate a minimum and maximum expenditure per client and expenditure per session. There are, however, no existing benchmarks against which to compare these costs, due to the unique and wide-ranging services provided under the SG program. The data presented for 2015–2016 can provide baseline figures against which to compare future years of data in this program. Many stakeholders felt that it was impossible to know whether the program was achieving value for money because there was no data available to support that assessment. Other stakeholders felt that the program achieved a lot more than might be expected given the level of funding it received, because many SPs go above and beyond the call of duty in responding to clients' needs, SPs undertake a lot of unfunded work by supporting ineligible clients, and the sector benefits from a high degree of volunteerism.

3.3.1.c How well is the current funding structure supporting outcomes?

3.3.1.d Are there alternative funding models that could more efficiently support program outcomes and improve value for money?

Service provider perspectives

SPs across the fieldwork sites had mixed views about how well the current funding structure was supporting client outcomes. Overall, SPs in all fieldwork locations were satisfied with the four funding streams, as it gave them flexibility to address client and community needs. However, SPs in all sites expressed concern about the competitive funding environment and how this can foster competition between SPs, particularly with the SG funding cycle coming to an end. Some SPs who considered the future and possible changes in funding commented that the funding structure did not matter as much, as long as it enabled SG-funded services to continue to deliver a broad spectrum of supports to individuals, groups and communities. There was strong consensus amongst SPs that simply funding large, charity-based organisations, with little expertise in delivering culturally-sensitive support to refugees was not a desirable change of direction for SG-funded service delivery.

In the survey, respondents were invited to enter comments on how the SG program could be improved. These comments were coded and ordered numerically. The most frequently suggested improvement was extending eligibility for the program (28 comments, Table H-40, (see also section 3.2.1)). The next most frequently suggested improvement to SG was having a longer funding cycle (10 comments). The two key benefits of a longer funding cycle were: removing competition between providers and encouraging collaboration, and an ability to engage in longer-term planning.

Survey participants were also invited to comment on any barriers they could identify to the SG program being improved. Comments related predominantly to the fact that additional funding was not likely (23 comments), that government priorities change frequently (8 comments) and that the current program guidelines were too restrictive (7 comments) (see Table H-41 in Appendix H).

SPs operating under two different funding and service delivery models participated in the evaluation's three case-study fieldwork sites: the consortium model (NSW), and individually funded agencies (South Australia and Victoria). In the consortium model, a single agency is funded to lead a consortium of local settlement providers. The SPs in SA and Victoria were separately funded. In SA, all SG-funded organisations were part of the local settlement network, which also included partners from non-SG programs, aiming to deliver a more holistic and coordinated settlement approach. All SG-funded organisations were part of this network, which included smaller ethno-specific organisations or key community leaders, as well as all key non-SG SPs, including Centrelink, *jobactive*, health and others. This coordination through a local service delivery network helped to avoid duplication, allowed for some strategic settlement planning, addressed identified local service gaps, and delivered a more holistic approach to settlement. There was consensus among SPs working under both models that they were not duplicating activities or specialised targeted programs being undertaken by other local providers.

The advantage of the consortium model was that services could be streamlined because they were benefitting from the supports provided by the lead agency. Some SPs perceived that the lead agency gained some benefit from being the 'main point of contact' for the funding body. In the

other funding model, while providers reported 'working closely together', some still perceived one another as competitors in funding/tender rounds. Therefore, many felt that collaboration had substantially improved with longer funding cycles as well as one agency taking the lead on a particular domain, such as housing in SA.

From discussions with SPs in NSW, the key message was that the consortium model worked well and they were mostly satisfied with the governance arrangements. SPs discussed what they identified as key success factors of the model, positive outcomes, and some challenges to this service delivery and funding model. However, it is important to note that the focus group data was collected from a relatively small group of providers who are not representative of the total consortium partner group. Several SPs noted that their organisation had existing and strong working relationships with the lead organisation (including clear lines of responsibilities, communication, accountability and reporting, etc.), which they had built on in developing the consortium funding proposal and successful implementation of the model. Another central feature of the model was that the lead organisation was perceived to have a similar approach to delivering support and understanding of 'service delivery with refugees on the ground', and there was 'mutual recognition' of partner organisations' strengths', such as local connections and knowledge.

A key strength of the consortium model was its ability to deliver 'localised service responses', meeting client and community needs within a more centralised governance structure and coordinated service delivery approach. Other identified positive effects or outcomes included:

- more holistic and concerted service delivery approach; for example, to identify 'the real need' in local areas and address support gaps
- opportunity for clearer referral pathways from HSS to SG for SPs and clients
- scope of delivery: consortium partner organisations might have a wider reach into regional and rural areas
- reduced isolation of smaller, regional organisations; greater support for smaller 'one provider agencies' in regional and rural areas means some integration of these smaller providers into a larger service delivery network
- reduced levels of competition between local providers; while geographically defined service delivery boundaries remain (e.g. Liverpool/Auburn), the joint application approach created opportunities for new alliances between local services, and
- opportunities for workforce support and capacity building; one provider noted that organisations receive more support in this delivery model. Examples included access to a wider range of training opportunities as well as employee assistance programs.

Overall, the (limited) data did not reveal many tensions between consortium partners interviewed for this study. Some partner organisations, however, identified that the model holds a potential for competing priorities to arise between consortium partner organisations, as well as challenges around sharing and accessing funding.

Stakeholder consultation

Several stakeholders commented on the perceived pros and cons of a consortium model in the delivery of settlement services. Pros of the consortium model included that:

- it encourages innovation and knowledge sharing
- it reduces risk for DSS
- it's a more efficient approach to service delivery for DSS, and
- it allows smaller organisations that may lack capacity to apply for and secure grants on their own to partner with larger organisations and benefit from their support infrastructure.

Cons included concerns that it could:

- limit competition in the sector
- lead to a lack of visibility of service delivery on the ground, as grant managers must deal directly with lead agency, and
- prevent the growth of smaller community organisations, particularly ethno-specific organisations.

It may be possible, however, to mitigate this latter point by requiring the lead organisation to build capacity in the smaller organisations.

Summary: SPs in all sites felt that the current funding arrangements fostered a sense of competition amongst SPs and that longer funding cycles would encourage collaboration and longer-term planning to better support outcomes. Pros and cons of operating independently and within a consortium model were identified. A benefit of both included collaboration with other SPs to prevent duplication. Additional benefits of operating under a consortium model were identified, as were a number of challenges.

4. Discussion

Overall, this evaluation found a high degree of consistency in the findings from the different components. The main finding is that all groups involved with the program—clients, policy makers, SPs and peak organisations—were very positive about the SG program, which appears to play a crucial role in supporting successful settlement for large numbers of vulnerable migrants. While there are some suggestions for improvement in the program, discussed below, there is a strong consensus that SG fills an important niche in the range of available services.

4.1 Meeting client needs

The SG program occupies a critical space by providing culturally appropriate support to eligible migrants in Australia. These supports include practical assistance, information, referrals, opportunities for social participation and support to achieve the three Es (see section 3.1.1.b and 3.1.1.d). The flexibility of the program is a key strength that allowed SPs to tailor services to client and community needs (see section 3.1.1.a). The SG program provides an appropriate level of support to meet most clients' needs, however, some clients have additional needs and continue to require high levels of support, which are not available through SG or mainstream services. Clients who fail to have their settlement needs met in the first five years of settlement are likely to have more complex needs that may require a more intensive level of service intervention than is currently available under SG. It is possible that some of these clients do not meet the threshold for support under CCS, however SG is not meeting their needs. This highlights the current service gap in settlement services for medium level support (see section 3.1.1.a and 3.2.1.a).

Potential option: To adequately address eligible clients' needs, DSS should consider providing a medium level of support for priority client groups that sits between the intensive support delivered through HSS and CCS and the low-intensity support currently provided through the SG program. Individualised, medium level of support would benefit clients who have additional support needs, or are likely to experience a slower settlement process due to a range of disadvantages (e.g. their personal history, such as significant experiences of trauma, mental ill-health, disabilities, or low literacy levels). Consideration should be given to whether this should be funded through the SG program or through another funding source and what type of services or organisations, including ethno-specific organisations, should be funded to support these clients.

While service providers noted that they are working at full capacity, the relatively low rates of take-up among the eligible population are a cause for concern and further research, particularly if low take-up rates are leading to unmet needs (see section 3.2.1).

SPs noted a range of reasons why take-up rates could be low. Some of these relate to program processes or service provision, while others reflect the individual's circumstances or community context. The program structure/service provision issues include lack of information, as well as lack of culturally or age-appropriate services. The personal circumstances include lack of transport, time or confidence, and having other employment or care commitments. Service providers also noted that some settlers may not need services or prefer to use other services, and that some communities may lack trust in services.

Potential option: The lack of information about SG could be addressed through improved referral processes, more extensive provision of information about the program for eligible settlers on arrival, and follow up information and outreach. Lack of cultural or age appropriateness in services could be addressed through organisations being provided with more information about their potential population of settlers by the DSS and ensuring relevant training and skills among staff, and through more communication between providers about emerging good practice. Funding could be structured to enable and support the SPs to have a long-term commitment to developing trust and relationships with communities. Lack of access to transport may be addressed through the provision of information to eligible settlers. Competing time and care commitments for clients may be able to be addressed through more flexible service hours and providing child/elder and disability care support.

4.2 Program structure

SG-funded providers valued the flexibility of the program, because the guidelines allowed them to develop context-specific needs-based responses (see section 3.1.2.b). The four-service delivery stream structure entails a degree of overlap between service streams, but this does not appear to be inherently problematic (see Appendix K). In many ways, the individualised support delivered under the youth settlement support service stream replicates the support delivered under the case coordination and settlement service delivery service stream, albeit with a youth focus. Although the youth focus was reported to be important, there are other critical life stages when clients require tailored settlement-related support, for example when children commence school and for older migrants.

Similarly, there appears to be a degree of overlap in the support provided under the case coordination and settlement service delivery stream and the support for ethno-specific services/communities stream. However, it is important for the program to continue to support capacity building for ethno-specific organisations, given the key role they play in supporting good settlement outcomes. If these two service streams were to be consolidated, it is important that leadership training and mentoring is retained, with a view to building ethno-specific services/communities' independence.

Potential option: To address this overlap in the four service streams, DSS could consider changing to two activity streams that focus on individual and community-based support. The individual casework stream could emphasise a life course approach, noting that different client cohorts face different settlement-related challenges that require a tailored response (e.g. youth and older clients) (see section 3.1.1.a and 3.2.1.a). The community stream should focus on supporting ethno-specific communities (including mentoring and leadership training) and capacity building support for ethno-specific organisations, with a view to building their independence (see Appendix K).

4.3 Program eligibility

The SG program was considered to provide an appropriate level of support for the majority of eligible clients within the five-year timeframe. However, the consensus view amongst SPs (see findings under section 3.2.1.a) was that some clients continue to require support after five years and that the eligibility should therefore be extended beyond five years. This view was shared by some clients (see section 3.1.1.d) and also some stakeholders (see section 3.2.1.a). It is not

possible to quantify the size of this group with ongoing needs from the available data, however key client characteristics include: humanitarian entrants with complex needs or who have experienced torture and trauma, older clients and clients with low levels of education.

A key reason many felt that eligibility should extend beyond five years was due to the lack of alternative suitable support available and the non-responsiveness of some mainstream services (see section 3.2.1.a). Although many services support ineligible clients, this support is often provided outside of the funding parameters of the SG program, either voluntarily by program staff or community members, or using other funding streams. Although this places significant strain on many SPs, there is little indication that eligible clients are not receiving a service because of provision to ineligible clients, or that eligible clients are not engaging with services because of the resources allocated to non-eligible clients.

It would not be appropriate for SG-funded services to provide support indefinitely; rather, these clients' needs could be addressed by mainstream or other specialist providers, or organisations could receive funding to support high-needs clients in the long term from another funding stream.

A number of service providers indicated that the program should be extended to other visa categories, as many migrants in these categories had needs similar to the eligible groups. Nevertheless, the program is mainly addressing the needs of humanitarian migrants and this was considered to be appropriate by most participants.

Potential option: DSS should consider how clients who have ongoing support needs after five years should be supported through SG or another funding stream. However, it is very important that the program continues to focus on independence and self-reliance, and that clients do not become dependent on SG in the long term. Some ethno-specific organisations provide settlement support for migrant groups over the long term and they should receive capacity building support and adequate funding from larger SPs (although not necessarily as part of SG).

4.4 SG and the wider service system

A whole system of supports is necessary to assist SG clients in achieving positive settlement outcomes. SG services are part of the larger constellation of services provided to vulnerable migrants and outcomes are dependent on interactions with, and the responsiveness of, these services and resources. Overall, the evaluation found that the interaction between SG and other services was positive, with many examples provided of close working relationships with mainstream and other settlement services (see section 3.2.1e). Indeed, many SG providers also receive funding from other sources (see section 3.3.1.a). However, there was a strong finding that many SG providers do not believe that mainstream services such as *jobactive* address the needs of vulnerable migrants (see section 3.1.1.c). This lack of responsiveness from mainstream providers is one of the reasons why many SG providers support ineligible clients or appear to be duplicating the supports provided by mainstream providers. The program guidelines list several examples of how the funding under the *community coordination and development* service stream could be used, including 'linking with mainstream services'. This is reportedly happening to a large degree, with many providers indicating that they undertake advocacy work and provide cultural competency training to assist mainstream providers to support SG clients. However, SG providers are not responsible for the quality of services offered by mainstream providers. For many

mainstream providers, the SG client group are not a high priority and they are a challenging group to serve.

Potential option: It is important that the policy settings for mainstream providers facilitate improvements in their responsiveness to this client group. Although SG providers on the ground can and do facilitate this, getting mainstream providers to prioritise vulnerable migrants also requires SG policy makers to engage with those responsible for relevant mainstream services, both within DSS and in other departments. DSS should also encourage sector collaboration through the grant round and through requirements detailed in funding agreements.

4.5 Policy and program settings

SG-funded providers valued the flexibility of the policy and program settings because it enabled them to provide needs-based responses. Stakeholders, on the other hand, had mixed views on the flexibility of the policy and program settings. A key tension was apparent between the view that the program should be more prescriptive and more outcomes-focussed, and the countervailing need for more flexibility and innovation. Overall, our judgment is that the degree of flexibility of the policy and program settings should be maintained. The degree of flexibility in current guidelines appears to encourage innovation, while at the same time being clear about program eligibility and activity.

Many SPs were unclear about what services and support they are permitted to provide under the SG program, with some providers identifying some service gaps that other SPs were in fact providing, including outreach support and driving assistance (see section 3.1.1.a and 3.2.1a). These examples point towards poor understanding of the program scope and a lack of information sharing about (best) practice. This is linked to the issue of providers delivering services that duplicate support being delivered by other SG-funded organisations or other SPs (see section 3.1.1.c and 3.3.1a).

The consensus view among SPs and stakeholders was that SPs require funding incentives to develop innovative programs. The diversity and changing nature of the client group and the service context in different areas make it very difficult to be prescriptive about the kinds of services that should be provided, and it is important to maintain innovative practice to meet the changing needs of the client group. Nevertheless, clearer guidance on what outcomes should be expected, how they are defined, how to achieve these, and how to measure outcomes and use this for continuous improvement would be important for increasing accountability and maintaining the quality of the services.

Potential option: There is a tension in finding the balance between prescriptive program guidelines and allowing providers the flexibility to respond to need. The diversity and changing nature of the client group and the service context in different areas make it very difficult to be prescriptive about the kinds of services that should be provided. Nevertheless, clearer guidance on what outcomes should be expected (particularly with respect to the three Es), how they are defined, how to achieve these, and how to measure outcomes and use this for continuous improvement would be important for increasing accountability and maintaining the quality of the services. This would also contribute to the overall effectiveness and efficiency of the SG program. Along with improving guidance, there should be more opportunities for SPs to share best practice or 'good news stories', to enable SPs to gain a clear sense of what providers can do and to

disseminate innovative practice. Consideration should be given to how greater encouragement for innovation can be embedded in the program guidelines.

4.6 DEX and monitoring

A more comprehensive evidence base for the services provided by the SG program is a key priority. This includes improved (increased and more consistent) collection of client outcome data (see section 3.1.1.c) and collection of sufficient cost data for the program and its activities (see section 3.3.1.b). Currently, the data available through DEX cannot determine what outcomes the program is achieving or whether the current funding model is cost-effective (although SPs were of the view that relative to its funding, the SG program was very cost-effective for government).

Improvements in data can be achieved by encouraging active participation of organisations in the DEX Partnership Approach and providing greater guidance and increased understanding of how to report SCORE and other voluntary variables important for SG evaluation. This will result in better data to measure outcomes and unit costs, and to report on activity by visa stream. Encouragement to participate should be undertaken with care, taking into account the increased administrative burden and needs of the range of SPs, as well as policy makers and those accountable for the program. DEX was originally designed to provide feedback to service providers on their client's outcomes and on community context, and if these features were provided by DEX then this would potentially encourage greater participation. Similarly, the type and detail of cost-related data needs to be balanced between the reduced administrative burden under Streamlined Grant Agreements, and the need for Government to collect and be able to analyse information on the cost of services.

