Refugee Communities Intercultural Dialogue:
Building Relationships, Building Communities

Institute of Child Protection Studies

Australian Catholic University

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Glossary of terms

Australian Government Family Relationship Services – services that provide families with access to information about family relationship issues, ranging from building better relationships to dispute resolution.

Communities for Children (CFC) – Communities for Children Facilitating Partners (CFC FPs) aim to deliver positive and sustainable outcomes for children and families in 52 disadvantaged communities across Australia. CFC FPs facilitate a whole of community approach to support and enhance early childhood development and wellbeing for children from birth to 12 years, but may include children up to age 18 years. Under the Communities for Children Facilitating Partner model, the Australian Government funds a Facilitating Partner (one non-government 'lead' organisation) in each of the 52 communities to coordinate services based on community-identified priority needs. The Facilitating Partner, through a committee of community representatives, subcontracts out program delivery to other local providers, called 'Community Partners'. Community Partners provide services including parenting support, early learning and literacy programs, group peer support, home visiting services, community events, life skill courses and and programs to support children and families affected by domestic and family violence. CfC FPs are committed to evidence-based practice and actively support the provision of services that will improve outcomes for children and families.

Church – refers to a building used for public Christian worship.

Family support services- refers to the range of community based services that provide support to families.

Humanitarian Settlement Services (HSS) - program that provides early practical support to humanitarian clients to help them settle into the community. The HSS program is delivered by service providers on behalf of the Australian Government.

Job Services Australia – a service that provides job seekers with support to help them find a job.

Specialist migrant and refugee services (SMRS) – services providing intensive settlement support, which assist clients to gain the skills and confidence needed to become independent and fully participating members of the community.

Refugee - people outside their home country who are subject to persecution and/or substantial discrimination amounting to gross violation of human rights in their home country.

Settlement Grants (SG) - Settlement Grants is an Australian Government grant program which provides funding to organisations to help new arrivals settle in Australia.

Executive Summary

This mixed-methods study, undertaken by the Institute of Child Protection Studies (ICPS), Australian Catholic University (ACU) and the Australian Centre for Child Protection (ACCP), University of South Australia (USA), on behalf of the Department of Social Services (DSS), was designed to provide in-depth and contextualised data about how services may better support refugee parents to care for their children. By developing a better understanding of the social supports, resources and connections required by refugee children and their parents to support positive parenting and family relationships, this project contributes to the development of a more responsive and integrated social policy and service delivery.

A review of the literature highlights that families with a refugee background have often had frightening and traumatic experiences within their home country, which have led to their resettlement in Australia. Although Australia's commitment to protecting refugees has increased considerably over the past two decades, it remains evident that many refugee families who receive protection within Australia continue to face enormous challenges. While many families are able to meet these challenges and settle well, family conflict and developing culturally appropriate parenting practices have been identified as significant problems by resettled refugee parents and young people (Saunders & McArthur, 2012).

It is widely acknowledged that there is a general lack of research on the early intervention and prevention strategies that are effective in working with refugee communities in addressing child maltreatment (Kaur, 2012). Current research identifies the importance of social connections and resources for parents and children to mitigate against child abuse and neglect (Sperry & Widom, 2013).

To explore this further a mixed method approach was used and incorporated:
- 50 semi-structured interviews with 25 families with a refugee background living in either South Australia (n=15) or the ACT (n=10). One parent and one child self-selected from each family to be interviewed.
- A national online survey with 98 Commonwealth funded service providers working with refugee families.

The challenges for families

The majority of parents and children that participated in the study, whilst experiencing significant disadvantages and sometimes complex issues, were also remarkably resilient and positive. The key issues facing families however, include: the cultural differences in parenting practices and the challenges that these presented; the difficulties children experienced learning to live bi-culturally and the concerns parents had about their children living in a new country. Nearly a third of the families participating experienced multiple and complex issues such as mental and physical health problems, intellectual disability and family violence.