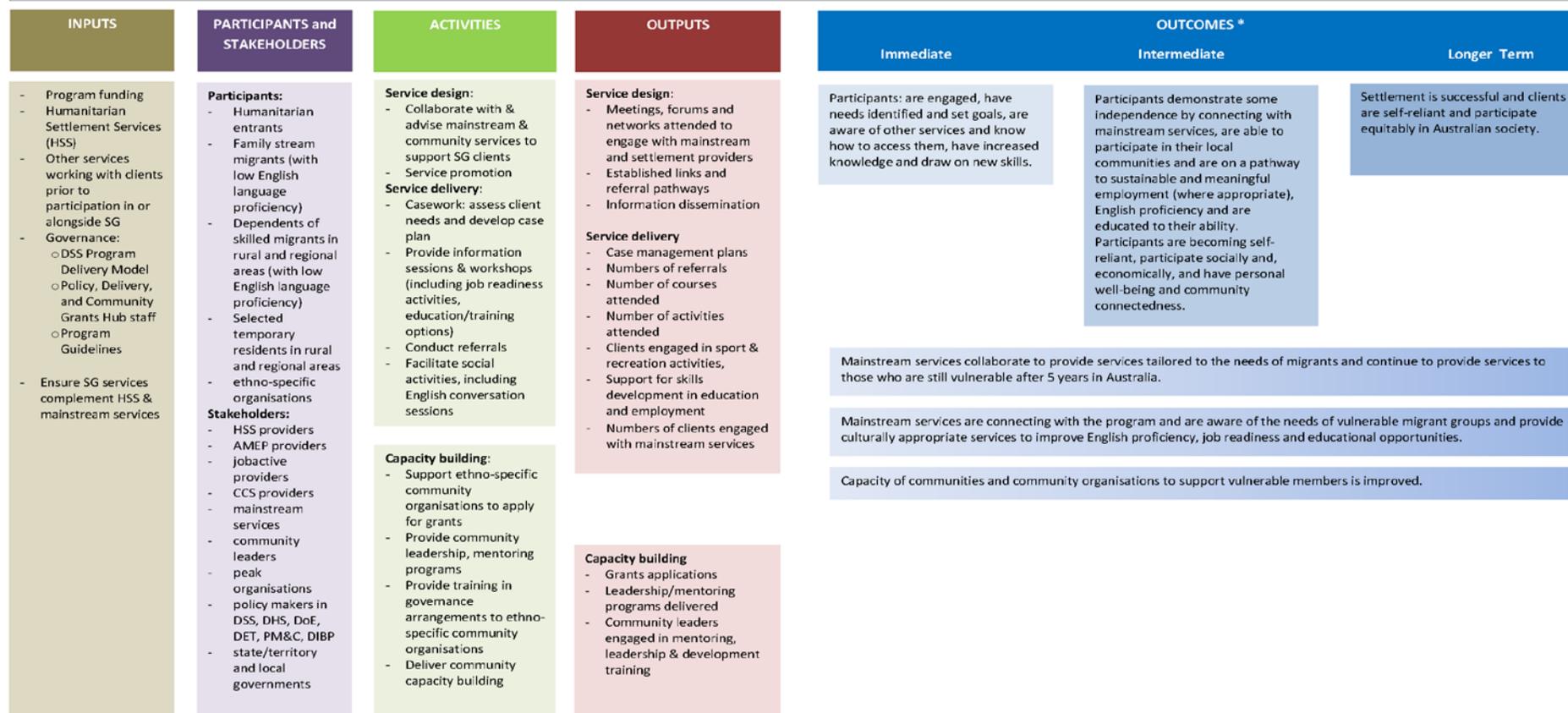
Potential option: An improved evidence base for the services provided by the SG program is a key priority. Part of building the evidence base and improving the monitoring and accountability of the program is to increase the amount and quality of administrative data available through DEX. DSS should support and encourage the active participation of funded organisations in the DEX Partnership Approach through greater guidance and increased understanding of how to report SCORE and other voluntary variables important for SG program monitoring and evaluation.

5. SG Program Logic

A Program Logic developed as part of the evaluation is provided below.

Program Need: Humanitarian entrants and other vulnerable migrants settling in Australia may face a range of participation and integration barriers and challenges. The first five years of permanent residence after arrival is generally considered the settlement period. This is a time of significant adjustment as migrants seek to become established and independent in their communities. To address settlement needs, including learning English and establishing pathways to employment and/or education, targeted supported services are required to provide information, referrals and build life skills within the context of Australian society.

Program Objectives: To assist humanitarian entrants and other eligible migrants in their first five years of life in Australia to become self-reliant and participate equitably in Australian society with a focus on fostering social participation, economic well-being, independence, personal well-being and community connectedness. To help new arrivals access organisations that can assist in meeting their settlement needs including finding accommodation, health care, employment and other relevant services. Focusing on building individuals' self-reliance and fostering connections with mainstream services.



External factors: Migration rates and makeup of various migration streams. Broader service and policy context.

Assumptions - Mainstream service providers can meet the primary needs of SG clients after initial support through Settlement Grants. Clients would be self-reliant within 5 years of tailored service provision and if they require additional support they are able to access relevant mainstream services.

*To note: the migration process is not linear in nature, client issues emerge with varied levels of intensity across the life course of the client, often dependant on the level of stressors and external factors at play in clients lives, therefore it cannot be assumed that settlement grants can or should be able to address client need in a sequential order across a five year period.

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Appendix A Migration to Australia: settlement and supports - A select review of the literature

This section of the report presents a select review of the literature on migration to Australia. It describes the different migration streams through which individuals come to Australia and the numbers of migrants in each stream. It then gives an overview of some of the challenges that migrants can face when settling in a new country. It provides a brief overview of some of the services that the Australian Government provides to support and assist migrants to settle in Australia.

Migration to Australia

Migration to Australia is achieved through the Migration Program and the Humanitarian Program. The Migration Program consists of three streams—family, skilled and special eligibility—and the Humanitarian Program’s eligibility is for refugees and others in humanitarian need (Department of Immigration and Border Protection (DIBP), n.d. a).

The Migration Program aims to achieve a range of economic and social outcomes. Selected applicants to the program must ‘meet Australia’s requirements and have good prospects for successful settlement’ (DIBP, n.d. a). The Humanitarian Program has two components: the onshore protection component and the offshore resettlement component. The former ‘fulfils Australia’s international obligations by offering protection to people already in Australia who are found to be refugees according to the United Nations Convention relating to the Status of Refugees’. The latter ‘expresses Australia’s commitment to refugee protection by going beyond these obligations and offering resettlement to people overseas for whom this is the most appropriate option’ (DIBP, n.d. b).

The number of migrants admitted into Australia under the Migration Program is capped annually, at 190 000 places in 2016–17 with that number remaining unchanged in 2017–18. In 2017–18, skilled migrants will comprise over two-thirds of all migrants admitted under the Migration Program, with family migrants representing 30 per cent and the Special Eligibility category representing less than one per cent.

Humanitarian program

There have been significant changes in Australia’s annual intake under the Humanitarian Program over the last six years. In 2010–11, 13 778 visas were granted, with the number increased to 19 998 in 2012–13, the largest intake under the program in the last 30 years (Department of Immigration and Border Protection (DIBP), 2015a, p. 1; Refugee Council of Australia (RCoA), 2016, p. 1).

The 2012–13 increase in the annual intake was a Government response to the increase in the number of people arriving by boat, and asylum seekers dying at sea (Parliament of Australia, 2014a; Parliament of Australia, 2014b). In 2013–14, the Government reduced the annual intake to 13 750, which was maintained throughout the 2014 and 2015–16 period (DIBP, 2015b; DIBP, 2016a, p. 3). In September 2015, an additional 12 000 places were set aside for Iraqi and Syrian refugees displaced due to war (DIBP, 2016a, p. 5). Further increases in the annual humanitarian intake will come into effect over the next two years with 16 250 places in 2017–18 and 18 750 in 2018–19 (DIBP, 2016b, p. 4).

Settlement issues

Individuals migrating to Australia do so for various reasons, such as escaping persecution, seeking a better life, finding employment and reuniting with family living in Australia (Productivity Commission, 2016). While resettling in a new country can be a positive experience for many migrants, others can face significant challenges in adapting to life in a new country. Humanitarian migrants often face challenges during settlement as a result of their pre-migration experiences. These challenges can be social, personal, economic or health-related and can present significant barriers to successful settlement.

Social challenges: One of the main barriers to settling well in a new country is the inability to speak the host nation's language. Many humanitarian and family stream migrants arrive with limited to no English skills, which affects their ability to develop independence and to participate socially (Renzaho and Dhingra, 2016, p. 7; Doney, 2013, p. 18; Settlement Council of Australia (SCOA), 2014, p. 2; Zuhair et al., 2015, p. 375). In addition, racism and discrimination can also create challenges during the process of resettlement, with some migrants experiencing racial and religious abuse and being stigmatised (Renzaho and Dhingra, 2016, p. 16; Masri, 2002, p. 17; Kivunja et al., 2014, p. 65; SCOA, 2014, p. 24). These experiences can affect new arrivals' settlement outcomes as they decrease their willingness to develop social connections with those outside of their cultural groups and participate fully in Australian society.

Difficulty accessing housing also affects migrants' settlement. New migrants can experience discrimination when accessing housing due to a reliance on welfare payments and a lack of references. Additionally, their limited English skills makes completing forms particularly challenging and many have a limited knowledge of the housing market or tenants' rights and responsibilities (Federation of Ethnic Communities' Council of Australia (FECCA), 2015, p. 18; Masri, 2002, p. 12; RCoA, 2013, p. 7). Many struggle to find appropriate and affordable housing, leading to risk of homelessness and overcrowding (RCoA, 2013, p. 4; Masri, 2002, p. 12).

Economic challenges: Many newly arrived migrants face barriers to economic participation that can affect their settlement. Low English proficiency affects economic participation, as an individual's competency in speaking English increases their likelihood of securing and maintaining employment (Güven and Islam, 2013, p. 14; SCOA, 2014, p. 2; Zuhair et al., 2015, p. 375). Lack of recognition of educational qualifications and prior work experience can affect their ability to gain the same level of employment as they previously held (Renzaho and Dhingra, 2016, p.11; SCOA, 2014, p. 1). New arrivals may experience institutional racism when seeking employment, as they may be denied jobs or have their employment terminated (Jakubowicz et al., 2014, p. 10; Renzaho and Dhingra, 2016, p. 16).

Additionally, factors such as racism, a lack of local experience, language difficulties and past trauma experiences make the process of beginning a new career path difficult and unrealistic for some new arrivals (Renzaho and Dhingra, 2016, p.11; Department of Social Services (DSS), 2016, p. 52; SCOA, 2014, p. 1). Despite this, research suggests that those who resettle in regional and rural areas are fifty per cent more likely to gain employment compared to those in metropolitan areas, and second-generation migrants' employment outcomes exceed those of their Australian-born peers (SCOA, 2014, p. 33).

Health challenges: Health issues can affect humanitarian and other migrants' settlement. Some have been victims of torture, or have experienced persecution and war. These traumatic experiences can lead to mental health issues, such as post-traumatic stress disorder, depression and anxiety (Schweitzer et al., 2011, p. 300; Doney et al., 2013, p. 15; Fozdar and Hartley, 2012, p. 19; Burnett and Peel, 2001, p. 545). Although non-humanitarian migrants may also experience these mental health issues, the prevalence amongst humanitarian entrants is ten times higher than other groups in society (Schweitzer et al., 2011, p. 300). These mental health issues can become more complex during resettlement, as challenges experienced during resettlement can act as stressors (Schweitzer et al., 2011, p. 300). Poor mental health can hinder concentration and create memory loss, and reduce the ability to learn language and other skills, affecting both economic and social participation (Burnett and Peel, 2001, p. 545; Schweitzer et al. 2011, p. 302).

Additionally, some migrants may have spent years in refugee camps or other challenging environments with limited or no access to shelter, nutritious foods and healthcare. This often results in poor dental hygiene, malnutrition, exposure to HIV/AIDs, and undiagnosed or unmanaged chronic pain and diabetes (New South Wales Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), 2004, p. 16; Burnett and Peel, 2001, p. 544). It can also expose some migrants to diseases such as tuberculosis and intestinal parasites (STARTTS, 2004, p. 16; Maitland Social, 2008, p. 29; Burnett and Peel, 2001, p. 545). If left untreated, these health issues can affect new arrivals' mobility and daily function.

Other integration challenges: Migration causes disruptions to individuals' religious, cultural and leisure habits and can result in the loss of a sense of belonging and identity (DIBP, 2009, p. 6; Bhugra and Becker, 2005, p. 21). New arrivals can face 'culture shock' when the host nation's culture, values and beliefs differ significantly from what they are accustomed to, and it can challenge individuals' sense of identity (Masri, 2002, p. 16; Bhugra and Becker, 2005, p. 21). Some may feel conflicted if they are unable to adapt to these social, environmental and cultural changes, leading to feelings of isolation, cultural confusion and depression (Bhugra and Becker, 2005, p. 21). This, in turn, may have a negative impact on new arrivals' willingness to interact with those outside of their cultural group, thereby affecting their ability to fully participate socially and economically.

Discord between new arrivals' cultural values, beliefs and ideologies and those of the host nation can also affect family dynamics. This can be particularly challenging for migrants from countries where patriarchal and traditional gender roles are upheld (Renzaho and Dhingra, 2016, p. 8; Fisher, 2013, p. 838; Doney, 2013, p. 18). Women's ability to gain employment and financial independence in Australia (either through work or direct receipt of welfare payments) can be perceived by some migrants as a challenge to male authority (Fisher, 2013, p. 842; Renzaho and Dhingra, 2016, p. 8). Men who perceive their wife and children as being the agents of their disempowerment may resort to violence in an attempt to reinstate their position of power, leading to family breakdown (Fisher, 2013, p. 842; FECCA, 2012, p. 15).

Settlement and other supports and services

Migrants and new arrivals can access a range of mainstream and settlement-specific support services offered through the government and non-government sectors. The National Settlement Framework (DSS, 2016b) identifies nine priority areas in which migrants and new arrivals often require support. These are: education and training, employment, health and wellbeing, housing,

language services, transport, civic participation, family and social support, and justice (DSS, 2016, p. 3). The Australian Government offers a suite of services with the aim of assisting new migrants to participate equitably in Australian society and to become self-reliant. Many of these programs address one or several of the priority areas for settlement support. Some of the key programs are reviewed in brief below.

Adult Migrant English Program (AMEP): The Australian Government offers language services to newly arrived migrants and refugees through the Department of Education and Training's AMEP. The AMEP offers eligible migrants and humanitarian entrants 510 hours of English language tuition. From 1 July 2017, clients who have not reached functional English after completing the 510 hours will be eligible for an additional 490 hours' tuition (DET, 2016). Gaining proficiency in English is recognised as essential for new migrants as it increases the likelihood of gaining employment and improves perceptions of life satisfaction (Guyen and Islam, 2015, p. 13).

An independent evaluation of the AMEP was commissioned in 2014. Findings from the evaluation have informed the development of a new business model for AMEP, which aligns with the new service provider contract period commencing 1 July 2017. Changes to the business model will include a greater emphasis on helping clients 'achieve better English language outcomes in order to find sustainable employment and participate independently in society' (DET, 2016).

Skills for Education and Employment Program (SEE): The Australian Government offers language, literacy and numeracy skills to prepare eligible migrants and refugees for employment through the Department of Education and Training's Skills for Education and Employment Program (SEE) (Acil Allen Consulting, 2015, p. 75). The SEE program aims to respond to the needs of many new arrivals who may have experienced disrupted education, who may not have been employed in their country of origin, or whose qualifications may not be recognised in Australia (DIBP, 2016c).

An independent evaluation of the SEE program, also commissioned in 2014, has informed the development of a new business model which 'is designed to maximise learning outcomes for clients, allow greater program participation, allow flexible training delivery to best meet client's needs, and allow greater focus on innovative practice'.

Australian Cultural Orientation Program (AUSCO): The Department of Social Services' AUSCO program is provided to refugees and Special Humanitarian Program entrants prior to their settlement in Australia. It aims to provide clients with a realistic account of life in Australia, and assist them to develop the skills needed for their transition to Australia, and for their initial settlement period (DSS, 2017c). AUSCO focuses primarily on the practical information clients will require on their journey to Australia and in their first few weeks of settlement, and is supplemented by more in-depth orientation delivered onshore through the Humanitarian Settlement Services program.

A research-based evaluation of the AUSCO curriculum was conducted in 2015–16. The final report on the review included nine recommendations in order to improve the AUSCO curriculum. One of the key recommendations was for the replacement of the existing AUSCO Student Handbook with a 'Student Folder' containing only the necessary information clients will require in their first few weeks of settlement in Australia.

Humanitarian Settlement Services (HSS): The Department of Social Services' HSS program provides early practical support to humanitarian entrants on arrival and throughout their initial settlement period, generally for the first 6–12 months (DSS, 2017b). HSS providers work with clients to assess and identify needs and deliver a tailored package of services to meet those needs. Services may include: meeting clients when they arrive, help finding suitable accommodation, initial orientation and a package of basic household goods. HSS providers also assist clients to register with Centrelink, Medicare, health services, banking and schools. To be eligible for the program, clients must hold a refugee category visa (subclass 200, 201, 203, and 204) and a global special humanitarian (subclass 202) visa (DSS, 2017b).

Humanitarian Settlement Program (HSP): The Department of Social Services is combining the existing HSS and CCS Programs to form the new HSP. The HSP aims to build skills and knowledge for the social and economic wellbeing of humanitarian entrants through a tailored, needs-based Case Management approach. The HSP will take into account a recent independent evaluation of the HSS and CCS programs, and has been designed with potential service providers through co-design workshops.

The new look settlement program will build on the success of the current programs and move towards an outcomes-based delivery framework, with a renewed focus on achieving English language, education and employment outcomes. It will aim to improve linkages to other key Government programs such as the AMEP and *jobactive*. HSP services are expected to commence in October 2017.

Complex Case Support (CCS): The Department of Social Services' CCS program provides individualised intensive case support to eligible humanitarian migrants with exceptional needs that are beyond the scope of other settlement services (DSS, 2016). The program is available for up to five years after arriving in Australia and includes access to a variety of services, including: mental and physical health services, disability services, family violence intervention and support to manage accommodation, and assistance with financial and legal issues. To be eligible, humanitarian entrants must hold either a refugee, special humanitarian entrant, permanent protection or a temporary visa (DSS, 2016).

Programme of Assistance for Survivors of Torture and Trauma (PASTT): The Australian Government Department of Health provides the PASTT program, which is available to humanitarian entrants and individuals on temporary substantive visas. The PASTT program provides a range of supports for individuals who are experiencing psychological or psychosocial difficulties associated with surviving torture and trauma before coming to Australia (Department of Health, 2014).

Free Interpreting Service: The Australian Government Department of Social Services provides free interpreting services to provide equitable access to key services (that are not government funded). It is available to non-English speakers who have a Medicare card and to Australian citizens and permanent residents who do not speak English. The service is delivered by the Translating and Interpreting Service (TIS National) (DSS, 2017d).

Free Translating Service: The Australian Government Department of Social Services provides free translating services for people settling permanently in Australia. Permanent residents and

select temporary or provisional visa holders can have up to ten eligible documents translated into English within the first two years of their eligible visa grant date (DSS, 2017e).

Settlement Grants (SG): The Department of Social Services' SG program is the subject of this evaluation.

Appendix B Case study data collection

Client focus groups

Across the three case study sites, a total of nine client focus groups were facilitated with clients from a range of language backgrounds. Independent interpreters were engaged for seven of the nine focus groups. A total of 94 clients supported by SG-funded SPs participated in the focus groups. Seven of the nine focus groups included a mix of men and women. One focus group included men only and one included women only. The client focus group data answer evaluation questions in relation to appropriateness and how well the program is meeting client needs (see Appendix C for a copy of the focus group discussion guide).

Six of the nine focus groups were conducted with adults and three with youth. Most of the adult participants were from East Asia and the Middle East including China, Iraq, Iran, Afghanistan, Syria and Kuwait, and Nepal. The majority arrived as humanitarian entrants, with relatively fewer arriving through the other eligible streams¹¹:

TABLE B-1 CLIENT FOCUS GROUPS—CLIENTS' MIGRATION STREAMS

Clients—migration stream	NSW	SA	Vic	Total
Humanitarian	19	30	30	79
Family stream	9	3	0	12
Spouse	1	0	2	3
Total	29	33	32	94

The adult participants ranged in age from 24 to 78. Most had been in Australia for between one and four years, but one of the focus groups also included participants who had been in Australia for more than five years and they spoke about their ineligibility for support under the SG program.

Three focus groups were arranged for the youth cohort with a view to exploring the range of supports available under the youth settlement support stream that is accessible to youth aged 15–24 years. The majority were from South Asia, East and West Africa and the Middle East. Although the majority of youth participants were aged between 15 and 24 years, a small number were aged between 25 and 31 years. The majority of youth participants had been in Australia for between four months to two years, however, some had been in Australia for more than five years. One 18-year-old, for example, arrived in 2005.

SG SPs focus groups and interviews

Across the three case study sites, 23 SPs who work for organisations that receive SG funding (and often other sources of funding) participated in focus groups or interviews. See Appendix D for a copy of the service provider focus group discussion guide.

TABLE B-2. NUMBER OF SERVICE PROVIDER FOCUS GROUPS AND INTERVIEW PARTICIPANTS

¹¹ The other categories of eligible migrant are: family stream migrants with low English language proficiency; dependents of skilled migrants living in rural and regional areas with low English skills; and temporary residents living in rural and regional locations and their dependents (Prospective Marriage (subclass 300) visa and Provisional Partner (subclass 309)).

SG-funded SPs	NSW	SA	Vic	Total
No. of participants	6	13	4	23

Non-SG service provider focus groups and interviews

Ten non-SG-funded SPs were interviewed across the three sites, although more were invited to participate in each location. These represented a range of services, including employment support services, torture and trauma assistance, AMEP, state-based Department of Education staff, mental health support services, HSS providers, CCS providers and non-government organisations. See Appendix E for a copy of the non-SG service provider focus group discussion guide.

TABLE B-3. NUMBER OF PARTICIPANTS FROM NON-SG-FUNDED SERVICE PROVIDERS INTERVIEWED BY STUDY SITE

Non-SG-funded SPs	NSW	SA	Vic	Total
No. of participants	2	4	4	10

Interviews with ethno-specific community organisations/leaders

DSS provided the research team with a list of names of community leaders in all three case study locations that included a range of DSS funded, other funded, as well as ad hoc groups. Attempts were made to interview between 3–4 participants per site. In total, interviews were conducted with six ethno-specific community leaders. Interviews were arranged with several additional participants, however, participants' unavailability in the timeframe precluded the inclusion of more participants. See Appendix F for a copy of the community leaders interview guide.

TABLE B-4. NUMBER OF ETHNO-SPECIFIC COMMUNITY LEADERS INTERVIEWED BY STUDY SITE

Ethno-specific community leaders	NSW	SA	Vic	Total
No. of participants	3	2	1	6

Focus group with SG volunteers

Ten unpaid volunteers participated in a focus group in one of the fieldwork locations. The volunteers comprised former and existing SG clients, and some highly skilled migrants, some of whom had arrived on business visas. All volunteered to help build a stronger community for new arrivals. The discussion with the volunteers included elements of the SP and clients' discussion guides.

TABLE B-5. NUMBER OF VOLUNTEERS WHO PARTICIPATED IN A FOCUS GROUP IN ONE OF THE FIELDWORK LOCATIONS

Volunteers	Total
No. of participants	10

Qualitative data analysis

A coding frame was developed for analysing the interview transcripts. The first step involved reviewing several paper-based transcripts to identify the themes discussed and to develop codes or labels. The coding frame also incorporated the key review questions. The second step involved applying the preliminary codes to a number of transcripts in *NVivo*, the qualitative data analysis software. A benefit of using *NVivo* is that it allows for the same piece of text to be coded under multiple codes (called 'nodes' in *NVivo*). *NVivo* also assists with managing the data hierarchically so that the codes can be organised into a coding tree with branches and sub-branches.

Appendix C Client focus group discussion guide

Information for interpreter

This focus group discussion is part of an Evaluation of the Settlement Grants Program that the Social Policy Research Centre at UNSW Sydney is conducting for the Australian Government Department of Social Services. The Settlement Grants Program is an Australian Government grant program which provides funding to organisations to help new arrivals settle in Australia. Settlement grants provide support for humanitarian entrants and other eligible migrants in their first five years of life in Australia, with a focus on fostering social and economic participation, personal wellbeing, independence and community connectedness. Organisations can apply for settlement grants in order to assist humanitarian entrants and other eligible migrants to settle in Australia. For more information: <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/settlement-grants-program>.

Key points to note when facilitating a group discussion:

- It is important that all participants get an opportunity to speak in the focus group discussion and that particular people do not dominate the discussion.
- If a particular opinion/viewpoint is expressed by an individual, try to gauge whether others in the group agree or disagree with the opinion/viewpoint.
- Try to get people to elaborate on opinions/viewpoints they express by asking questions along the lines of: Why do you think that? Can you tell me a bit more about...?

Information for participants: Introducing the purpose of the research

- To understand how the Settlement Grants Program is supporting people who have migrated to Australia:
 - How has the support helped?
 - Have people been able to access all the support they need?
 - What things have they not been able to get help with?
 - Can they think of any ways that support could be improved?

Let clients know that the Settlement Grants Program is different to the HSS—Humanitarian Settlement Services (HSS).

- The **HSS program** provides early practical support to humanitarian entrants on arrival and throughout their initial settlement period, generally **for the first six to 12 months**.
- **Settlement grants** provide support for humanitarian entrants and other eligible migrants in **their first five years of life in Australia**, with a focus on fostering social and economic participation, personal wellbeing, independence and community connectedness.

Make it clear to participants that the aim of the focus group is to understand their experience of receiving settlement support. We are NOT asking them to provide accounts of why or in what circumstances they migrated. They do not need to give personal information, but we will ask where they were born, their age and when they came to Australia—they can choose if they want to give us that information or not.

Remind participants that:

- Participation is voluntary, they do not have to take part if they don't want to.
- If they decide to take part and then change their mind, they are free to leave the discussion at any stage.
- They do not have to answer any questions they don't want to.
- There are no right or wrong answers—the aim of the discussion is to understand their experiences.
- Their names will not be used in any reports written about the research.
- If anyone finds the discussion upsetting at all, please let us know. You can leave the discussion and we will try to find someone for you to speak to about your feelings.
- Ask if anyone has any questions.
- Invite participants to sign the consent form—if they do not want to sign the consent form they can provide verbal consent.
- Tell participants that you will turn the recorder on and ask them all to individually confirm their consent to participate in the focus group discussion for the purpose of the recording.

Topic guide

- **Background information:**
 - Where is their country of birth?
 - What is their age?
 - How long have they been living in Australia?
 - What type of migrant are they (humanitarian, family, skilled, other)?
 - Do they live locally? If so, how long have they been living in the community?
- **Initial contact with Settlements Grants service provider:**
 - When did they first make contact with [insert name of SGP-funded org]?
 - How was the first contact arranged—were they referred by another service/organisation? Did someone tell them about the [insert name of SGP-funded org]?
 - Do they have a caseworker at the [insert name of SGP-funded org] or a key point of contact?
 - How often do they have contact with someone in the [insert name of SGP-funded org]?
 - Are they happy with the level of contact they have or would they like more?
- **Supports provided by SGP service provider:**
 - What type of things has [insert name of SGP-funded org] helped with?
 - Specifically, ask about whether the [insert name of SGP-funded org] has helped them with:

- practical assistance (referrals to other services, form filling etc.)
 - financial problems
 - health and emotional problems
 - building English language skills,
 - studying or accessing education,
 - employment—for example resumes, interview skills
 - community engagement
 - building their independence.
- How has the support they received helped them? Ask participants to provide some examples.
- What was the most helpful support provided by [insert name of SGP-funded org]? Why was it the most helpful?
- Can they identify any supports that they wanted but could not get from [insert name of SGP-funded org]?
- Do they get similar help from other organisations or anyone else in the community?
- **Community participation/engagement & links:**
 - Has the support they have received from the [insert name of SGP-funded org] helped them to get involved in their local community? Ask participants to provide some examples of how.
 - **Has the support provided by** [insert name of SGP-funded org] helped them to get to know and mix with other people in their community? If yes, are these connections limited to people with the same cultural/language background as them or with other people in their community.
- **Settlement Grants program effectively engaging the target population:**
 - Are the supports provided by [insert name of SGP-funded org] helping with their settlement in Australia? Is there anything that you have not been able to get help with?
 - Do they know people who could access support from [insert name of SGP-funded org] but don't? If yes, do they know why people don't access support from [insert name of SGP-funded org]?
- **How settlement services could be improved:**
 - Thinking about your time since arriving in Australia, what other support would have made it easier for you to settle in Australia?

Appendix D Service provider focus group discussion guide

Introduction

This focus group discussion is part of an Evaluation of the Settlement Grants that the Social Policy Research Centre at UNSW Australia is conducting for the Department of Social Services (DSS).

The research study is aiming to study the appropriateness, effectiveness and efficiency of Settlement Grants. It includes questions about your organisation's activities, monitoring the impact and structure of the program. You have been invited because we want to know how service providers feel about Settlement Grants. (You might also refer to this as the Settlement Services Program—SSP).

Aim of the discussion

To get an understanding of:

- Types of settlement services delivered under Settlement Grants and their effectiveness
- Whether the program is effectively engaging the target population
- Attitudes towards innovation in the program
- The efficiency of service delivery.
- **Main client groups supported in local area:**
 - Country of origin, main age groups, length of time in Australian community.
 - Community supports, perceptions of how well these groups are settling in the local community and community cohesiveness.
 - Do any of these service providers fund ethno-specific community organisations in the local area? If yes, what are they?
 - What are the needs of ethno-specific community organisations? What do they mainly use their funding for?
- **Settlement services delivered under Settlement Grants:**
 - What do you consider to be the intended outcomes of Settlement Grants?
 - Are the intended outcomes of the program clear and measurable? (How do you measure client outcomes (formally or informally)?)
 - How well is the program meeting clients' needs? Ask about the range of services available in community—are they adequate/appropriate? Are there any gaps in support for SG clients?
 - Is Settlement Grants assisting clients in the govt. priority areas of English, education, employment? How? How are these services balanced with services to address other settlement needs (such as accommodation, transport, etc.)?
- **Service system:**

- How well does the service system work together to support the settlement of humanitarian and other recently arrived migrants? Are there any examples of duplication of service provision?
- How well are referrals into and out of the program working (e.g. between HSS & SGP, into DET's Adult Migrant English Program (AMEP) & Dept. of Employment's *jobactive*).
- Do you have any views on how organisations providing services to new arrivals can work better together?
- **Is the program effectively engaging the target population?**
 - Why do some eligible clients not take up Settlement Grants funded services?
- **Effectiveness of supports funded under Settlement Grants:**
 - Ask for examples of intended outcomes in particular areas (e.g. English language proficiency, employment, education, community building activities).
 - Ask for examples of unintended (positive and negative) outcomes of Settlement Grants funded support?
 - What factors are contributing to, or preventing, client needs being met?
 - To what degree can client outcomes be attributed to Settlement Grants services?
- **How well is the program encouraging innovation?**
 - Any examples?
 - Do current arrangements encourage innovation?
 - How could the current environment for innovation be improved?
- **How efficient is the program in the delivery of services?**
 - How well is the current funding structure supporting outcomes?

Introduction

This focus group discussion is part of an Evaluation of the Settlement Grants Program that the Social Policy Research Centre at UNSW Sydney is conducting for the Australian Government Department of Social Services. Settlement Grants is an Australian Government grant program which provides funding to organisations to help new arrivals settle in Australia. Settlement grants provide support for humanitarian entrants and other eligible migrants in their first five years of life in Australia, with a focus on fostering social and economic participation, personal wellbeing, independence and community connectedness. Organisations can apply for settlement grants in order to assist humanitarian entrants and other eligible migrants to settle in Australia. For more information: <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/settlement-grants-program>.

Aim of the discussion

To get an understanding of:

- how well Settlement Grant and non-Settlement Grant-funded organisations are working together to meet Settlement Grants clients' settlement needs
- how effective are referrals between Settlement Grants and non-SGP-funded organisations
- what are the key service gaps for Settlement Grant clients in the local area.

Which are the main humanitarian and other recently arrived migrants settled in the local area?

- Main countries of origin
- Length of time in community
- Main age groups
- Perceptions of how well these groups are settling in the local community (this will be explored in greater depth later in the discussion).

As this focus group is a component of the evaluation of Settlement Grants, check if everyone is familiar with the program:

- Eligibility criteria: 5 years, eligible clients (humanitarian entrants; family stream migrants with low English language proficiency; dependents of skilled migrants in rural/regional areas with low English language proficiency; selected temporary residents—e.g. prospective marriage and provisional partner visa holders in rural and regional areas).
- Service streams: casework/coordination and settlement service delivery, community coordination and development, youth settlement services and support for ethno-specific communities
- Whether they are familiar with local organisations that receive Settlement Grant funding?

Supports for humanitarian and other recently arrived migrants in the local area—these non-Settlement Grant provider participants will likely provide support to Settlement Grant clients, so get an overview of what kind of supports are available in the local community:

- Ask participants what supports they provide to humanitarian and other recently arrived migrants.
- Do participants know the organisations that receive Settlement Grant funding in this area?
- How did/do they find out about them?
- What level of contact do they have with them?
- Do they get or make referrals to organisations funded under the Settlement Grants?
 - Why/ why not?
 - What is the form of referrals? (e.g. cold/warm, structured/unstructured, etc.)
- Do they have any views on how well organisations funded under the Settlement Grants support eligible clients? What do they base these views on?
- How well are the different components of the service system working together to support the settlement of humanitarian and other recently arrived migrants? Are there any examples of duplication of service provision?
- Can they identify any service support gaps for humanitarian and other recently arrived migrants in their local community? What additional supports are required? Are there any barriers to providing this support?
- Could the resources that are provided to support settlement in the local area be more efficiently allocated? How?
- Do they have any views on how organisations providing services to new arrivals can work better together?
- Ask for examples of good settlement outcomes in the local area—how has this been achieved?
- Ask for examples of poor settlement outcomes in the local area—why has this been the case?
- Do some humanitarian and other recently arrived migrants appear to settle better than others? Why?

Appendix F Community leaders interview guide

Introduction

This focus group discussion is part of an Evaluation of the Settlement Grants Program that the Social Policy Research Centre at UNSW Sydney is conducting for the Australian Government Department of Social Services. Settlement Grants is an Australian Government grant program which provides funding to organisations to help new arrivals settle in Australia. Settlement grants provide support for humanitarian entrants and other eligible migrants in their first five years of life in Australia, with a focus on fostering social and economic participation, personal wellbeing, independence and community connectedness. Organisations can apply for settlements grants in order to assist humanitarian entrants and other eligible migrants to settle in Australia. For more information: <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/settlement-grants-program>.

Aim of the discussion

To get an understanding of:

- how well local organisations are working together to meet Settlement Grant clients' settlement needs
- what are the key service gaps for Settlement Grant clients in the local area.

Participant's role:

- organisation
- community involvement
- length of time working with community.

Which are the main humanitarian and other recently arrived migrants settled in the local area?

- Main countries of origin
- Length of time in community
- Main age groups
- Perceptions of how well these groups are settling in the local community:
 - Key challenges.
 - Community cohesiveness.
 - Do some humanitarian and other recently arrived migrants appear to settle better than others? Why?
 - What are their key support needs?

As this interview is a component of the evaluation of the Settlement Grants, check if interviewee is familiar with Settlement Grants:

- Eligibility criteria: 5 years, eligible clients (humanitarian entrants; family stream migrants with low English language proficiency; dependents of skilled migrants in rural/regional areas with low English language proficiency; selected temporary residents—e.g. prospective marriage and provisional partner visa holders in rural and regional areas).

- Service streams: casework/coordination and settlement service delivery, community coordination and development, youth settlement services and support for ethno-specific communities.
- Whether they are familiar with local organisations that receive Settlement Grant-funding? Which ones?
- Do they receive Settlement Grant funding? If yes,
 - do they receive Settlement Grants funding to provide services to clients?
OR
 - are they funded under the ethno-specific community stream?

Supports available in local community:

- What supports are available in the local community to support humanitarian and other recently arrived migrants settle in the local area?
- Do local services appear to be working well together?
- Is there overlap or doubling up of supports provided in the local community?
- Do you have any views on how organisations providing services to new arrivals can work better together?

Capacity-building supports in the local community:

- What capacity building supports and activities are evident in the local community (check if these are funded under SGP)?
- What are the key differences between settlement services to clients, and capacity building support to clients and communities?
- Are there any gaps in settlement support and/or capacity building activity in the local community? What are they? What are the barriers to filling these gaps?
- Do the available settlement supports and/or capacity building activities appear to be appropriate to meet the needs of humanitarian and other recently arrived migrants? Why/not? Ask for examples.
- Do the available settlement supports and/or capacity building activities appear to be effective in meeting the needs of humanitarian and other recently arrived migrants? Why/not? Ask for examples.
- Do the available settlement supports and/or capacity building activities appear to be efficient (value for money) in meeting the needs of humanitarian and other recently arrived migrants? Why/not? Ask for examples.
- Could the resources that are provided to support settlement in the local area be more efficiently allocated? How?
- Can you provide any examples of good settlement outcomes in the local area—why has this been the case?

Appendix G Service providers' questionnaire

DSS—Settlement Grants Program Survey

Please indicate that you have read the information sheet.*

I have read the information sheet

Questions about your organisation

You might also refer to Settlement Grants as the Settlement Services Program—SSP.

1) Which Settlement Grants Program-funded organisation do you work for?

2) Organisation size:

Under 10 staff

11–30 staff

31–100 staff

Over 100 staff

3) In which state/territory does your organisation provide Settlement Grant services? (Please tick all that apply)

Australian Capital Territory

New South Wales

Northern Territory

Queensland

South Australia

Tasmania

Victoria

Western Australia

4) Does your organisation provide services in:

- Metropolitan areas
- Regional areas
- Both metropolitan areas and regional areas

5) Where does your organisation provide its services?

- Mostly in metropolitan areas
- Mostly in regional areas
- About half in metropolitan areas and half in regional areas

6) What is your role in your organisation?

- CEO / Senior Management
- Management
- Casework support
- Other (please specify):

7) Does your organisation receive other funding in addition to Settlement Grant funding?

- Yes
- No

8) Approximately, what proportion of your organisation's annual operational budget does Settlement Grants funding constitute?

- Less than 10%
- 10–24%
- 25–49%
- 50–74%
- More than 75%

Don't know

Comments:

9) Settlement Grants funding received by my organisation is sufficient to meet the program costs

Yes

No

Don't know

Comments:

10) Does your organisation engage volunteers to support activities funded under Settlement Grants?