Many families participating had limited English skills. Unemployment and low income were common experiences for families. Whilst many families reported positive experiences of using services on first arrival in Australia, a high number described that access to services and use of mainstream services could be problematic.

Implications for policy and practice

Connecting children and young people

Children and young people reported strong bonds between them and other family members, and highlighted the importance that family has in providing considerable emotional and financial support. They also described how parents frequently assisted them in the development of connections between other children and adults, the local ethnic community and church. However, children and young people indicated that their parents' own lack of resources could also impact their own access to social connections, networks and resources. This highlights the importance of education and support services developing opportunities for children and young people in their own right. Ideally, this should involve policy and practice working across the different domains of young people's lives.

Informal community support

An overwhelming source of support for families in this study came from churches and religious groups as well as the ethnic and cultural community that families were associated with. Informal community support provided parenting advice, social supports, employment opportunities and practical information about settlement in Australia. For a number of families, particularly those who experience multiple and complex issues, this type of support was lacking. There is a need to build on and strengthen informal networks for families that will lead to an increased level of social capital for refugee families.

Better usage of mainstream and universal services

Many families made positive comments about using specialist migrant and refugee services. However their experiences of using mainstream services were more problematic. Specialist migrant and refugee service providers also described families experiencing considerable challenges when trying to access mainstream services, particularly for family support. This study highlights the need to better link early settlement services to mainstream services.

All of the families came in contact with key services such as Centrelink, health and housing services, and yet limited connections are made from these institutions. There continues to be an argument to build the capacity of these widely used settings to routinely provide information and support, and to actively link families with both state and federally funded services.

Building culturally safe and appropriate services

The findings of this study indicate variability in the ability of mainstream universal services to reach and engage refugee families due to such services being sometimes considered culturally unresponsive by both families and referring services. These findings are consistent with previous research projects that suggest universal services need to develop more culturally appropriate responses for refugee families. This study highlights the need for mainstream services to work toward more inclusive service provision that incorporates features such as interpreting and translation services, culturally appropriate family support.

The importance of relationships

This study shows that an encounter with any service or service system is only ever as good as the interaction between staff and clients. Many of the families in this study highlighted the importance of the relationships that they had with the workers within migrant and refugee services. Families reported that they were more likely to return to services where they already had established relationships with workers. Numerous factors contribute to making the interaction between a client and a worker a positive service experience. For families with a refugee background feeling culturally connected, being understood and able to easily communicate were key factors in this.

Discrimination, racism and lack of understanding

Some of the families in this study raised the issue of how discrimination has a serious impact on how they can get ahead. A number of the children who participated described experiences where they were bullied both at school and within their community based on race. These are issues that require constant and considered attention to eradicate racism and discrimination through public awareness campaigns, specific programs and ongoing training of professionals and other staff.

Complex needs

This study found that there was a group of families that remained socially isolated from their communities and had only sporadic contact with the formal service system, even when they had resided in Australia for a long period of time. These families often experienced issues such as poor mental health, disability and financial hardship. These families do not always access services due to language barriers, cultural norms about help-seeking or because of a lack of knowledge about services. It is imperative for government and non-government services to build and strengthen mechanisms to address the multiple, complex and potentially enduring issues of this population group.

Working across service sector

One of the key service delivery principles for the Humanitarian Settlement Services Program (HSS) is for services to work together with other community and government agencies in the best interests of the client. However the experiences of families in this study found that much more could be done to ensure that families were better engaged in and connected to support services. Better communication and networking between the service sectors, churches and cultural communities will help to develop better working relationships, sharing of information about the needs of the population, and facilitate or lead to more appropriate referrals which will facilitate access to the supports families are entitled to, rather than expecting them to navigate the systems by themselves.