Yes

No

Comments:

11) Does your organisation support clients from:

A range of language, religious and/or cultural backgrounds

An ethno-specific community/group

Both

Comments:

12) What clients does your organisation support as part of Settlement Grants? (Please tick all that apply)

Humanitarian entrants

Family stream migrants (with low English language proficiency)

Dependents of skilled migrants in rural and regional areas (with low English language proficiency)

Selected temporary residents (e.g. Prospective Marriage & Provisional Partner visa holders) in rural and regional areas

Other (Please specify):

13) What service streams is your organisation funded to provide under Settlement Grants? (Please tick all that apply)

Casework, coordination and settlement service delivery

Community coordination and development

Youth settlement services

Support for ethno-specific communities

14) Please list the three main activities that your organisation provides through the *casework, coordination and settlement service delivery* stream

15) Please list the three main activities that your organisation provides through the *community coordination and development* stream

16) Please list the three main activities that your organisation provides through the *youth settlement services* stream

17) Please list the three main activities that your organisation provides through the *support for ethno-specific services/communities* stream

Questions about clients' referrals

18) Are the services you provide as part of Settlement Grants:

Accessible only to people with referrals

Accessible to anyone with or without referral

Other (Please specify):

19) Does your organisation have a formal process for receiving incoming referrals?

Yes

No

Comments:

20) What are the top 5 sources of referrals into your organisation's Settlement Grant? (Please drag the services from the left-hand list into the right-hand list to order them from the service that provides more incoming referrals to the service that provides less incoming referrals)

Humanitarian Settlement Services (HSS)

Complex Case Support (CCS) Program

Centrelink

jobactive

Housing

Health Services

Adult Migrant English Program (AMEP)

Ethno-specific club/organisation

Self-referral

Family/friends

Schools

Local Council

Other Settlement Grant providers

Other (Please specify in the comment box below)

Comments:

21) Do you refer clients to other services?

Yes

No

Don't know

22) What are the top 5 services that you refer clients to? (Please drag the services from the left-hand list into the right-hand list to order them from the service to which you refer more clients to the service to which you refer less clients)

Humanitarian Settlement Services (HSS)

Complex Case Support (CCS) Program

Centrelink

jobactive

Housing

Health services

Adult Migrant English Program (AMEP)

Ethno-specific club/organisation

Self-referral

Family/friends

Schools

Local Council

Other Settlement Grant providers

Other, please specify:

Other (Please specify):

Comments:

23) Does your organisation have a formal process for referrals to other services?

Yes

No

Comments:

24) Does the Settlement Grants Program target the most vulnerable clients?

Yes

No

Don't know

Comments:

Questions about services provided by Settlement Grant funds

25) The [National Settlement Framework](#) identifies nine priority areas for settlement support. In which of the priority areas does your organisation provide services such as referral/information sessions/specific projects etc.? (Please tick all that apply)

Language services (translating and interpreting services)

Housing (accommodation/public housing programs)

Civic participation (citizenship, engagement with institutions and processes)

Employment (workplace and work readiness/job assistance)

Health and wellbeing (community care, support programs, specialised health/medical/disability programs)

Family and social support (income, family and child support programs, family relationship services, family/domestic violence)

Education and Training English language and literacy (early childhood, youth and adult education and training)

Transport (public transport, driver education/licences)

Justice (legal, dispute resolution services)

Comments:

26) What does your organisation provide to support clients in accessing employment? (Please tick all that apply)

Information sessions about employment services and systems in Australia

Skill development classes (e.g. computer skills)

Employment preparation programs

- Referrals to employment services/training programs
- Assistance with having clients' qualifications recognised
- Assistance with interview skills
- Assistance with job applications
- Assistance with CVs
- Other (Please specify):

Comments:

27) What does your organisation provide to support clients in accessing education? (Please tick all that apply)

- Training (please specify what type/s of training):
- Referrals to education providers
- Assisting clients to provide proof of their qualifications
- Assisting clients with course enrolment applications
- Other (Please specify):

Comments:

28) What does your organisation provide to support clients' English language learning? (Please tick all that apply)

- Opportunities for conversational English
- Referrals to language providers (e.g. AMEP)
- Other (Please specify):

Comments:

Questions on the program's outcomes

29) How does your organisation monitor client outcomes? (Please tick all that apply)

- We use the DSS Data exchange

We use our own internal database

We don't formally record client outcomes

Other (Please specify): _____

30) Please indicate how much you agree or disagree with each statement:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	N/A
My organisation provides good support to assist clients with language services	()	()	()	()	()	()
My organisation provides good support to assist clients with accessing employment	()	()	()	()	()	()
My organisation provides good support to assist clients with accessing education and English language	()	()	()	()	()	()
My organisation provides good support to assist clients with housing needs	()	()	()	()	()	()
My organisation provides good support to assist clients with civic participation	()	()	()	()	()	()
My organisation provides good support to assist clients with issues relating to health and wellbeing	()	()	()	()	()	()
My organisation provides good support to assist clients with family and social support	()	()	()	()	()	()

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	N/A
My organisation provides good support to assist clients with transport/driving/license needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organisation provides good support to assist clients with justice issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

31) Do you think Settlement Grants provides services that are already provided by the State/Territory or Local Government?

Yes

No

Don't know

32) Please provide examples of duplication in services:

33) Are there any other client needs that should be addressed by Settlement Grants that currently aren't?

Yes

No

Comments:

34) Do you have any suggestions about how the Settlement Grants Program could be improved to better meet client needs?

Questions on innovative practices

35) Is innovation encouraged under the Settlement Grants Program?

Yes

No

Comments:

36) Does your organisation have particular innovative practices to:

	Yes	No
Address barriers that limit clients' access to services you provide	<input type="checkbox"/>	<input type="checkbox"/>
Address barriers that limit clients' use of the services you provide	<input type="checkbox"/>	<input type="checkbox"/>
Respond to clients' support needs	<input type="checkbox"/>	<input type="checkbox"/>
Maximise the effective use of resources	<input type="checkbox"/>	<input type="checkbox"/>

37) Please provide an example of your organisations' innovative practices under Settlement Grants Program?

38) Why do you think that some eligible clients do not access/use support provided through the Settlement Grants program? (Please tick all that apply)

Don't know about services

Don't need services

Not interested in attending

Prefer to use alternative services

Can't get to services (e.g. no transport/too far to travel)

Other (Please specify)

Comments:

Questions on the effectiveness of Settlement Grants overall

39) Please indicate how much you agree or disagree with each statement

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	N/A
My organisation helps clients to become self-reliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organisation helps clients to participate equitably in society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The four components of the program (i.e. casework/coordination and settlement service delivery, community coordination and development, youth settlement services and support for ethno-specific communities) are a useful way to structure Settlement Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals between Settlement Grants and other programs are working well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

40) Are there any unintended positive outcomes of Settlement Grants?

Yes (Please specify):

No

Don't know

41) Are there any unintended negative outcomes of Settlement Grants?

Yes (Please specify):

No

Don't know

42) Do you think Settlement Grants could be improved in any way?

Yes

No

43) Do you have any thoughts on how the program could be improved?

44) Can you identify any barriers to this happening?

45) Do you have any further comments about the Settlement Grants Program?

46) Would you like to receive feedback about the overall results of this study in the form of a short research summary after the study is finished?

Yes

No

47) Please enter your email address. Your email address will be used by the research team at UNSW Australia only to send you the summary of the study findings. It will not be used to identify your responses and it will not be shared with anyone.

48) As a token of appreciation for responding to the survey, we are running a prize draw to **win an iPad**. If you would like to go into the prize draw, please leave your email address here:

Thank You!

Appendix H Service provider survey—participants' background and detailed results

Methods and data collection

An online survey (copy at Appendix G) exploring questions about the appropriateness, effectiveness and efficiency of the SG program was developed in collaboration with DSS. An invitation containing a link to the online survey was sent to the primary contacts of 113 organisations, of which 22 were NSW Settlement Partnership organisations. Organisations with fewer than ten SG staff were requested to ask one staff member to complete the survey. Organisations with more than ten SG staff were requested to ask two staff members to complete the survey, whereby at least one staff member held a SG management role and one worked in direct SG service provision.

The participants' answers and scores were summarised through descriptive statistics, e.g. frequencies and averages and tables, and relevant relationships were explored using bivariate statistical analyses.

The survey variables were all categorical. Chi-square tests of independence were computed to check the relationship between relevant questions and the participants' backgrounds, e.g. demographic and socio-economic characteristics. The alpha level was .05. The strength of the chi-square relationships was assessed through the Cramer's V measure.

Cohen's (1977) guidelines regarding effect sizes for the social sciences were adopted: small effect size, $r = 0.1 - 0.29$; medium, $r = 0.30 - 0.49$; large, $r = 0.5$ or larger (Field, 2005). A small effect size of 0.2 indicates that there is a real effect, but this can only be seen through careful study; this has been exemplified by Cohen (1977) as corresponding to the difference in mean height between 15 year old and 16 year old girls in the US, which is about 1 cm. A 'medium' effect size is described as a large enough difference to be visible to the naked eye. Cohen (1977) exemplified this as the magnitude of the mean difference in height between 14 year old and 18 year old girls in the US, which is about 2 cm (Cohen, 1977). A large effect size indicates large differences and grossly perceptible differences, such as for example the mean difference in height between 13 year old and 18 year old girls in the US.

For cross tabulations, adjusted standardised residuals were calculated to determine what factors specifically contributed to group differences (Agresti, 1996). Adjusted standardised residuals are interpreted as a normally distributed variable, so any such residual with an absolute value that is equal to or greater than 1.96 is significant (Sheskin, 1997). For the cells that have a significant residual it can be concluded that the observed frequency differs significantly from the expected frequency. The sign of the standardised residual indicates whether the value is above (+ sign) or below (- sign) what is expected. Adjusted standardised residuals are to be preferred to standardised residuals because they have a sampling distribution closer to standard normal distribution (Bewick, Cheek, & Ball, 2004).

The survey also gave participants the option to enter comments after some questions. These open-ended comments were analysed thematically using the qualitative software *NVivo* and ordered numerically in the tables presented in this Appendix. Ordering the comments numerically gives a sense of the frequency with which the issue was raised in the optional comments. It is important to note that some participant

comments covered more than one issue. Also, occasionally participants' comments essentially duplicated some of the response category options and did not add any more depth to the findings.

Survey results

TABLE H-1 STATES AND TERRITORIES IN WHICH SERVICES WERE PROVIDED (N=112)

States and territories	% ¹	n ²
Australian Capital Territory	1	1
New South Wales	32	36
Northern Territory	2	2
Queensland	22	26
South Australia	9	8
Tasmania	4	5
Victoria	21	26
Western Australia	9	12

Note: Multiple answers question. ¹ Percent of respondents ² Number of responses

TABLE H-2 PARTICIPANTS' ROLE IN THEIR ORGANISATIONS

Role	%	n
CEO / Senior Management	35	39
Management	27	30
Casework support	22	25
Other (e.g. Team leader, Project officer)	16	18
Total	100	112

TABLE H-3 ORGANISATIONS' SIZE

Number of staff members	%	n
Under 10 staff	38	43
11–30 staff	13	15
31–100 staff	31	34
Over 100 staff	18	20
Total	100	112

TABLE H-4 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS WORKING FOR ORGANISATIONS THAT PROVIDED THEIR SERVICES IN METROPOLITAN AND REGIONAL AREAS

Value	%	n
Metropolitan areas	55	62
Regional areas	24	27
Both metropolitan areas and regional areas	21	23
Total	100	112

TABLE H-5 DISTRIBUTION OF SURVEY PARTICIPANTS WORKING FOR ORGANISATIONS THAT PROVIDED THEIR SERVICES BOTH IN METROPOLITAN AND REGIONAL AREAS

Value	%	n
Mostly in metropolitan areas	78	18
Mostly in regional areas	4	1
About half in metropolitan areas and half in regional areas	18	4
Total	100	23

TABLE H-6 SERVICES PROVIDED TO SUPPORT CLIENTS' ENGLISH LANGUAGE LEARNING—OTHER EXAMPLES

SG-provided support for English	No. of comments
English classes	15
Conversation classes	11
Opportunities to speak English	7
Referrals to English classes	5
Home tutoring	4
Advocacy	2

TABLE H-7 SERVICES PROVIDED TO SUPPORT CLIENTS IN ACCESSING EMPLOYMENT OPPORTUNITIES—OTHER EXAMPLES

SG-provided supports for employment	No. of comments
Employment preparation courses	8
Links with employers	8
Referrals to employment services	8
General information	7
Volunteering opportunities	7
Career planning	4
Advocacy	2
Clothing, grooming	2
Mentoring	2
Support to establish business	2
Assist clients relocate for work	1
Promoting employment opportunities	1

TABLE H-8 SERVICES PROVIDED TO SUPPORT CLIENTS IN ACCESSING EDUCATION—OTHER EXAMPLES

SG-provided support for education	No. of comments
Training opportunities	30
Further education information	8
Homework support	6
Career advice	4
Prior learning recognition	4
Advocacy	3
Psycho-social support	2
School-based activities	2
Accessing childcare, enrolment assistance, mentoring, partnerships with local education providers, work experience opportunities	1 comment each

TABLE H-9 AREAS OF SUPPORT OFFERED THROUGH SERVICE STREAM 1 CASEWORK, COORDINATION AND SETTLEMENT SERVICE DELIVERY—OTHER EXAMPLES

Service Stream 1: Casework, coordination and settlement service delivery	No. of comments
Casework, case management	69
Information sessions	53
Referrals	52
Advocacy/cultural competency advice	37
Employment support	16
Migration assistance	11
Housing assistance	7
Citizenship, passport assistance	6
Schooling assistance	6
Domestic Violence (DV) support	5
Driver education	4
Education & training	3
Outreach	2
Centrelink assistance	2
Translation support	1
Legal assistance	1

TABLE H-10 AREAS OF SUPPORT OFFERED THROUGH SERVICE STREAM 2 COMMUNITY COORDINATION AND DEVELOPMENT STREAM—OTHER EXAMPLES

Service Stream 2: Community coordination and development stream	No. of comments
Community capacity building	20
Community development programs & activities	12
Participate in interagency networks, forums	10
Social connection opportunities	10
Information sessions	8
Cultural awareness activities	7
Advocacy—liaise with mainstream providers	7
Community consultation	6
Volunteer recruitment	2

TABLE H-11 AREAS OF SUPPORT OFFERED THROUGH SERVICE STREAM 3 YOUTH SETTLEMENT SERVICES—OTHER EXAMPLES

Service stream 3: Youth settlement services	No. of comments
Casework	34
Education support	28
Recreation activities	27
Information sessions	22
Employment support	15
Referrals	15
Mentoring	9
Support groups	8
Advocacy	5
Outreach	5
Family work	4
Youth capacity building	4
Mainstream service youth capacity building	3
Youth community development	3
Youth consultation	3
Driving support	2
English language support	1

TABLE H-12 AREAS OF SUPPORT OFFERED THROUGH SERVICE STREAM—SUPPORT FOR ETHNO-SPECIFIC SERVICES & ORGANISATIONS—OTHER EXAMPLES

Service stream 4: Support for ethno-specific services & orgs.	No. of comments
Capacity building supports	19
Leadership training	8
Community consultations	5
Community development projects	5
Mentoring	2
Referrals	2
Advocacy, casework, cultural events	1 comment each

TABLE H-13 ORGANISATIONS' SIZE BY PARTICIPANTS' VIEWS ON WHETHER THE SETTLEMENT GRANTS PROGRAM TARGETS THE MOST VULNERABLE CLIENTS

	SG Program targets most vulnerable clients				Total n	Total %
	Yes		No			
	n	%	n	%		
Under 10 staff	31	79	8	21	39	
11–30 staff	9 ⁻	64	5 ⁺	36	14	
31–100 staff	30 ⁺	97	1 ⁻	3	31	
Over 100 staff	17	94	1	6	18	
Total	87	85	15	15	102	

Notes: Row percentages. ‘+’ Adjusted standardised residual ≥ 1.96 : frequency significantly higher than expected if no there were no differences between groups. ‘-’ Adjusted standardised residual ≤ -1.96 : frequency significantly smaller than expected if no there were no differences between groups. $\chi^2(3, N=102) = 10.433, p=.014$, Cramer’s V = .320. Two-sided Fisher’s exact test is reported because more than 20% of cells had expected frequencies lower than 5. The minimum expected count was 2.06.

TABLE H-14 GEOGRAPHICAL LOCATION BY PARTICIPANTS' VIEWS ON WHETHER THE SETTLEMENT GRANTS PROGRAM TARGETS THE MOST VULNERABLE CLIENTS

	SG Program targets most vulnerable clients				Total n	Total %
	Yes		No			
	n	%	n	%		
Metropolitan areas	50	91	5	9	55	100
Regional areas	18 ⁻	69	8 ⁺	31	69	100
Both metropolitan areas and regional areas	19	90	2	10	21	100
Total	87	85	15	15		

Notes: Row percentages. ‘+’ Adjusted standardised residual ≥ 1.96 : frequency significantly higher than expected if no there were no differences between groups. ‘-’ Adjusted standardised residual ≤ -1.96 : frequency significantly smaller than expected if no there were no differences between groups. $\chi^2(2, N=102) = 7.181, p=.033$, Cramer’s V = .265. Two-sided Fisher’s exact test is reported because more than 20% of cells had expected frequencies lower than 5. The minimum expected count was 3.09.