Structural barriers

The job market has an impact on employment options, and in turn, the income of refugee families. Precarious employment and low income tie into the lack of affordable housing to increase instability. Both housing and employment issues can put stress on families and individuals and increase the likelihood of family conflict and breakdown. The findings of this study show that both mainstream and specialist services are restricted in their capacity to provide the kind of service response that is needed by some refugee families. Continuity of care and the profoundly important role of establishing a relationship are restricted by time demands and services that have limited resources such as interpreters.

Further research

The families in this study did not describe experiences of contact with statutory child protection services, although many were worried that they could be and certainly some were living in circumstances where risks were in evidence. Although there is some evidence that refugee families do come into contact with statutory child protection services, a better understanding of their experiences is required to inform more effective approaches to prevention and early intervention.

1. Introduction

In 2013, the Institute of Child Protection Studies (ICPS), Australian Catholic University (ACU), and the University of South Australia were awarded a research grant under the National Framework for Protecting Australia's Children 2009-2020 (the National Framework) Research Agenda, to implement a two-year research project - Refugee Communities, Intercultural Dialogue: Building Relationships, Building Communities. The project provides in-depth and contextualised data about how services may better support refugee parents to care for their children, in an attempt to reduce the numbers of children of refugee parents entering the statutory care and protection system and align with the vision of the National Framework to deliver a substantial and sustained reduction in levels of child abuse and neglect over time.

It is widely acknowledged that there is a general lack of research on the early intervention and prevention strategies that are effective in working with refugee communities in addressing child maltreatment (Kaur, 2012). Current research identifies the importance of social connections and resources for parents and children to mitigate against child abuse and neglect (Sperry & Widom, 2013). Most research on this issue is filtered through adults, who may or may not have spoken with children. This study fills an important gap by interviewing children directly. By developing a better understanding of the social supports, resources and connections required by refugee children and their parents to support positive parenting and family relationships, this project contributes to developing more responsive and integrated social policy and service delivery.

The key research questions were:
- What formal and informal supports do refugee parents and children currently draw on to support positive family relationships?
- What factors exist in the community that influence positive family relationships?
- What are refugee parents' and children's experiences of accessing formal support?
- What are service providers' views of refugee families' service and support needs?

1.1 Policy context

The National Framework for Protecting Australia's Children 2009-2020 (Council of Australian Governments, 2009) represents an unprecedented level of collaboration between the Commonwealth and state and territory governments and non-government organisations, putting children in the centre of future planning and providing a foundation for national reform. Against this

background, there is a clear imperative for Commonwealth and other service systems to provide a more coordinated and collaborative response to the needs of vulnerable children and families.

The National Framework also reflects the Australian Government's overarching commitment to enhancing the lifetime wellbeing of individuals and families in Australia. It is recognised that a 'one size fits all' approach does not work across Australia's diverse communities and that culturally and linguistically diverse families and communities need strategies that are sensitive to their needs and circumstances. It is not sufficient for service systems to collaborate so that children and families get improved access to services. Rather, the wellbeing of families depends on creating the environment necessary to increase social, economic and civic participation in their communities.

A key priority action under the National Framework is the National Research Agenda for Protecting Children 2011-2014 (National Research Agenda). This has been developed to 'identify research opportunities and priorities and expand the evidence base around issues in Australia relevant to protecting children from abuse and neglect' (DSS, 2011, p. 3). This study is a contribution to the research priority 'making a community safe and supportive for its children – understanding the conditions necessary to create a child safe and child friendly community (Promoting Safe Communities)'.

This and other policy agendas (such as raising awareness of risk factors for abuse and neglect within sectors that are not traditionally thought of as child centred) provide a framework for this research, which seeks to better understand the social resources and connections required by refugee parents and their children to support positive parenting skills and family relationships.

Please note since the commencement of this project in 2013, the Settlement and Multicultural Affairs area of the Australian Government Department of Immigration and Border Protection has moved to the Department of Social Services (DSS).