TABLE H-15 ORGANISATIONS' APPROACHES TO MONITOR CLIENTS' OUTCOMES—OTHER EXAMPLES

Monitoring client outcomes	No. of comments
Client feedback	15
Case notes	6
Organisation's reporting system	2
Reports to DSS	2
Results-based accountability	2
Community consultation	1
Feedback from ref. orgs	1

TABLE H-16 ACCESSIBILITY OF SERVICES TO CLIENTS WITH AND WITHOUT REFERRALS

Type of access	%	n
Accessible only to people with referrals	1	1
Accessible to anyone with or without referral	89	99
Other (Please specify)	10	11
Total	100	111

TABLE H-17 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS' WHOSE ORGANISATIONS HAVE A FORMAL PROCESS FOR RECEIVING INCOMING REFERRALS

Value	%	n
Yes	75	81
No	25	27
Total	100	108

TABLE H-18 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS' WHOSE ORGANISATIONS HAVE A FORMAL PROCESS FOR REFERRALS TO OTHER SERVICES

Value	%	n
Yes	70	76
No	30	32
Total	100	108

TABLE H-19 LIST OF REFERRAL SOURCES IN DECREASING ORDER FROM THE ONE MOST COMMONLY REPORTED AS THE FIRST SOURCE OF REFERRALS TO THE LEAST COMMONLY REPORTED SOURCE OF REFERRALS

Overall Rank	Item	Score ¹	Total Respondents
1	Self-referral	309	84
2	Humanitarian Settlement Services (HSS)	276	69
3	Family/friends	267	77
4	Adult Migrant English Program (AMEP)	158	55
5	Centrelink	107	39
6	Schools	81	36
7	Ethno-specific club/organisation	81	29
8	Health Services	77	34
9	Other Settlement Grant providers	64	34
10	Housing	51	19
11	Complex Case Support (CCS) Program	36	11
12	Other (Please specify in the comment box below)	32	14
13	Local Council	18	8
14	<i>jobactive</i>	10	4

Note: ¹ Please follow this link to know how the ranking score is computed: <https://help.surveygizmo.com/help/rank-score>

TABLE H-20 LIST OF ORGANISATIONS TO WHICH CLIENTS ARE REFERRED IN DECREASING ORDER, FROM THE ONE MOST COMMONLY REPORTED AS THE PRIMARY ORGANISATION CLIENTS ARE REFERRED TO, TO THE ORGANISATION TO WHICH CLIENTS ARE LEAST COMMONLY REFERRED TO

Overall Rank	Item	Score ¹	Total Respondents
1	Centrelink	308	80
2	Housing	292	84
3	Health services	247	79
4	<i>jobactive</i>	145	46
5	Adult Migrant English Program (AMEP)	125	43
6	Other (Please specify See Table H-21)	110	39
7	Complex Case Support (CCS) Program	80	24
8	Other Settlement Grant providers	57	22
9	Schools	55	27
10	Ethno-specific club/organisation	50	24
11	Local Council	28	14
12	Humanitarian Settlement Services (HSS)	14	4
13	Self-referral	7	3
14	Family/friends	6	4

Note: ¹ Please follow this link to know how the ranking score is computed: <https://help.surveygizmo.com/help/rank-score>

TABLE H-21 LIST OF ORGANISATIONS TO WHICH CLIENTS ARE REFERRED—OTHER EXAMPLES

Other organisations clients are referred to	No. of comments
Migration assistance	12
Legal advice	12
NGOs	11
Family support, DV services	11
Employment supports	8
Health services	8
Housing	5
Education providers	5
Early years services	2
Sporting/recreational opportunities	2
Centrelink	1
Police	1

TABLE H-22 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS AGREEING OR DISAGREEING ABOUT THEIR ORGANISATIONS' CAPACITY TO ASSIST CLIENTS IN THE NINE AREAS OF THE NATIONAL SETTLEMENT FRAMEWORK

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Total
My organisation provides good support to assist clients with language services	0 (0)	1 (1)	5 (5)	31 (32)	63 (66)	100 (104)
My organisation provides good support to assist clients with accessing employment	1 (1)	1 (1)	12 (13)	39 (41)	47 (49)	100 (105)
My organisation provides good support to assist clients with accessing education and English language	0 (0)	0 (0)	1 (1)	30 (31)	69 (73)	100 (105)
My organisation provides good support to assist clients with housing needs	1 (1)	0 (0)	12 (12)	34 (35)	54 (56)	100 (104)
My organisation provides good support to assist clients with civic participation	0 (0)	0 (0)	4 (4)	24 (26)	72 (78)	100 (108)
My organisation provides good support to assist clients with issues relating to health and wellbeing	0 (0)	0 (0)	1 (1)	28 (30)	71 (77)	100 (108)
My organisation provides good support to assist clients with family and social support	0 (0)	0 (0)	2 (2)	23 (25)	75 (81)	100 (108)

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Total
My organisation provides good support to assist clients with transport/driving/license needs	0 (0)	3 (3)	19 (19)	32 (32)	47 (47)	100 (101)
My organisation provides good support to assist clients with justice issues	1 (1)	1 (1)	13 (13)	38 (39)	48 (50)	100 (104)

Note: Row percentages. Number of responses in parenthesis

TABLE H-23 PARTICIPANTS' VIEWS ON WHETHER THERE ARE CLIENT NEEDS THAT SHOULD BE ADDRESSED BY SETTLEMENT GRANTS THAT CURRENTLY AREN'T

Clients' needs currently not addressed	%	n
Yes	75	76
No	25	25
Total	100	101

TABLE H-24 CLIENT NEEDS THAT SHOULD BE ADDRESSED BY SG

Client needs that should be addressed by SG	No. of comments
Five-year limit on eligibility for support	30
Visa eligibility	10
Employment	5
Driving assistance	5
DV	4
Housing	3
Migration assistance	3
Clients with disability	2
Counselling	2
Financial assistance—brokerage	2
Translated info	2
Frail, aged clients	2
Health screening	2
A focus on outcomes rather than outputs, access to childcare, cultural responsiveness training, culture clash, opportunities to practice English, support for ethno-specific organisations	1 comment only

Note: some participant comments covered more than one issue

TABLE H-25 CLIENTS SUPPORTED BY THE SURVEY PARTICIPANTS' ORGANISATIONS

Clients supported	%	n
A range of language, religious and/or cultural backgrounds	50	56
An ethno-specific community/group	8	9
Both	42	47
Total	100	112

TABLE H-26 REASONS THAT PREVENT ELIGIBLE CLIENTS FROM ACCESSING/USING SUPPORT PROVIDED THROUGH THE SETTLEMENT GRANTS PROGRAM

Issues that prevent access to services	%¹	n²
Don't know about services	77	82
Don't need services	34	36
Not interested in attending	27	29
Prefer to use alternative services	19	20
Can't get to services (e.g. no transport/too far to travel)	63	67
Other	27	29

Note: Multiple answers question. ¹ Percent of respondents ² Number of responses

TABLE H-27 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS AGREEING OR DISAGREEING ABOUT THE ACHIEVEMENTS OF THEIR ORGANISATIONS AND OF THE SETTLEMENT GRANTS PROGRAM

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Total
My organisation helps clients to become self-reliant	2 (2)	0 (0)	1 (1)	20 (22)	77 (83)	100 (108)
My organisation helps clients to participate equitably in society	2 (2)	0 (0)	2 (2)	24 (26)	72 (78)	100 (108)
The four components of the program are a useful way to structure Settlement Grants	1 (1)	2 (2)	13 (14)	42 (45)	42 (45)	100 (107)
Referrals between Settlement Grants and other programs are working well	2 (2)	6 (6)	16 (17)	47 (51)	30 (32)	100 (108)

Note: Row percentages. Number of responses in parenthesis.

TABLE H-28 SURVEY PARTICIPANTS' VIEWS ON WHETHER THE SETTLEMENT GRANTS PROGRAM HAS UNINTENDED POSITIVE OUTCOMES

Positive unintended outcomes	%	n
Yes	70	73
No	10	11
Don't know	20	21
Total	100	105

TABLE H-29 UNINTENDED POSITIVE OUTCOMES—OTHER EXAMPLES

Unintended positive outcomes	No. of comments
Improving client's employment potential	12
Community capacity building	11
Social cohesion	10
Cultural awareness-raising	7
Partnerships, collaboration with other services	6
Peer network building	2
Accessing additional funding	1
Regional resettlement	1

TABLE H-30 UNINTENDED NEGATIVE OUTCOMES—OTHER EXAMPLES

Unintended negative outcomes	No. of comments
Eligibility categories prevent needs-based responses	7
Clients requesting assistance after 5 years	5
Clients develop dependency on SG	3
Ethno-specific organisations are crowded out of settlement space due to preference for funding larger organisations	3
Competition between service providers	2
Mainstream organisations due not feel obliged to be culturally responsive & refer client back to SG-funded organisation	2

TABLE H-31 INNOVATIVE PRACTICES IN MEETING CLIENTS' NEEDS—OTHER EXAMPLES

Innovation examples	No. of comments
Co-location & collaboration of services	31
Innovative service delivery	23
Needs-based responses	13
Outreach	12
Employment programs	10
Social events	5
Sourcing additional funding	4
Community consultations	3
Using technology	2

TABLE H-32 SURVEY PARTICIPANTS' VIEWS ON WHETHER THE SETTLEMENT GRANT PROGRAM ENCOURAGES INNOVATION

Innovation encouraged	%	n
Yes	82	86
No	18	19
Total	100	105

TABLE H-33 SURVEY PARTICIPANTS' COMMENTS ON WHETHER INNOVATION IS ENCOURAGED UNDER THE SETTLEMENT GRANT PROGRAM

Innovation encouraged?	No. of comments
Yes	20
No	7
Mixed	9

TABLE H-34 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS STATING THAT THEIR ORGANISATION RECEIVES OTHER FUNDING IN ADDITION TO SETTLEMENT GRANT FUNDING

Organisation receives additional funding	%	n
Yes	93	104
No	7	8
Total	100	112

TABLE H-35 PERCENTAGE AND NUMBER OF SURVEY PARTICIPANTS STATING THAT THE SETTLEMENT GRANTS FUNDING RECEIVED BY THEIR ORGANISATION WAS OR WAS NOT SUFFICIENT TO MEET THE PROGRAM COSTS

Funding received sufficient	%	n
Yes	35	38
No	53	58
Don't know	12	13
Total	100	109

TABLE H-36 SURVEY PARTICIPANTS' COMMENTS ON WHETHER THE SETTLEMENT GRANTS FUNDING RECEIVED BY THEIR ORGANISATION WAS OR WAS NOT SUFFICIENT TO MEET THE PROGRAM COSTS

SG funding is sufficient	No. of comments
Positive	1
Negative	27
Mixed	5

TABLE H-37 PROPORTION OF ANNUAL OPERATIONAL BUDGET CONSTITUTED BY SETTLEMENT GRANTS FUNDING BY ORGANISATIONS' SIZE

Organisations' size	Proportion of budget constituted by Settlement Grants funding						Total n	Total %
	< 25%		25-50%		> 50%			
	n	%	n	%	n	%		
Under 10 staff	9 ⁻	27	7	21	17 ⁺	52	33	100
11-30 staff	7	47	5	33	3	20	15	100
31-100 staff	17	55	10	32	4 ⁻	13	31	100
Over 100 staff	16	94	0	0	1 ⁻	6	96	100

Notes: Row percentages. '+' Adjusted standardised residual ≥ 1.96 : frequency significantly higher than expected if no there were no differences between groups. '-' Adjusted standardised residual ≤ -1.96 : frequency significantly smaller than expected if no there were no differences between groups. $\chi^2(6, N=96) = 27.999, p < .001$, Cramer's V = .388. Two-sided Fisher's exact test is reported because more than 20% of cells had expected frequencies lower than 5. The minimum expected count was 3.44. 'Do not know' answers were excluded from the computations.

TABLE H-38 PERCENTAGE AND NUMBER OF PARTICIPANTS REPORTING THAT THEIR ORGANISATION ENGAGES VOLUNTEERS TO SUPPORT ACTIVITIES FUNDED UNDER SETTLEMENT GRANTS

Engage volunteers	%	n
Yes	89	99
No	11	12
Total	100	111

TABLE H-39 PARTICIPANTS REPORTING THAT THEIR ORGANISATION ENGAGES VOLUNTEERS TO SUPPORT ACTIVITIES FUNDED UNDER SETTLEMENT GRANTS BY GEOGRAPHICAL LOCATION

	Organisation engages volunteers				Total n	Total %
	Yes		No			
	n	%	n	%		
Under 10 staff	37	86	6	14	43	100
11-30 staff	12	80	3	20	15	100
31-100 staff	34 ⁺	100	0 ⁻	0	34	100
Over 100 staff	16	84	3	16	19	100
Total	99	89	12	11	111	100

Notes: Row percentages. '+' Adjusted standardised residual ≥ 1.96 : frequency significantly higher than expected if no there were no differences between groups. '-' Adjusted standardised residual ≤ -1.96 : frequency significantly smaller than expected if no there were no differences between groups. $\chi^2(3, N=111) = 7.855, p = .034$, Cramer's V = .239. Two-sided Fisher's exact test is reported because more than 20% of cells had expected frequencies lower than 5. The minimum expected count was 1.62.

TABLE H-40 SURVEY RESPONDENTS' THOUGHTS ON HOW THE PROGRAM COULD BE IMPROVED

Improvements to SG	No. of comments
Extend eligibility—time frame and visa categories	28
Longer funding cycle	10
Increase funding	7
Improve/promote collaboration	7
Encourage innovation	6
Provide additional client supports (e.g. migration issues, specialised housing and employment programs)	5
Improve reporting/monitoring	5
More intensive case management	4
Fund ethno-specific organisations	4
More staff training	4
Greater engagement of communities/community organisations	3
Refocus program objectives	3
Ensure diversity of providers	2
Fund brokerage	2
Integrate HSS & SG	2

TABLE H-41 SURVEY RESPONDENTS' COMMENTS ON BARRIERS TO PROGRAM IMPROVEMENTS

Improvements to SG—barriers	No. of comments
No additional funding likely	23
Changing government priorities	8
Inflexible guidelines	7
Lack of stakeholder collaboration	5
Competition between service providers	2

TABLE H-42 SURVEY RESPONDENTS' FINAL COMMENTS ON THE PROGRAM

Comments about SG	No. of comments
Positive	19
Negative	4
Mixed	4

Appendix I Stakeholder discussion guide

1. **Participant's role:** DSS Staff/Grant Agreement Manager /peak body, involvement with Settlement Grants Program (SGP) (how long, which program areas)?
2. Can you briefly, in your own words, describe the aims/intended outcomes of the SGP?
 - *Intended by policy and what it is achieving?*
 - Programs' ultimate capacity (what it should/could be achieving)?
3. How well is the program focussing on client needs?
 - - prompt re: different categories of migrants
 - Humanitarian entrants
 - Family stream migrants (with low English language proficiency)
 - Dependents of skilled migrants in rural and regional areas (with low English language proficiency)
 - Selected temporary residents (e.g. Prospective Marriage and Provisional Partner visa holders) in rural and regional areas.

4. How well is the program meeting the **client's settlement needs** as identified in the National Settlement Framework (nine priority areas for settlement)? Prompt for each:

NINE PRIORITY AREAS FOR SETTLEMENT FROM THE NATIONAL SETTLEMENT FRAMEWORK

Language Services	Employment	Education and Training
Housing	Health and Wellbeing	Transport
Civic Participation	Family and Social Support	Justice

5. How does the SGP contribute to the Australian Government's priorities of clients gaining **English proficiency**, and pathways to **employment** and **education**? How well do these Government priorities align with clients' priorities?
6. Are the intended outcomes of the SGP clear and measurable?
7. Do the supports provided under the SGP complement or overlap with existing programs being provided by the Department of Education and Training and the Department of Employment?

Structure of the SGP:

8. Thinking about the current structure of the program with its four service streams, (casework/coordination and settlement service delivery, community coordination and development, youth settlement services and support for ethno-specific communities), **how useful is it for meeting SGSP aims?**

- What's lacking e.g. better *integration* or *distinction* (clearer components)?
- Could elements be combined due to duplication?
- Any identified gaps in service delivery?

9. To what extent is the structure of the program **useful for meeting clients' settlement needs**? (prompt: English language skills, employment and education participation, ethno-specific community connection)

Targeting/effectiveness:

10. Is the program effectively engaging the target population?

11. Does the program target the most vulnerable clients?

12. What are the current take-up rates for SGP (comparing participation with the overall target population)?

13. Why do some eligible clients not access/use services provide under the SGP (e.g. they don't need the services, they are not aware of the services, the services are being delivered in a manner that is not accessible to all participants, the services are not relevant to their circumstances or the services needed are not available)?

14. How well are referrals into and out of the program working (e.g. between Humanitarian Settlement Services & SGP, and Complex Case Support & SGP)?

15. Do the supports provided under the SGP complement or overlap with existing programs being provided by the Department of Education and Training and Employment?

Client outcomes:

16. What intended outcomes for clients are being observed as a result of the program?

17. Which **client groups are benefiting the most**, which are benefiting the least, and why?

18. Are there any unintended (both positive and negative) outcomes?

19. What factors are contributing to, or preventing, client needs being met?

20. To what degree can outcomes be attributed to the program?

Innovation:

21. How well is the program encouraging innovation?

22. What examples are there of innovative approaches being undertaken?

23. Do the current arrangements encourage innovation?

24. How could the current environment for innovation be improved?

Efficiency:

25. Is the current funding model cost-effective?
26. To what extent is SGP achieving value for money in terms of the intended projects/outputs being delivered? How/can this be quantified?
27. How well is the current funding structure supporting outcomes?
28. Are there alternative funding models that could more efficiently support program outcomes and improve value for money?
29. What **overall aspects** of the program **could be improved and how**? What are the barriers to this happening?
30. Do you have any final comments or ideas about the program, what it is achieving to date, or how it could be improved or changed?

Thank participant for their time and assure that responses will be anonymised.

Appendix J Administrative data

Appropriateness

To explore the issue of appropriateness, the data analysis considered three possible questions. The data was insufficient to answer these questions, however, the data that exists is outlined in the tables below:

- 1b. How do program components contribute to the Australian Government's priorities of clients gaining English proficiency, and pathways to employment and education?

The DEX Partnership Approach data was used to identify the number of clients who report that they have had a positive change in client circumstances in the area of employment, education and training. Collection of DEX Partnership Approach data is voluntary. Pre- and post-service data is collected and circumstances are rated on a SCORE of 1–5. It is noted that the DSS have advised that there may be an inconsistent approach to collecting this data. There is limited departmental guidance on how to assess SCORE data to facilitate flexibility across the suite of DSS programs, and the assessment of client improvement could be very subjective.

- 1c. Are the intended outcomes from the program clear and measurable?

The DEX Partnership Approach data was also analysed to explore the extent to which it can be considered to provide measures of client outcomes. The limitations of this data for assessing the impact of the program on intended outcomes are that services are only required to report on one domain (defined as the most relevant) and that there is limited guidance on how to score the goal achievement, therefore the reporting may be inconsistent and subjective.

The outcomes for circumstances outlined in Table J-4 and Table J-5 include:

- Age-appropriate development
- Community participation and networks
- Employment education and training
- Family functioning
- Housing
- Managing money
- Material wellbeing
- Mental health, wellbeing and self-care
- Personal and family safety
- Physical health.

The DEX Partnership Approach program data also identified the following domains for client achievement (goals) which are outlined in Table J-6 and Table J-7.

- **Changed behaviours** is selected as the goal domain where the funded activity is seeking to change a client's behaviours to improve their independence, participation and wellbeing.

- **Changed confidence to make own decisions** is selected as the goal domain where the funded activity is seeking to enhance a client’s confidence to make their own decisions and take actions on issues that impact on their independence, participation and wellbeing.
 - **Changed engagement with relevant support services** is selected as the goal domain where the funded activity is seeking to improve a client’s engagement with support services needed to support their independence, participation and wellbeing.
 - **Changed impact of immediate crisis** is selected as the goal domain where the funded activity is seeking to address or reduce the impact of an immediate crisis to improve the client’s independence participation and wellbeing.
 - **Changed knowledge and access to information** is selected as the goal domain where the funded activity is seeking to change a client’s knowledge and understanding of issues to improve their independence, participation and wellbeing, or to improve their access to relevant information about these issues.
 - **Changed skills** is selected as the goal domain where the funded activity is seeking to enhance a client’s skills set to improve their independence, participation and wellbeing.
- 1d. To what extent do clients feel the program is meeting their most important settlement needs?