1.2 Background to this study

Although Australia's commitment to protecting refugees has increased considerably over the past two decades, it remains evident that many refugee families who receive protection within Australia continue to face enormous challenges (Lewig, Arney & Salveron, 2009). Resettlement in a new country is not an easy journey regardless of the pre-migration experience. Refugee children, young

people and their parents often have experienced frightening, traumatic, violent and life-threatening situations in their home country that led to their resettlement in Australia.

The journey to safety can also be as dangerous and traumatic (Fazel, 2015). Subsequent to their escape, children may experience considerable health, educational and relationship issues that could have a significant damaging impact upon their development (Joshi & O'Donnell, 2003). Family composition is often severely altered by the experiences of war and escape and often children's families have been fragmented in an effort to ensure their survival.

Some refugees spend many years in refugee camps prior to coming to Australia; others who claim asylum on their way to or onshore in Australia are subject to immigration detention. Significant psychological and emotional stress is often experienced by both children and adults alike (Fazel et al, 2015). Subsequently, young refugees and their parents arrive with a range of experiences and needs not characteristic of other families within Australia (Hek, 2005) and this complexity underpins how families' resettlement in Australia is experienced.

Resettlement challenges

Concerns about language, employment, medical and health needs, education and housing, compounded by possible impacts of trauma and poor mental health, can make parenting a difficult task. Australian and international studies concerning the resettlement and integration of refugees highlight the often complex and challenging issues experienced between children and their parents when adapting to a new and unfamiliar culture (Williams, 2008), new social systems and changing family roles and dynamics. While many are able to meet these challenges and settle well, managing family conflict and developing culturally appropriate parenting practices have been identified as significant problems by resettled refugee parents and young people (Saunders & McArthur, 2012).

Family members play an important role in encouraging and supporting each other, and can provide emotional, physical, social and financial supports, that if absent, may increase the risks of a poor settlement for individuals (McDonald-Wilmsen & Gifford, 2009). Mental health issues (Schweitzer, Melville, Steel & Lacherez, 2006), financial worries (Rousseau, Rufagari, Bagilishya & Measham, 2004), and cultural losses, such as links to Elders or assuming non-traditional roles (for both parents and children), have been found to be difficult for refugees who arrive with only some, or none, of their family.

Cultural differences between Australia and the country of origin may also represent a challenge for parenting practices (Lewig, Arney & Salveron, 2009). Research recognises that parenting practices vary across cultures and that acculturation influences the behaviour of the parents, the child – parent relationships, and ultimately the well-being of children and young people (Ho, 2010). This may be further impacted by the stress of family members reuniting after long periods of time away from each other. McDonald-Wilmsen and Gifford (2009) describe that "settlement is stressful and puts the entire family unit under a great deal of pressure. Once the family is reunited, it faces a new crisis of having to unite family members who have had very different experiences" (p. 4).

Refugee Families and child protection

For some refugee parents, the cultural differences in parenting styles, the lack of family support and the on-going effects of pre-migration trauma contribute to what Australian child protection services identify as child maltreatment (Lewig, Arney & Salveron, 2009). Data concerning the number of refugee children in out-of-home-care or reported to child protection services are limited. To date, child protection services across Australia have not systematically collected data about refugee children that come into contact with their services. However, recent studies conducted in South Australia and Victoria about refugee families indicates that the number of notifications for this group is increasing (Lewig, Arney & Salveron, 2009; Kaur, 2012).

Kaur (2012), in a review of the available research literature on refugee families in the Australian child protection system, highlights that child protection authorities need to be aware of the changing cultural demographics of the Australian population. As the number of families from culturally, linguistically and religiously diverse backgrounds increase, the work of care and protection services will increasingly reflect these growing numbers (p. 9). Lewig and colleagues' (2009) study in South Australia also reported that care and protection workers described increasing numbers of child protection notifications concerning families with a refugee background. They found that families from a range of cultural backgrounds (but particularly from African countries) who had lived in Australia less than five years were frequently reported to care and protection services for concerns of neglect as well as physical abuse and emotional abuse. The most common form of substantiated abuse was neglect.