Data on client satisfaction SCOREs in DEX for each reporting period was used to consider the quality of the data that is available to assess this question. It should be noted that this data provides very little robust information about meeting needs overall due to the nature of collecting feedback from clients. The Protocol provides guidelines indicating that client satisfaction scores should be collected in an ethical, reliable and confidential manner. SCOREs are collected in the following domains and then SCOREs are defined on a scale of 1–5. Table J-8 and Table J-9 outlines the current available data.

- I am better able to deal with issues that I sought help with
- I am satisfied with the services I have received
- The service listened to me and understood my issues

The outcomes for all clients (including circumstances, goals and satisfaction) at the aggregate level are reported in Table J-1.

TABLE J-1 NATIONAL OUTCOME DATA FOR CLIENTS (INCLUDING ALL OUTCOMES—CIRCUMSTANCES, GOALS AND SATISFACTION)

Six month reporting period ending:	Total clients	Clients with complete assessment	Clients with positive outcome	Clients with complete assessment as percentage of total clients	Clients with positive outcome as percentage of total clients	Clients with positive outcome as percentage of clients with complete assessment
		Number		%		
DEC 2015	22,844	2,101	1,961	9.2	8.6	93.3
JUN 2016	25,116	3,906	3,725	15.6	14.8	95.4
DEC 2016	27,214	4,004	3,771	14.7	13.9	94.2

Source: DSS DEX Settlement Activity data supplied by the DSS. Note: positive outcomes are measured based on the most recent outcomes.

Table J-2 shows that SCOREs were most likely to be reported for circumstances and least likely to be reported for satisfaction outcomes.

TABLE J-2 NATIONAL OUTCOME DATA FOR OUTCOMES FOR CIRCUMSTANCES, GOALS AND SATISFACTION DOMAINS

Six month reporting period ending:	Total clients	Clients with complete assessment	Clients with positive outcome	Clients with complete assessment as percentage of total clients	Clients with positive outcome as percentage of total clients	Clients with positive outcome as percentage of clients with complete assessment
		Number		%		
Circumstances						
DEC 2015	22,844	1,538	1,416	6.7	6.2	92.1
JUN 2016	25,116	2,901	2,739	11.6	10.9	94.4
DEC 2016	27,214	2,869	2,658	10.5	9.8	92.6
Goals						
DEC 2015	22,844	1,139	1,113	5.0	4.9	97.7
JUN 2016	25,116	2,112	2,061	8.4	8.2	97.6
DEC 2016	27,214	2,196	2,124	8.1	7.8	96.7
Satisfaction						
DEC 2015	22,844	745	718	3.3	3.1	96.4
JUN 2016	25,116	1,696	1,596	6.8	6.4	94.1
DEC 2016	27,214	1,823	1,722	6.7	6.3	94.5

Source: DSS DEX Settlement Activity data supplied by the DSS

Organisations in the Partnership Approach also have the opportunity to record outcomes for group or community activities. Outcomes can be recorded for three domains:

- Changed knowledge, skills and behaviours for a group of clients or community members participating in the service (where it is not feasible to record the changes for individual members of the group or community)
- Changed knowledge, skills and practices within organisations that the service provider works with, and
- Changed community structures and networks to better respond to the needs of targeted clients and communities.

The outcomes are scored on a scale of 1–5 ranging from ‘no change’ to ‘significant change’.

Table J-3 reports the national level data for these group/community scores. As this analysis has not examined the total number of group cases in each period, the quality and comprehensiveness of this data is not known.

TABLE J-3 NATIONAL OUTCOME DATA FOR GROUP/COMMUNITY SCORES

Six month reporting period ending	Cases with complete assessment	Cases with positive outcome	Cases with positive assessment as percentage of cases with complete assessment (%)
DEC 2015	772	634	82.1
JUN 2016	786	601	76.5
DEC 2016	964	707	73.3

Source: DSS DEX Settlement Activity data supplied by the DSS

Table J-4 to Table J-9 report on the client outcome data for circumstances, goals and satisfaction disaggregated by domain for each of these areas. These tables provide more detailed information on the number of clients for whom pre- and post-SCOREs were recorded and the percentage with positive outcomes.

TABLE J-4 RECORDED DATA ON CHANGES IN CLIENT CIRCUMSTANCES BY REPORTING PERIOD (NUMBER)

	Number of clients with a pre- and post- SCORE	Positive change	No change	Negative change	Number of clients with a pre- and post- SCORE	Positive change	No change	Negative change	Number of clients with a pre- and post- SCORE	Positive change	No Change	Negative change
Six month reporting period ending	December 2015 Number				June 2016 Number				December 2016 Number			
Age-appropriate development	120	91	25	*	180	136	40	*	207	183	23	*
Community participation & networks	569	527	32	10	1,264	1,181	75	8	1,397	1,288	93	16
Employment, education & training	411	330	67	14	924	828	75	21	863	769	75	19
Family functioning	346	293	48	5	949	862	71	16	884	814	55	15
Housing	336	268	47	21	494	422	57	15	467	399	47	21
Material wellbeing	211	173	31	7	347	299	39	9	360	310	44	6
Mental health, wellbeing and self-care	121	86	28	7	243	190	49	*	196	155	36	5
Money management	254	203	44	7	363	305	52	6	336	280	45	11
Personal and family safety	167	95	52	20	308	212	69	27	302	218	69	15
Physical health	132	91	35	6	330	264	66	0	256	218	34	na
Total clients	22,844				25,116				27,214			

Source: DSS DEX Settlement Activity data supplied by the DSS. Notes: data cells with less than 5 clients are recorded as *

TABLE J-5 RECORDED DATA ON CHANGES IN CLIENT CIRCUMSTANCES BY REPORTING PERIOD (PERCENTAGE)

	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change
Six month reporting period ending	December 2015			June 2016			December 2016		
	%			%			%		
Age-appropriate development	0.5	0.4	75.8	0.7	0.5	75.6	0.8	0.7	88.4
Community participation & networks	2.5	2.3	92.6	5.0	4.7	93.4	5.1	4.7	92.2
Employment, education & training	1.8	1.4	80.3	3.7	3.3	89.6	3.2	2.8	89.1
Family functioning	1.5	1.3	84.7	3.8	3.4	90.8	3.2	3.0	92.1
Housing	1.5	1.2	79.8	2.0	1.7	85.4	1.7	1.5	85.4
Material wellbeing	0.9	0.8	82.0	1.4	1.2	86.2	1.3	1.1	86.1
Mental health, wellbeing and self-care	0.5	0.4	71.1	1.0	0.8	78.2	0.7	0.6	79.1
Money management	1.1	0.9	79.9	1.4	1.2	84.0	1.2	1.0	83.3
Personal and family safety	0.7	0.4	56.9	1.2	0.8	68.8	1.1	0.8	72.2
Physical health	0.6	0.4	68.9	1.3	1.1	80.0	0.9	0.8	85.2

Source: DSS DEX Settlement Activity data supplied by the DSS. Notes: data cells with less than 5 clients are recorded as *

TABLE J-6 RECORDED DATA ON CHANGES IN CLIENT GOALS BY REPORTING PERIOD (NUMBER)

	Number of clients with a pre- and post-SCORE	Positive change	No or negative change	Number of clients with a pre- and post-SCORE	Positive change	No or negative change	Number of clients with a pre- and post-SCORE	Positive change	No or negative change
Six month reporting period ending:	December 2015			June 2016			December 2016		
	Number			Number			Number		
Changed behaviours	179	153	26	270	233	37	325	299	26
Changed confidence to make own decisions	346	303	43	548	495	53	853	788	65
Changed engagement with relevant support services	522	494	28	1,197	1134	63	1,040	986	54
Changed impact of immediate crisis	150	139	11	280	244	36	265	244	21
Changed knowledge and access to information	746	704	42	1,176	1144	32	1,380	1,298	82
Changed skills	220	186	34	355	314	41	373	349	24
Total clients	22,844			25,116			27,214		
Source:	DSS	DEX	Settlement	Activity	data	supplied	by	the	DSS

TABLE J-7 RECORDED DATA ON CHANGES IN CLIENT GOALS BY REPORTING PERIOD (PERCENTAGE)

	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change
Six month reporting period ending:	December 2015			June 2016			December 2016		
	%			%			%		
Changed behaviours	0.8	0.7	85.5	1.1	0.9	86.3	1.2	1.1	92.0
Changed confidence to make own decisions	1.5	1.3	87.6	2.2	2.0	90.3	3.1	2.9	92.4
Changed engagement with relevant support services	2.3	2.2	94.6	4.8	4.5	94.7	3.8	3.6	94.8
Changed impact of immediate crisis	0.7	0.6	92.7	1.1	1.0	87.1	1.0	0.9	92.1
Changed knowledge and access to information	3.3	3.1	94.4	4.7	4.6	97.3	5.1	4.8	94.1
Changed skills	1.0	0.8	84.5	1.4	1.3	88.5	1.4	1.3	93.6
Source:	DSS	DEX	Settlement	Activity	data	supplied	by	the	DSS

TABLE J-8 RECORDED DATA ON CLIENT SATISFACTION BY REPORTING PERIOD (NUMBER)

	Number of clients with a pre- and post-SCORE	Positive change	No / negative change	Number of clients with a pre- and post-SCORE	Positive change	No change	Negative change	Number of clients with a pre- and post-SCORE	Positive change	No change	Negative change
Six month reporting period ending:	December 2015 Number			June 2016 Number			December 2016 Number				
I am better able to deal with issues that I sought help with	352	324	28	948	847	90	11	1,258	1,136	113	9
I am satisfied with the services I have received	549	508	41	1,426	1,242	172	12	1,446	1,285	156	5
The service listened to me and understood my issues	325	282	43	988	805	177	6	1,102	926	174	*
Total clients	22,844			25,116				27,214			

Source: DSS DEX Settlement Activity data supplied by the DSS. Notes: data cells with less than 5 clients are recorded as *

TABLE J-9 RECORDED DATA ON CLIENT SATISFACTION BY REPORTING PERIOD (PERCENTAGE)

	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change	Percentage of total clients with a pre- and post-SCORE	Percentage of total clients who recorded a positive change	Percentage of clients with a complete assessment who recorded a positive change
Six month reporting period ending:	December 2015			June 2016			December 2016		
	%			%			%		
I am better able to deal with issues that I sought help with	1.5	1.4	92.0	3.8	3.4	89.3	4.6	4.2	90.3
I am satisfied with the services I have received	2.4	2.2	92.5	5.7	4.9	87.1	5.3	4.7	88.9
The service listened to me and understood my issues	1.4	1.2	86.8	3.9	3.2	81.5	4.0	3.4	84.0

Source: DSS DEX Settlement Activity data supplied by the DSS. Notes: data cells with less than 5 clients are recorded as *

Effectiveness

- 3a. Does the program target the most vulnerable clients?

The target population for the Settlement Service program is comprised of:

- Humanitarian migrants
- Family stream migrants with low English proficiency
- Dependents of skilled migrants in rural and regional areas with low English proficiency, and
- Selected temporary residents (Prospective Marriage, Provisional Partner, visa holders and their dependants) in rural and regional areas who have arrived in the last five years and who have low English proficiency.

Clients by migration stream

Section 4.3 in the report outlines take-up rates overall and by socio-demographic characteristics. An additional characteristic of interest is the profile of the migration stream of potential clients and their take-up rates. Table J-10 reports on the number and percentage of SG clients in each migration stream in major cities and in all other remoteness areas.

Table J-11 outlines the number of settlers in each migration stream who would have been eligible for SG. The data is reported by their levels of proficiency in English. Table J-12 outlines the percentage of clients in each group.

TABLE J-10 SETTLEMENT GRANT PROGRAM CLIENTS BY MIGRATION STREAM BY REMOTENESS

Visa Type	Number			%		
	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Six month reporting period ending	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Major Cities						
Family	2,018	2,306	2,549	10.5	11.0	11.2
Humanitarian	10,184	10,648	11,541	53.1	50.8	50.8
Other	559	644	781	2.9	3.1	3.4
Skilled	146	165	144	0.8	0.8	0.6
Not stated	6,285	7,215	7,714	32.7	34.4	33.9
Total clients	12,907	13,763	15,015	100.0	100.0	100.0
All other areas						
Family	274	294	351	7.5	7.1	7.8
Humanitarian	1,269	1,469	1,685	34.7	35.5	37.6
Other	58	68	88	1.6	1.6	2.0
Skilled	103	82	112	2.8	2.0	2.5
Not stated	1,948	2,225	2,249	53.3	53.8	50.1
Total clients	3,652	4,138	4,485	100.0	100.0	100.0

Source: DSS DEX Settlement Activity data supplied by the DSS

TABLE J-11 SETTLERS BY MIGRATION STREAM AND ENGLISH PROFICIENCY (NUMBER)

Stream	English Proficiency	July 2010 – June 2015	January 2011– December 2016	July 2011– June 2016
Humanitarian	Very Good	949	826	809
	Good	2,897	2,759	2,765
	Poor	22,918	21,814	20,621
	Nil	32,106	32,081	34,001
	Not Recorded	12,157	11,148	10,106
Humanitarian Total		71,027	68,628	68,302
Family	Good	7,301	6,185	4,989
	Poor	35,547	32,065	28,314
	Nil	20,850	19,773	18,561
	Not Recorded	46,041	44,669	42,306
Family Total		109,739	102,692	94,170
Skilled	Good	128	113	105
	Poor	6,625	6,424	6,024
	Nil	221	211	191
	Not Recorded	1,882	1,845	1,769
Skilled Total		8,856	8,593	8,089
Other	Very Good	*	*	*
	Good	*	*	*
	Poor	16	10	10
	Nil	8	6	5
	Not Recorded	34	22	17
Other Total		63	43	35
Grand Total		189,685	179,956	170,596

Source: Settlement Database data supplied by the DSS. Notes: data cells with less than 5 clients are recorded as *

TABLE J-12 SETTLERS BY MIGRATION STREAM AND ENGLISH PROFICIENCY (%)

Stream	English Proficiency	July 2010– June 2015	January 2011– December 2016	July 2011– June 2016
Humanitarian	Very Good	0.5	0.5	0.5
	Good	1.5	1.5	1.6
	Poor	12.1	12.1	12.1
	Nil	16.9	17.8	19.9
	Not Recorded	6.4	6.2	5.9
Humanitarian Total		37.4	38.1	40.0
Family	Good	3.8	3.4	2.9
	Poor	18.7	17.8	16.6
	Nil	11.0	11.0	10.9
	Not Recorded	24.3	24.8	24.8
Family Total		57.9	57.1	55.2
Skilled	Good	0.1	0.1	0.1
	Poor	3.5	3.6	3.5
	Nil	0.1	0.1	0.1
	Not Recorded	1.0	1.0	1.0
Skilled Total		4.7	4.8	4.7
Other	Very Good	*	*	*
	Good	*	*	*
	Poor	0.0	0.0	0.0
	Nil	0.0	0.0	0.0
	Not Recorded	0.0	0.0	0.0
Other Total		0.0	0.0	0.0
Grand Total		100.0	100.0	100.0

Source: Settlement Database data supplied by the DSS. Notes: data cells with less than 5 clients are recorded as *

The quality of the data for the migration stream varies widely by state and territory as outlined in Table J-13.

TABLE J-13 SETTLEMENT GRANT PROGRAM CLIENTS BY MIGRATION STREAM BY STATE AND TERRITORY

State	Visa Type	Number			%		
		Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Six month reporting period ending:							
ACT	Not stated	71	126	184	26.5	48.3	82.5
ACT	Family	79	49	6	29.5	18.8	2.7
ACT	Humanitarian	86	70	33	32.1	26.8	14.8
ACT	Other	8	6	*	3.0	2.3	*
ACT	Skilled	24	10	*	9.0	3.8	*
	Total	268	261	223	100.0	100.0	100.0
NSW	Not stated	3,529	4,285	4,861	38.1	42.0	44.6
NSW	Family	1,263	1,502	1,630	13.6	14.7	14.9
NSW	Humanitarian	3,889	3,733	3,854	42.0	36.6	35.3
NSW	Other	478	580	451	5.2	5.7	4.1
NSW	Skilled	103	113	108	1.1	1.1	1.0
	Total	9,262	10,213	10,904	100.0	100.0	100.0
NT	Not stated	68	200	347	62.4	84.4	89.9
NT	Family	*	11	13	*	4.6	3.4
NT	Humanitarian	34	26	26	31.2	11.0	6.7
NT	Other	7	*	*	6.4	*	*
NT	Skilled	*	*	*	*	*	*
	Total	109	237	386	100.0	100.0	100.0
QLD	Not stated	1,181	1,369	1,072	35.8	40.5	32.9
QLD	Family	225	195	235	6.8	5.8	7.2
QLD	Humanitarian	1,808	1,748	1,840	54.8	51.7	56.5
QLD	Other	37	34	67	1.1	1.0	2.1
QLD	Skilled	48	34	43	1.5	1.0	1.3
	Total	3,299	3,380	3,257	100.0	100.0	100.0
SA	Not stated	493	366	375	22.5	14.1	12.7
SA	Family	102	141	191	4.7	5.4	6.5
SA	Humanitarian	1,572	2,043	2,286	71.8	78.8	77.4
SA	Other	12	25	67	0.5	1.0	2.3
SA	Skilled	11	18	35	0.5	0.7	1.2
	Total	2,190	2,593	2,954	100.0	100.0	100.0

TABLE J-13 SETTLEMENT GRANT PROGRAM CLIENTS BY MIGRATION STREAM BY STATE AND TERRITORY (CONTINUED)

State	Visa Type	Number			%		
		Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Six month reporting period ending:		Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
TAS	Not stated	327	394	469	63.2	72.4	72.4
TAS	Family	*	*	*	*	*	*
TAS	Humanitarian	190	150	179	36.8	27.6	27.6
TAS	Other	*	*	*	*	*	*
Total		517	544	648	100.0	100.0	100.0
	Not stated	2,159	2,249	2,240	38.6	37.8	32.8
VIC	Family	406	407	488	7.3	6.8	7.2
VIC	Humanitarian	2,967	3,246	3,831	53.0	54.5	56.1
VIC	Other	41	42	258	0.7	0.7	3.8
VIC	Skilled	20	10	8	0.4	0.2	0.1
Total		5,593	5,954	6,825	100.0	100.0	100.0
WA	Not stated	405	451	415	25.4	23.4	20.7
WA	Family	209	294	335	13.1	15.3	16.7
WA	Humanitarian	907	1,101	1,177	56.8	57.2	58.7
WA	Other	34	21	20	2.1	1.1	1.0
WA	Skilled	42	59	59	2.6	3.1	2.9
Total		1,597	1,926	2,006	100.0	100.0	100.0

Source: DSS DEX Settlement Activity data supplied by the DSS. *denotes cells of less than 5 clients

DEX also provide self-reported data on clients with a disability, however, disability status is not collected in the Settlement Database so it is not possible to ascertain take-up rates. Table J-14 describes the data on disability for the three periods available for DEX data by state and territory.