In a review of the international literature, Sawrikar (2009) writes that ethnic minority groups are often over-represented in child protection services. The international literature points to a set of cultural biases which affect the way families, children and parents from culturally and linguistically diverse backgrounds are treated in social work practice and child protection systems. Williams and

Soydan (2005) acknowledge the limited empirical data in the area of child protection and families from ethnic backgrounds.

Supporting parenting

Current research identifies the importance of social connections and resources for parents and children, with social supports and the connections within communities being key determinants of psychosocial well-being. Positive social support and social connectedness are particularly important factors for resettlement (Brough, Gorman, Ramirez & Westoby, 2003), with international studies indicating that families who have support, contacts and networks in their own ethno-cultural communities are more able to develop positive child-parent relationships (Kwak, 2003; Xu, Bekteshi, & Tran, 2010). Furthermore, developing community connections also represents a source of recovery from traumatic refugee experiences, and can be central to building coping mechanisms in the process of settlement (Fielding & Anderson, 2008; Whittlesea Community Connections, 2008).

In both Kaur's (2012) literature review and Lewig and colleagues' (2009) research study, it was noted that social isolation was a significant contributing factor for neglect and abuse in families with a refugee background (Sawrikar 2011; Lewig et al, 2009). In line with a public health model, these studies also identified the importance of early intervention and prevention support in order to address these issues prior to families becoming involved in care and protection services (Kaur, 2012; Lewig et al, 2009). While much of the Australian literature focuses on the formal supports provided to refugees upon early settlement in Australia, little is known about the use of formal and informal sources of social support, resources and connections used by refugee parents and their children who are not involved in the care and protection system that support positive parenting and family relationships.

This study begins to fill this gap. Using mixed methods, researchers spoke to refugee children, young people and their parents in the Australian Capital Territory and South Australia to develop an in-depth understanding of the issues associated with experiences of using formal and informal support and the impact on their parenting and family relationships. We also describe service provider perspectives of the support currently provided to families from a refugee background and consider what is effective for families. Finally, the report provides a discussion of the implications of the findings for service providers and policy makers.

1.3 Refugees living in Australia

1.3.1 Migrants, refugees and humanitarian entrants

Migration has been a key aspect of the Australian experience since the creation of the British colonies and the arrival of convicts and free settlers in the 1780s. In the 2011 Census, there were 5.3 million migrants living across Australia (ABS, 2014). Migrants in Australia are currently provided permanent residency through the Australian Government Migration Program, which has two components: the non-humanitarian program and the refugee and humanitarian program (the humanitarian program) (DIBP, 2015b). The non-humanitarian program provides opportunities for skilled and family migrants and the humanitarian program for refugees and others in refugee-like situations.

Australia's humanitarian program in 2013–14 was set at 13,750 places, with 11,000 places allocated to the offshore component of the program (DIBP, 2014c). The onshore component fulfils Australia's international obligations by offering protection to people already in Australia and who are found to be refugees according to the United Nations Convention[1] relating to the Status of Refugees (DIBP, 2015a). The offshore component offers resettlement to people overseas who are refugees, or who are subject to gross violations of their human rights (humanitarian entrants) (DIBP, 2015a). Each of these resettlement components provides differing level of access to supports prior to and upon settlement.

In 2013–14, 50% of all offshore visas were granted to persons born in Asia, 35% to persons born in the Middle East and 15% to persons born in Africa (DIBP, 2014a). During 2013-14 key policy and legislative changes affected the distribution of visas under the onshore component and individuals arriving in Australia unlawfully are now provided with temporary visas. A cap was also placed on permanent protection visa grants (DIBP, 2014a). In 2012- 2013 the top five countries of citizenship for onshore visa grants were Afghanistan, Iran, Pakistan, Sri Lanka and Iraq.

The following section describes the demographic profile of refugee and humanitarian entrants living in Australia. The data used in this section were derived from the publicly available Australian Government Settlement Database (Department of Immigration and Border Protection (DIBP, 2015c).