TABLE J-14 NUMBER AND PERCENTAGE OF CLIENTS WITH REPORTED DISABILITY BY STATE AND TERRITORY AND REPORTING PERIOD

State / Territory	Clients with reported disability	No disability	Not stated Total	Clients with reported disability	No Disability	Not stated	
Six month reporting period ending:		Number			%		
December 2015							
ACT	*	246	16	268	*	91.8	6.0
NSW	185	7,963	1,138	9,262	2.0	86.0	12.3
NT	*	*	0	115	*	*	0.0
QLD	53	2,350	892	3,299	1.6	71.2	27.0
SA	0	1,922	256	2,190	0.0	87.8	11.7
TAS	15	312	186	520	2.9	60.0	35.8
VIC	237	5,017	367	5,593	4.2	89.7	6.6
WA	13	1,356	221	1,597	0.8	84.9	13.8
Total	503	19,166	3,076	22,844	2.2	83.9	13.5
June 2016							
ACT	6	226	28	261	2.3	86.6	10.7
NSW	298	8,177	1,780	10,213	2.9	80.1	17.4
NT	0	144	0	243	0.0	59.3	0.0
QLD	58	2,310	1,016	3,380	1.7	68.3	30.1
SA	8	2,100	476	2,593	0.3	81.0	18.4
TAS	6	392	140	546	1.1	71.8	25.6
VIC	281	5,074	640	5,954	4.7	85.2	10.7
WA	28	1,692	203	1,926	1.5	87.9	10.5
Total	685	20,115	4,283	25,116	2.7	80.1	17.1
December 2016							
ACT	0	224	*	226	0.0	99.1	*
NSW	268	9,144	1,530	10,904	2.5	83.9	14.0
NT	0	214	0	390	0.0	54.9	0.0
QLD	71	2,339	854	3,257	2.2	71.8	26.2
SA	61	2,251	656	2,954	2.1	76.2	22.2
TAS	16	426	201	652	2.5	65.3	30.8
VIC	198	5,931	725	6,825	2.9	86.9	10.6
WA	30	1,852	121	2,006	1.5	92.3	6.0
Total	644	22,381	4,087	27,214	2.4	82.2	15.0

Source: DSS DEX Settlement Activity data supplied by the DSS. * denotes cells of less than 5 clients

- 3b What are the current take-up rates for Settlement Grants services (comparing participation with the overall target population)?
- 3c What are the trends in Settlement Grant participation?

Data reported in DEX includes both individual clients and group clients. These may or may not be the same clients, as a client may be provided with individual support, attend a group session, or both. Group clients significantly outnumber individual clients (Table 3–25). Table J-15 to Table J-18 below use only individual clients, so are likely to under report take-up rates. Table J-15 reports take-up rates by state and territory, Table J-16 reports on take-up rates by geographical area, Table J-17 reports on take-up rates by age group and state and territory and Table J-18 reports on take-up rates by main language spoken.

TABLE J-15 ELIGIBLE SETTLERS AND INDIVIDUAL CLIENTS BY REPORTING PERIOD BY STATE AND TERRITORY, NUMBERS AND TAKE-UP RATES (%)

State/ Territory	December 2015			June 2016			December 2016		
	Settlers	Indi-- vidual clients	Take-up rates %	Settlers	Indi-- vidual clients	Take-up rates %	Settlers	Indi-- vidual clients	Take-up rates %
ACT	2,480	268	10.8	2,315	261	11.3	2,205	226	10.2
NSW	68,685	9,262	13.5	64,980	10,213	15.7	61,004	10,904	17.9
NT	2,324	115	4.9	2,254	243	10.8	2,140	390	18.2
QLD	25,539	3,299	12.9	24,418	3,380	13.8	23,350	3,257	13.9
SA	13,185	2,190	16.6	12,516	2,593	20.7	12,298	2,954	24.0
TAS	3,097	520	16.8	2,990	546	18.3	3,073	652	21.2
VIC	57,789	5,593	9.7	55,056	5,954	10.8	51,902	6,825	13.1
WA	16,540	1,597	9.7	15,377	1,926	12.5	14,572	2,006	13.8
External Territories	17			12			11		
Not Recorded	29			38			41		
Total	189,685	22,844	12.0	179,956	25,116	14.0	170,596	27,214	16.0

Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

TABLE J-16 ELIGIBLE SETTLERS AND INDIVIDUAL CLIENTS BY REPORTING PERIOD BY GEOGRAPHICAL REGIONS: MAJOR CITIES AND ALL OTHERS, NUMBERS AND TAKE-UP RATES (%)

Six month reporting period ending:	December 2015			June 2016			December 2016		
	Settlers	Individual clients	Take-up rates %	Settlers	Individual clients	Take-up rates %	Settlers	Individual clients	Take-up rates %
Major cities	162,488	19,193	11.8	153,355	20,979	13.7	144,746	22,729	15.7
All others	26,215	3,651	13.9	25,577	4,137	16.2	24,789	4,485	18.1
External territories	17			12			11		
Not recorded	965			1012			1050		
Total	189,685	22,844		179,956	25,116		170,596	27,214	

Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

TABLE J-17 TAKE-UP RATES FOR INDIVIDUAL CLIENTS BY AGE GROUP AND STATE AND TERRITORY (%)

State/ territory	Age group					Grand Total
	0-14	15-24	25-40	40-64	65+	
Six month reporting period ending: December 2015						
ACT	2.2	9.2	13.6	13.7	8.2	10.8
NSW	3.0	8.1	13.3	23.0	22.2	13.5
NT	na	3.0	5.6	9.8	na	4.9
QLD	3.9	14.6	12.9	23.1	13.5	12.9
SA	4.2	18.8	18.0	28.8	11.2	16.6
TAS	6.1	20.4	17.7	28.9	14.3	16.8
VIC	1.5	9.1	10.0	16.8	14.5	9.7
WA	7.1	9.3	9.4	14.0	11.2	9.7
Total	3.2	10.4	12.1	20.7	18.1	12.0
Six month reporting period ending: June 2016						
ACT	6.9	11.5	12.3	13.6	5.6	11.3
NSW	3.9	10.4	15.7	26.0	21.7	15.7
NT	8.7	11.6	9.8	16.7	0.0	10.8
QLD	5.9	14.3	14.1	23.4	12.6	13.8
SA	6.0	24.7	22.4	33.7	14.6	20.7
TAS	na	27.4	19.2	31.3	na	18.3
VIC	2.8	9.9	10.9	18.0	17.9	10.8
WA	6.4	12.9	11.9	19.7	17.3	12.5
Total	4.2	12.4	14.0	23.1	19.0	14.0
Six month reporting period ending: December 2016						
ACT	na	10.8	12.7	13.4	na	10.2
NSW	5.0	11.4	17.8	29.2	25.9	17.9
NT	na	17.1	14.2	42.3	na	18.2
QLD	5.0	16.2	13.7	24.1	15.5	13.9
SA	8.2	26.9	27.8	38.4	16.4	24.0
TAS	5.1	33.0	17.3	47.7	15.7	21.2
VIC	2.7	11.9	14.8	21.2	17.3	13.1
WA	8.3	13.2	12.7	20.8	32.5	13.8
Total	4.8	14.1	16.3	26.3	22.1	16.0

Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS

TABLE J-18 NUMBER OF SETTLERS AND INDIVIDUAL CLIENTS AND TAKE-UP RATES BY MAIN LANGUAGE SPOKEN

Six month reporting period ending:	Settlers			Individual Clients			Take-up rates %		
	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Northern European	3,925	3,553	3,166	656	945	905	16.7	26.6	28.6
Southern European	3,358	3,084	2,844	213	251	288	6.3	8.1	10.1
Eastern European	3,618	3,119	2,700	115	136	141	3.2	4.4	5.2
Southwest and central Asian	51,643	50,173	49,174	10,018	11,196	12,128	19.4	22.3	24.7
Southern Asian	15,309	13,815	12,357	1,739	1,986	2,126	11.4	14.4	17.2
Southeast Asian	26,024	24,254	23,144	3,807	4,457	5,106	14.6	18.4	22.1
Eastern Asian	26,584	24,771	22,504	1,863	1,893	2,167	7.0	7.6	9.6
Other (including African)	10,551	10,093	10,098	2,832	3,021	3,102	26.8	29.9	30.7
Australian Indigenous languages				33	34	44			
Not classified	194	175	228						
Not stated/blank	48,479	46,919	44,381	1,568	1,197	1,207			
Total	189,685	179,956	170,596	22,844	25,116	27,214			

Source: Settlement Database, data supplied by DSS, DEX Settlement Activity clients, data supplied by DSS.

Clients by year of arrival

DEX also reports on the number of clients by time of arrival. Table J-19 reports on the national level results on the percentage of clients in each arrival period.

TABLE J-19 CLIENTS BY TIME OF ARRIVAL AND REPORTING PERIOD (%)

Six month reporting period ending:	Less than one year Clients	1–3 years Clients	4–5 years Clients	More than 5 years Clients	Unknown Clients	Totals
DEC 2015	5.8	36.4	15.0	7.5	37.2	101.9
JUN 2016	4.5	35.5	16.3	6.5	38.8	101.7
DEC 2016	7.8	34.3	16.6	7.6	36.3	102.6

Source: DSS DEX Settlement Activity data supplied by the DSS. Notes: Totals may not sum to 100 due to clients reporting more than one date

Table J-20 outlines the arrival times by state and territory, showing substantial variation in the quality of the data reported (percentage of unknown clients) and the percentage in each arrival time grouping.

TABLE J-20 CLIENTS BY TIME OF ARRIVAL, STATE AND TERRITORY AND REPORTING PERIOD (%)

State/Territory	Less than one year Clients	1–3 years Clients	4–5 years Clients	More than 5 years Clients	Unknown Clients	Totals
Six month reporting period ending: December 2015						
ACT	*	48.9	17.2	*	21.3	87.3
NSW	5.5	32.5	12.8	14.7	35.9	101.5
NT	0.0	16.5	24.3	0.0	59.1	100.0
QLD	1.9	30.8	10.7	1.5	56.3	101.1
SA	7.8	48.6	22.7	3.2	19.4	101.6
TAS	*	20.6	12.1	*	66.9	99.6
VIC	8.0	39.8	17.0	3.7	35.1	103.6
WA	7.9	47.0	18.3	1.9	28.7	103.8
Total	5.8	36.4	15.0	7.5	37.2	101.9
Six month reporting period ending: June 2016						
ACT	*	38.7	7.7	*	47.1	93.5
NSW	4.2	32.5	14.9	11.5	38.5	101.5
NT	*	8.2	8.6	*	81.1	97.9
QLD	2.2	22.0	10.9	1.5	64.9	101.5
SA	8.1	51.8	24.3	6.5	11.9	102.6
TAS	*	18.3	7.9	*	72.5	98.7
VIC	4.6	39.8	18.5	3.2	35.9	102.0
WA	8.4	48.2	19.7	3.0	24.0	103.4
Total	4.5	35.5	16.3	6.5	38.8	101.7
Six month reporting period ending: December 2016						
ACT	*	11.1	4.4	*	81.4	96.9
NSW	7.3	28.7	15.9	13.9	36.3	102.0
NT	2.6	5.1	4.4	0.0	88.7	100.8
QLD	2.8	26.9	11.8	2.2	57.8	101.6
SA	13.4	51.7	21.1	6.3	12.1	104.5
TAS	*	18.3	8.1	*	73.3	99.7
VIC	9.4	39.4	19.2	3.7	31.8	103.4
WA	10.0	46.5	19.4	2.7	25.6	104.2
Total	7.8	34.3	16.6	7.6	36.3	102.6

Source: DSS DEX Settlement Activity data supplied by the DSS. * denotes cells of less than 5 clients

Referral data

DEX provides data on source of referral (Table J-21) and whether referred onwards (Table J-22). The data in these tables is reported by geographical regions.

TABLE J-21 REFERRAL SOURCE FOR SETTLEMENT GRANTS PROGRAM CLIENTS BY REGION

Source		Number			%		
		Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-6
Six month reporting period ending:							
Major cities	Agency	2,712	3,031	3,353	14.1	14.4	14.8
	Non-agency	4,572	4,774	4,886	23.8	22.8	21.5
	Not stated	13,353	14,855	16,451	69.6	70.8	72.4
	Total referrals	20,637	22,660	24,690	107.5	108.0	108.6
Total clients		19,193	20,979	22,729			
Other regions	Agency	345	549	476	9.4	13.3	10.6
	Non-agency	1,163	1,428	1,243	31.9	34.5	27.7
	Not stated	2,380	2,557	3,177	65.2	61.8	70.8
	Total referrals	3,888	4,534	4,896	106.5	109.6	109.2
Total Clients		3,651	4,137	4,485			
Grand total referrals		24,525	27,194	29,586			

Source: DSS DEX Settlement Activity data supplied by the DSS. Notes: Clients may have more than one source of referral so totals do not add up to 100 per cent. Percentages refer to the percentage of clients in major cities or regional areas.

TABLE J-22 REFERRALS FROM SETTLEMENT GRANTS PROGRAM BY REGION AND REPORTING PERIOD

Referral		Number			%		
		Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Six month reporting period ending:							
Major cities	Internal	3,122	3,660	2,642	32.2	35.2	32.7
	External	6,586	6,723	5,426	67.8	64.8	67.3
	Total	9,708	10,383	8,068	100.0	100.0	100.0
Other regions	Internal	307	480	363	21.3	23.4	19.3
	External	1,133	1,571	1,521	78.7	76.6	80.7
	Total	1,440	2,051	1,884	100.0	100.0	100.0

Source: DSS DEX Settlement Activity data supplied by the DSS

Referral purpose

Data on the referral purpose was also recorded for some clients. Table J-23 outline the number and percentage of referrals for different activities by geographical regions.

TABLE J-23 REFERRALS FROM SETTLEMENT GRANTS PROGRAM BY REGION AND REPORTING PERIOD

Referral purpose	Number			%		
	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Six month reporting period ending						
Major Cities						
Age-appropriate development	402	300	205	2.4	1.8	1.5
Community participation and networks	2,450	2,967	2,776	14.9	17.3	20.0
Employment, education and training	2,316	2,404	1,627	14.1	14.0	11.7
Family functioning	1,877	1,756	1,710	11.4	10.3	12.3
Housing	1,795	1,663	1,292	10.9	9.7	9.3
Material wellbeing	1,839	1,470	1,351	11.2	8.6	9.7
Mental health wellbeing and self-care	430	420	399	2.6	2.5	2.9
Money management	1,371	1,222	952	8.3	7.1	6.9
Other	2,586	3,368	2,104	15.7	19.7	15.2
Personal and family safety	468	452	423	2.8	2.6	3.0
Physical health	719	790	659	4.4	4.6	4.8
Support to caring role	178	309	374	1.1	1.8	2.7
Total	16,431	17,121	13,872	100.0	100.0	100.0
Other regions						
Age-appropriate development	36	58	91	1.6	1.8	2.7
Community participation and networks	356	518	657	15.4	16.0	19.8
Employment, education and training	414	532	505	17.9	16.4	15.2
Family functioning	251	357	459	10.9	11.0	13.9
Housing	215	259	247	9.3	8.0	7.5
Material wellbeing	114	91	109	4.9	2.8	3.3
Mental health wellbeing and self-care	103	92	153	4.5	2.8	4.6
Money management	150	198	190	6.5	6.1	5.7
Other	433	719	491	18.7	22.2	14.8
Personal and family safety	100	135	168	4.3	4.2	5.1
Physical health	131	252	189	5.7	7.8	5.7
Support to caring role	9	30	54	0.4	0.9	1.6
Total	2,312	3,241	3,313	100.0	100.0	100.0

Source: DSS DEX Settlement Activity data supplied by the DSS

Reason for seeking assistance

DEX also reports on the main reasons for seeking assistance. Table J-21 outlines the different reasons in major cities and other geographical regional areas.

TABLE J-24 MAIN REASON FOR SEEKING ASSISTANCE BY REGION AND REPORTING PERIOD (MAJOR CITIES)

Six month reporting period ending	Number			%		
	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Age-appropriate development	256	195	386	1.3	0.9	1.7
Community participation & networks	1,762	2,201	2,697	9.2	10.5	11.9
Education / employment	1,384	1,753	2,222	7.2	8.4	9.8
Family functioning	1,235	1,351	1,331	6.4	6.4	5.9
Housing	817	789	918	4.3	3.8	4.0
Material wellbeing	756	587	708	3.9	2.8	3.1
Mental health	113	99	117	0.6	0.5	0.5
Money management	562	473	581	2.9	2.3	2.6
Personal and family safety	246	348	362	1.3	1.7	1.6
Physical health	516	481	488	2.7	2.3	2.1
Total reasons	7,647	8,277	9,810	39.8	39.5	43.2
Total clients	19,193	20,979	22,729			

TABLE J-25 MAIN REASON FOR SEEKING ASSISTANCE BY REGION AND REPORTING PERIOD (ALL OTHER REGIONS)

Six month reporting period ending	Number			%		
	Dec-15	Jun-16	Dec-16	Dec-15	Jun-16	Dec-16
Age-appropriate development	8	22	42	0.2	0.5	0.9
Community participation & networks	233	373	422	6.4	9.0	9.4
Education / employment	226	330	258	6.2	8.0	5.8
Family functioning	162	236	220	4.4	5.7	4.9
Housing	117	114	126	3.2	2.8	2.8
Material wellbeing	38	48	45	1.0	1.2	1.0
Mental health	18	17	16	0.5	0.4	0.4
Money management	43	44	37	1.2	1.1	0.8
Personal and family safety	62	85	98	1.7	2.1	2.2
Physical health	55	106	74	1.5	2.6	1.6
Total reasons	962	1,375	1,338	26.3	33.2	29.8
Total clients	3,651	4,137	4,485			

Source: DSS DEX Settlement Activity data supplied by the DSS. Note: all under 5 cells have been converted to zero in the calculation

Appendix K Services delivered under the four SG service streams

This Appendix provides supplementary material about the support provided under the four SG service streams. It draws on the perspectives of SPs (both SG and non-SG-funded) and stakeholders. It also includes a more comprehensive analysis of the findings from the interviews with the leaders from the non-SG-funded ethno-specific organisations that were included in the evaluation. Their perspectives provide some additional insights into the *support for ethno-specific services/communities* SG service stream.

Casework coordination and settlement service delivery

The casework coordination and settlement service delivery stream was also called the 'one-on-one' and 'the problem-solving component'. The majority of SPs shared the view that it was achieving important settlement outcomes for clients and their families, helping them to resolve a range of issues.

We run sewing classes for example. [...] It is a multipurpose design. First, it's for providing a platform for people to meet together. Second is to do what they are comfortable to do and the third is ... some of them do have strong interest to establish home based small business.

Some SPs felt, however, that this component required more resources in order to work more effectively, such as outreach capacity or extending the program's eligibility criteria. The issue of clients being referred to mainstream services but referrals not being successful (e.g. clients returning or not having their needs met/lack of capacity in mainstream services) was widely shared and discussed amongst most providers, both SG and non-SG, as well as in the stakeholder consultations.

The service provider survey invited participants funded to provide the casework, coordination and settlement service delivery stream to list the three main activities they provide under it. The most frequently reported activity was casework/case management (69 comments), followed by information sessions (53 comments) and referrals (52). Advocacy and cultural competency advice to assist mainstream providers to support SG clients was also reported (37 comments).

Work with TAFE, AMEP and SEE program and jobactive providers to explore flexible training and employment opportunities inclusive of language and literacy needs.

Case workers also build the cultural responsiveness of mainstream services through referral processes, highlighting information about families' needs and culturally responsive strategies in which mainstream services can meet these needs for e.g. translated information in relevant languages for newly arrived communities.

Advocacy and collaboration with mainstream and private sectors to build capability to work with humanitarian refugees.

Other areas of support offered through this service stream were:

- Employment support: 16 comments, including the following examples: career information; recognition of previous skills; skills assessment, promoting self-employment; advice on education and training options, including employment programs; and partnering with other organisations and groups to assist clients to become job ready.
- Migration assistance: 11 comments, including the following examples: migration assistance by registered migration agent, bilingual migration assistance and visa application assistance.

Other areas of support offered through this service stream are listed in **Table H-9** in Appendix H.

Most stakeholders felt that SPs were clear on what they were delivering and trying to achieve under this service stream: casework coordination and settlement service delivery. However, there was also some confusion about how casework coordination differed from case management. Stakeholders noted that casework coordination could mean many different things and others stressed that it should not be confused with the type of intensive case management available through the HSS.

Community coordination and development

SPs reported that the main focus of this stream was to build individual, group and community/leaders' skills, cultural understanding and social connectedness. Social outings and activities to promote social inclusion outcomes for young people, mature-aged clients, and other socially isolated groups (e.g. mothers with very young children) are another output delivered under this stream.

She does a lot of work in the schools doing information sessions, training with the students. Sometimes we do training with staff. We go and speak, like, I've presented at training and meetings and conferences with Department of Education ... We've done it with Department of Health ...

We're seen as a place to come to find out, council contacts us.

The service provider survey invited participants funded to provide for the community under the coordination and development stream to list the three main activities they provide under it. The most frequently reported activity was community capacity building (20 comments), followed by community development programs and activities (12 comments). The community capacity building examples included:

Mentoring the establishment of community groups/organisations

Engagement of unfunded refugee community organisations

Matching refugee community organisations with expert consultants covering areas such as governance, advocacy, web-design, strategic planning, financial planning and record keeping, project planning and implementation, funding submission writing and other areas relevant to all community organisations

Free training for community leaders and aspiring leaders from new and emerging communities to: increase their leadership capacity; develop community engagement and advocacy skills; link with established communities; network with other community leaders; gain knowledge of community associations and governance; and assist in providing a pathway to employment, training and education.

Additional activities mentioned by organisations funded to provide support under this service stream included participating in inter-agency networks and forums (10 comments), providing client communities with opportunities for developing social connections (10 comments) and providing information sessions (8 comments). Other areas of support offered through this service stream are listed in [Table H-10](#) in Appendix H.

Youth settlement services

Several SPs (SG and non-SG) noted that young people tend to adapt to the Australian way of life and learn English more easily than their parents. However, this was also seen as contributing to family and inter-generational discord between young people and their care-givers.

Young people have different needs in the settlement process. Some arrive with complex needs, from teen pregnancy, domestic and partner violence ... And there are culture differences with their parents. So having a youth specific service is critical.

Those cultural differences as settlement issues are huge, the issues such as gender roles, such as child protection laws, such as understanding the school system, they are things that need to be gone back to again and again.

Several services funded under the youth stream reported running a range of early intervention activities specifically for young people. These included homework clubs, arts and recreational programs, or leadership groups to strengthen young people's voices and self-representation. Several services reported running school holiday programs and camps for young people, or specific high-needs groups like youth at risk. Two services focussed some of their resources on working intensively with schools to engage and support young arrivals and their parents. One service focussed on supporting young people along the spectrum from early intervention to youth at risk (e.g. involvement with police, child protection and other tertiary services). In all three fieldwork sites, non-youth specific providers underlined the need to focus on young people, as they represent a highly vulnerable group.

It's across all of the communities, the level of disadvantage for young people [is extremely high] and that's across the mainstream as well. It's probably emphasised more in the refugee communities.

SPs who did not have a youth-specific focus but worked with families reported running smaller groups and early intervention programs to support migrant youth. These programs focussed on education and employment pathways, building resilience and social connectedness.

A big part of our youth component is case work and that can be around pretty much anything around employment, around education. [...] We also deliver life skill sessions, so around nutrition, wellbeing, we also go into schools and we deliver

programs called be strong be safe and leadership programs for young people, young women and men.

The service provider survey invited participants funded to provide the youth settlement stream to list the three main activities they provide under it. The most frequently reported activity was case work (34 comments), followed by education support (28 comments) and recreation activities (27 comments). Running information sessions was another frequently reported activity (22 comments). Topics included: life skills; orientation to life in Australia (education, career advice, training and employment); safe use of social media; personal wellbeing; intergenerational relationship development; building self-esteem; building capabilities in employment, education, leadership and social skills; and mentoring and volunteering programs. Employment support and referrals were also frequently reported (15 comments each). Other areas of support offered through this service stream are listed in [Table H-11](#) in Appendix H.

Two SPs working with young people commented that the program needs to maintain a focus on youth, as they present with particular settlement issues (intergenerational issues, family, substance use, around sexuality, FGM, forced marriage etc.) and are therefore vulnerable.

Most stakeholders felt that SPs had a clear understanding of what they were trying to achieve through this service stream. Additionally, in SG program guidelines and funding applications, SPs were not required to demonstrate a commitment to a youth-focussed model of service delivery. The point was made that delivering a program for youth was not sufficient, but that organisations needed to adopt a youth-focus in their service delivery:

It requires a shift in approaches and service delivery models, and some of those factors are outreach and working after hours, working in a genuinely youth participatory way, which can take a whole lot more work than organisations have capacity for ... Fundamentally, it requires a different model of service delivery.

Support for ethno-specific services/communities stream

The most frequently reported activity that the service provider survey participants whose organisation is funded to provide support under this service delivery stream was capacity building support (19 comments), followed by leadership training (8 comments) ([Table H-12](#) in Appendix H). Many of these activities were also reported as being undertaken under the service stream of community coordination and development, with the exception of leadership training and mentoring (and referrals).

In discussions, many SG-funded providers emphasised the importance of providing capacity building support for ethno-specific organisations, because they are often the first point of contact when members of their community are in a crisis situation; most undertake the work on a voluntary basis and many may lack the skills needed to run an organisation:

People do it because they have passion for their culture, because they have passion for their community. But then you see people start to burn out because they've been overused and misused and sometimes they don't have the capacity or the skills to even manage those organisations.

A non-SG SP echoed the point that ethno-specific community organisations can falter if they are not adequately supported. She reported that she had previously led an ethno-specific community organisation and had managed to secure funding, and liaised with SG-funded SPs and other organisations. However, it did not continue when she left, because the individual who replaced her did not have the skills to keep the organisation going. She also made the point that although community capacity building support is available through SG-funded SPs, individuals and organisations can only access it if they are aware of it.

An SG-funded SP also spoke about how leadership change can be a challenge for some ethno-specific community organisations. He emphasised the importance of SG-funded SPs offering leadership training and mentoring, but also linking community leaders with other organisations to help sustain the organisation through leadership change.

Several SG SPs reported on the capacity building support they were able to offer local ethno-specific organisations, including legal advice, information about funding they can apply for, training and small amounts of financial assistance. However, these SG SPs noted that some organisations that they had worked with had not been able to achieve as much as they would like due to a lack of funding.

SPs in one SG-funded service gave the example of supporting an ethno-specific community to build a mosque and establish a special burial space. They noted that the community managed to access support from a range of organisations and individuals to assist with fundraising, planning permits and building permits. Another example was providing assistance to a group of women to establish their own ethno-specific association, including legal advice, information about funding they could apply for, some training and small amounts of financial assistance.

Two non-SG SPs also spoke at length about the critical role that smaller ethno-specific organisations play in supporting good settlement outcomes. Both felt that it was important that the contribution these organisations make in the settlement space should be highlighted because it is 'unfunded and it's largely invisible'. The key reasons that ethno-specific organisations were considered 'incredibly important' for refugees and other migrants were because they spoke the clients' languages, they provided culturally appropriate support, they provided 'a safe base' and they built community, self-sufficiency and independence.

A key strength of ethno-specific organisations was their ability to mobilise high numbers of volunteers, which was recognised as very cost-effective from a service delivery perspective.

If you hire two staff members they'll probably be able to mobilise a group of 10 to 30, maybe more, volunteers; it builds community.

Although the ability to mobilise volunteers was a recognised strength, one service provider noted that critical service delivery should be properly funded and not reliant on volunteers.

The SPs spoke about the shift away from government funding for small ethno-specific organisations in preference of funding larger organisations, with one noting that several local organisations had applied for and failed to secure funding under the *support for ethno-specific communities* stream. Both spoke about how this shift seemed to be driven by concerns that smaller ethno-specific organisations lack appropriate governance structures and infrastructure and that

they may struggle with financial accountability; it was also driven by a preference for outsourcing contract management. Whilst both recognised that this might be accurate for some of the smaller organisations, one challenged this view by providing examples of organisations that have raised significant funds through their community and purchased properties:

They're more than capable in managing that kind of finance and yet, they don't appear to be trusted to manage \$100,000 of government funding for a single worker. So I think there's a fear around accountability on the government's side and there's also this, I guess, it's cost – the fees, the cost saving by managing a smaller number or outsourcing the contract management in a way.

One expressed concern that the model whereby larger organisations have auspicing arrangements with smaller ethno-specific organisations was not in the latter's interest. She felt that this model provides no incentive for larger organisations to encourage self-sufficiency and assist smaller organisations to become independent because they would lose their management fee. Her view was that smaller ethno-specific organisations should receive their own direct funding and that larger organisations should be funded to support them if necessary.

Support for ethno-specific services/communities stream: Ethno-specific leaders' perspectives

Six ethno-specific community leaders were interviewed across the three fieldwork locations. The key points made were that:

- most operate on an unfunded basis and rely on volunteers to support clients
- most have tried to access grant funding (some SG and non-SG) but have been unsuccessful
- ethno-specific organisations are best-placed to deliver support to ethno-specific communities, and
- many are struggling to meet demand and are filling a gap in support that larger settlement organisations are failing to meet. This relates to eligibility for settlement support, as many are addressing settlement-related issues that individuals face beyond five years of settlement.

Settlement-related issues they identified in the communities they worked with were: child protection reports, housing issues, language issues, welfare payment issues, drug and alcohol problems, domestic violence and mental health concerns. The community leaders referred to a range of settlement-related support they provide, including practical assistance (document translation, overseas qualification recognition, citizenship applications etc.), referrals and cultural information sessions.

And then cultural issues, custom issues, such as parenting relationship, marriage relationship, child growing, those kind of issues, there are lots of difference between Australian way of life and overseas or [cultural] communities' way of life. It needs to be understood, addressed, and linked to the proper services so they could fully understand and address their issues.

One community leader ran training to assist community members to become drug and alcohol educators in order to tackle drug and alcohol misuse among youth in his community.

A key point made by all of the ethno-specific leaders was that services and support for ethno-specific client groups should be delivered by their own community. They felt that individuals and organisations that had cultural competency and direct links to the community were best placed to support ethno-specific communities and should be funded to undertake this work.

If you compare it to the other big organisations, who really doesn't have cultural competency or direct links to the community, then you can see how the community were ignored, and disadvantaged.

One interviewee spoke about the level of demand for support and the challenges of meeting this demand on an unfunded basis. The key reasons offered to explain why clients preferred to access support through this ethno-specific organisation rather than from other settlement organisations were language, cultural understanding, a sense of trust and a lack of connection with non-ethno-specific settlement organisations.

They don't go to the [organisations], that's a problem. The first thing when they put themselves into trouble, okay, or something happened to them or they have seen any kind of issue, they straight away come to us. And that's the thing maybe government doesn't understand. I cannot send them to [organisations]. If I say to them, 'Go to the [organisations].' They will be totally upset and they will say, 'Okay, why you send me there? You're here to help me, and I approach you and they didn't approach me, and I cannot even remember who I was seeing there, who's my worker there. That's like three years ago and I only went once, or I only went twice there and I cannot even remember where I am and where I'm going and I need an interpreter.' and all that thing.

The one interviewee who spoke of having a positive relationship with the local SG-funded provider commented that she and a staff member in the organisation collaborate well together to set up projects and support for her community. However, she felt that the organisation was not able to meet the level of demand that existed within her community.

[SG-funded SP] are doing a really good job. However, it is only for a small group of people. For example, if you run a small group for mothers on childcare programs, there will be 8-10 women attending. But not all the new arrivals. There is so much more demand out there, and so much more help these people need

Interviewees reported applying for differing types of government funding, with two reporting successful outcomes, albeit for relatively small sums—under \$2 000 for one organisation and volunteer grants of \$7–8 000 for the other. Two also spoke of trying to access other sources of funding, with one receiving funding through a club and another accessing small sums of funding through the local settlement service provider. However, none had any sustainable sources of funding. One interviewee reported that he regularly used his own money to fund the services he provides. Interviewees expressed frustration about the perceived preference for funding larger organisations to deliver settlement supports at the expense of smaller ethno-specific organisations.

We've applied many times, but we received only \$1,000 or \$2,000, and we acquitted those received. So if the government is really going that pathway, it means we will never have a chance to receive those kind of grants. The government

is really prejudicing those kind of perceptions, that the community organisations are not able to manage those. We never had a chance.

One interviewee reported that her organisation regularly applied for funding, but has been repeatedly refused because there is another organisation locally that provides settlement support. She noted that her organisation's funding applications document clients' preference for seeking ethno-specific community support and the level of demand for her organisation's support, but that this does not sway the decision.

We keep telling the government and the funding body that's true and they've got the service there available but they're still coming to the community centre ... They feel more comfortable to come and they feel that we've got an obligation towards them and we have to help them anyway.

This interviewee also commented that her organisation receives referrals from the local organisation that receives SG funding.

I got a call I think once from [organisation] which is asking me, can they put my contact or can they provide my contact if there is [cultural] clients need extra help. And I've said – I cannot say no anyway, you know, because I'm volunteering my time ... for the community to help, so I said, 'Yeah, that's fine.'

Two interviewees expressed frustration with the preference for funding large organisations, because these larger organisations have occasionally approached community leaders after receiving the funding and sought their advice, or decided what the community needs without prior consultation.

They're employing someone, someone else to connect to the community to get those kinds of service from the community back to assist the new arrivals. So why the government at the first stage would not recruit or use or utilise some skills that are within the community?

Sometimes they ask to organise group, like [organisation], they have to organise a group. If project is coming up and the community has to be asked come and do this, this is a project for you, that not fair. It's unfair. The project need to be - the community leaders are the role model of the community and they know what is needed by the community, based on community request.

One interviewee reported that members of his community did not feel comfortable accessing support from larger organisations that had religious affiliations.

All interviewees felt that there was room for greater investment in capacity building with larger organisations supporting smaller ethno-specific organisations, but most did not see this happening at all. It was identified that training could benefit smaller ethno-specific community organisations. Suggested topics included:

- how to submit, monitor and manage funding applications
- managing organisational accounting processes and financial requirements e.g tax, and

- fundraising and increasing membership.

The experience of one interviewee contrasted to a large degree with the other community leaders interviewed. She was president of two ethno-specific organisations and described her motivations for getting involved in terms of helping her community and for the personal experience she would gain. She feels she has been able to gain experience in understanding the Australian service system, has been able to improve her English and communication skills, and expects that it will assist her to better support her community in the future.

Her organisation has never applied for SG funding, because 'it's just too much, too big of a responsibility'. However, she works closely with local SG-funded providers. Her collaboration with the providers has involved assisting with organising information sessions for SG clients, getting information and support to prepare small funding applications and attending leadership training, which she found to be very valuable.

Stakeholder perspectives

Several stakeholders expressed concern about the shift away from providing funding to many of the smaller ethno-specific community organisations. They held the view that migrants gravitate towards and seek help from their own communities well beyond their initial five years in Australia, accessing SG-funded services.

If you talk about the purpose of settlement grants being around people's independence ... get[ting] help to move into employment, to move into education, ethno-specific organisations do all of that. They just don't do it with any funding, and you know, they fill gaps where big settlement agencies aren't able to work. It's a shame that they're sort of invisible in all of this.

Funding for ethno-specific organisations was considered important because they 'do something that's a little bit different to what the big organisations do'. Some stakeholders raised concerns about the shift away from funding them directly.

Another stakeholder felt that it was critical that funding was directed towards smaller ethno-specific organisations through capacity-building initiatives managed by larger SG-funded SPs (e.g. leadership training). This stakeholder felt that it was critical that smaller ethno-specific organisations receive funding because they provide the ongoing assistance after migrants' first five years, but many lack the capacity to apply for funding on their own and undertake the monitoring and reporting required.

Maybe larger organisations, providing they have an obligation to fund small ethnic community groups and a very clear obligation to do that, might be better placed in some ways because they can assist with the reporting ... or maybe ... the application for funding won't be so onerous and then larger organisations can bear the responsibility for reporting outcomes and so on.

When asked whether ethno-specific organisations apply for funding under the 'support for ethno-specific communities' stream a stakeholder commented that they apply every round and are rejected:

If the intention of the stream around support for ethno-specific is to support them to have the capacity to apply, well it's been highly ineffective.

In general, stakeholders felt that SPs had a clear understanding of what they were doing under the casework/coordination and settlement service delivery and youth settlement services streams, which are both forms of individualised service delivery. However, they felt that there was less clarity with respect to the community support available under the community coordination and development and support for ethno-specific communities streams. A suggestion in one discussion was that the program could be divided into two programs: one for individuals' settlement needs and one supporting ethno-specific communities. Participants in another discussion echoed the distinction between individualised and community support. They advocated for limiting the SG program to a focus on individualised support through service streams one and three (casework coordination and settlement service delivery and youth settlement services) and that the supports provided under streams two and four (community coordination and development and support for ethno-specific communities) should be incorporated into another funding stream. However, they did not specify which funding stream should apply to these programs.