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[1] Article 1 of the *1951 Convention relating to the Status of Refugees* (and its 1967 Protocol), to which Australia is a signatory, defines a refugee as:
Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country. (United Nations Refugee Agency, 2010)

Place of residence

Between 2010 and 2015, most humanitarian program migrants lived in either New South Wales (33%) or Victoria (31%). A small proportion lived in Tasmania (3%), the Northern Territory (1%) and the ACT (1%) (DIBP, 2015c). Table 1 shows the distribution of individuals across the Australian states and territories between 2010 and 2015 (DIBP, 2015c).

Table 1. Distribution of refugee and humanitarian entrants across states and territories between 2010 and 2015

State of Residence	Refugee and humanitarian entrants	
	No.	%
Australian Capital Territory	733	1
New South Wales	24,424	33
Northern Territory	442	1
Queensland	10,046	13
South Australia	7,277	10
Tasmania	2,039	3
Victoria	23,288	31
Western Australia	5,546	7
External Territories	18	0.5
Not Recorded	20	0.5
Total	**73,833**	**100**

Gender

Between 2010 and 2015, 42% of entrants under the humanitarian program were female, and 57% were male (DIBP, 2015c).

Table 2. Gender of refugee and humanitarian entrants 2010-2015

Gender	Refugee and humanitarian entrants	
	No.	%
Female	31,047	42
Male	42,784	58
Not recorded	2	<1
Total	**73,833**	**100**

Country of birth

The origin of refugee and humanitarian arrivals is largely dictated by political and economic situations in exit countries. There have been substantial shifts that have taken place in regional intakes over the past 10 years as detailed in Table 3. The most frequently reported countries of birth over the past five years include Afghanistan, Iraq, Myanmar, Syria and Sudan (DIBP, 2014a).

Table 3. Region of birthplace 2005-2014

Region	Number of refugee and humanitarian entrants										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
Central and West Africa	2125	1741	1825	1155	1357	1268	612	404	543	387	11417
North Africa	4814	3489	1616	873	813	537	532	494	800	372	14340
Northeast Asia	371	461	573	571	520	381	302	122	82	118	3501
Southeast Asia	664	1272	2574	2764	3199	1971	1900	2102	2350	1887	20683
Southern and East Africa	1961	1985	2030	1340	2021	1422	1102	685	994	854	14394
Southern Asia	1681	2404	1920	2323	3607	4275	5508	5649	3921	2986	34274
Southern Europe	47	57	80	31	19	24	7	34	6	0	305
The Middle East	2467	2761	2455	3765	4346	2971	5873	5260	5734	5109	40741

Family structure

Information from the 2011 Census data about family structure and refugee and humanitarian entrants was not available at the time of writing this report. When the 2006 Census was conducted, 50% of humanitarian program migrants over 15 years of age were married, and 41% had never been married. Almost two-thirds (64%) of migrants aged 15 or older were married. A higher proportion of humanitarian program migrants were widowed (4%), compared with the proportion of the total migrant population (2%) (ABS, 2010).

Most humanitarian program migrants (61%) lived within a nuclear family in 2006. There was a higher rate of single parents in the humanitarian program migrant population (18%), compared with the total migrant population (7%). On the other hand, there were fewer humanitarian program migrants living as a couple with no children (6%) than there were in the total migrant population (22%) (ABS, 2010).

Humanitarian program female migrants over the age of 15 were more likely to have larger families than other migrant groups. For example, in the humanitarian program migrant population, there was a higher rate of females who had three or more children (31%), compared with the total migrant population (12%) (ABS, 2010).

A higher proportion of humanitarian program migrants provided unpaid assistance to a person with a disability (11%) compared with the total migrant population (7%), in the two weeks prior to the 2006 Census (ABS, 2010).

Age

Over a quarter of refugee and humanitarian arrivals are children and young people. The table below details the age range of refugee and humanitarian arrivals between 2010 and 2015 (DIBP, 2015c).

Table 4. Age of Refugee and humanitarian entrants between 2010 and 2015

Age	Refugee and Humanitarian Entrants	
	No.	%
00-05	4,554	6
06-11	8,085	11
12-15	5,072	7
16-17	2,468	3
18-24	10,845	14
25-34	18,057	25
35-44	12,451	17
45-54	6,568	9
55-64	3,328	5
65+	2,405	3
Total	**73,833**	**100**

Religion

The most common religious affiliations of humanitarian program migrants arriving in Australia between 2010 and 2015, as reported in the settlement database, were Shia (24%), Christian (Not Further Defined) (22%), and Islam (13%) (DIBP, 2015c).

1.3.2 The local context

The following section describes the demographic characteristics of humanitarian entrants living in the Australian Capital Territory (ACT) and South Australia (SA) between 2005 and 2015.

Australian Capital Territory

In 2012-13, the ACT received 204 permanent additions under the humanitarian program; a 6.2% increase on the 192 received in 2011–12, but 17.1% fewer than the 246 received in 2008–09 (DIBP, 2014). Of the 204 additions received in 2012–13, 67 were accepted under the offshore resettlement component as refugees. A further 137 people were granted visas on-shore (DIBP, 2014b).

Country of birth

Forty-six different countries were identified as being the country of birth for 1,737 individuals who settled in the ACT with a humanitarian visa between 2005 and 2015. The most frequently cited countries were Sudan, Iraq, Burma, Thailand, Sri Lanka and Afghanistan. Between 2005 and 2015 the highest numbers of humanitarian entrants were reported to be from Sudan (DIBP, 2015c). However, since 2007, the numbers of Sudanese coming to Canberra have reduced and there has been an increase in the numbers of individuals from Burma and Iraq coming to live in the ACT.

Age and gender

Since 2005, nearly a third (30%) of the individuals resettling in the ACT each year are children and young people under the age of 18 years (DIBP, 2015c). This is followed by the age group of 25 – 34; and then 18 – 24 year olds and those aged 35 – 44 years. Over the last decade, more males (56%) than females (44%) have resettled in the ACT (DIBP, 2015).

Language

A small proportion of refugees speak 'good' (13.5%) or 'very good' English (5.5%). Over a third (35%) of refugees living in the ACT have poor English skills and over a quarter are unable to speak English (DIBP, 2015c).

Religion

Humanitarian program migrants residing in the ACT over the last decade practised 34 religions. The most frequently reported was Christian (NFD) (40%), Islam (17%) and Shia (11%) (DIBP, 2015).

South Australia

South Australia (SA) received 1,462 permanent additions under the humanitarian program in 2012–13. This was 7.6% fewer than the 1,582 received in 2011–12, and 32.1% higher than the 1,107 received in 2008–09 (DIBP, 2014a).

Country of birth

There were 83 different countries of birth for 14,637 individuals who settled in SA with a humanitarian visa between 2005 and 2015 (DIBP, 2015c). The most frequently cited countries were Afghanistan, Bhutan, Iran, Burma and Sudan. Between 2005 and 2015 the highest numbers of humanitarian entrants were from Afghanistan. This has remained consistent over the past five years (DIBP, 2105).

Age and gender

Since 2005, 44% of the individuals who have resettled in SA are children and young people under the age of 18 years. Similar to the ACT, this is followed by those aged 25 – 34; and then the age groups 18 – 24 years and 35 – 44 years. Over the last decade more males (55%) than females (45%) have resettled in South Australia (DIBP, 2015c).

Language

A small proportion of refugees speak 'good' (7%) or 'very good' English (3%). A third of refugees living in SA have poor English skills (33%) and 44% are unable to speak English. The English-speaking skills of the remaining number are unknown (DIBP, 2015c).

Religion

Humanitarian program migrants residing in SA over the last decade practised a total of 54 religions. The most frequently reported were Christian (NFD) (30%), Shia (22%) and Islam (17.5%). Less than 1% identified as having no religion (DIBP, 2015c).

No further information about families on humanitarian visas living in the ACT and SA (such as health, family support or child welfare) could be collated using a desk-top analysis.

1.3.3 Settlement support

Many refugees are not able to return to their country of origin, and assume permanent protection within Australia. As noted earlier, their needs are often complex, not least because of the diversity of individuals within families. The adults in these families often have concerns and worries about income, housing, employment, education, health, and gaining proficiency in the English language. Young people may have different concerns such as peer-group relations, education, employment, gaining independence from family, concerns for the welfare of their parents and their acculturation. Younger children may have struggles and worries about 'fitting in', acquiring English skills quickly, and worrying about their family situation and their parents' wellbeing.

Australia's commitment to providing resettlement services to support refugees has developed extensively over the past three decades or so, from the provision of basic assistance to more intensive community support programs. Over this time, the Australian Government has provided a range of supports for refugees dependent on their visa class and status. Outlined below are the current programs and supports available specifically to refugee and humanitarian entrants.

- Pre-migration support and information is available to refugee and humanitarian program entrants over the age of five years prior to their departure for Australia. The Australian Cultural Orientation Program provides voluntary participants with practical advice about the journey to Australia and what to expect on arrival (DSS, 2015).

- After their arrival in Australia, refugee and humanitarian program entrants can access supports through the Humanitarian Settlement Services Program, including an initial orientation with information on Australian laws and culture; help to find suitable accommodation and household goods; help to access Centrelink, Medicare and English language classes; and linking with recreational and community programs (DSS, 2015). Services are provided to individuals based on their needs, so not all individuals require or receive all services available under the HSS program. The HSS program is delivered by a range of organisations located in each Australian state and territory. Services under this program are generally provided for the first six to 12 months after arrival (DSS, 2015).

- The Complex Case Support (CCS) Program delivers specialised and intensive case management services to support refugee and humanitarian entrants who require further support for significant needs, such as mental health (including torture and trauma services), family violence or financial and legal issues. The program provides flexible and tailored responses to meet the individual needs of each case and is available for up to five years after arrival (DSS, 2015).

- Settlement grants provides funding to service providers working with permanent residents who have arrived in Australia during the last five years, including refugee and humanitarian entrants. Grants assist eligible clients to become self-reliant and participate equitably in Australian society as soon as possible after arrival (DSS, 2015).

- The Adult Migrant English Program, delivered by the Department of Education and Training, supports up to 510 hours of free tuition.

- The Department of Immigration and Border Protection administers the Translating and Interpreting Service, which is also available to refugees (DSS, 2015).

2. Methods

2.1 Methodology

A mixed-methods approach is used to develop an understanding of the formal and informal sources of social supports, resources and connections required by refugee parents and their children to support positive parenting and family relationships. Mixed-methods research is a methodology for conducting research that involves collecting, analysing, and integrating quantitative and qualitative data. The combination of both qualitative and quantitative research provides a better understanding of a research problem or issue than either research approach alone (Tashakkori & Teddlie, 2003).

ICPS has a clearly articulated set of values and assumptions about the importance of working with children and young people; and holds the view that young people should be considered central in policies, processes and practices that affect their lives. As discussed earlier, prior research in this field is primarily adult-focused in nature. Understanding how refugee children themselves make sense of these experiences has had limited attention from researchers. Yet over the past two decades, researchers have maintained the need for children and young people to be engaged in research that focuses on issues that affect their lives (Bessell, 2006; Moore, Noble-Carr & McArthur, 2007). Researchers, policy makers and practitioners argue that young people's views also need to be considered in acknowledgement that children and young people appreciate and experience the world in different ways to adults (Christensen & James, 2008). Taking young people's views and opinions into account means that their needs can be identified more accurately and responses can be tailored to meet those needs.

Our approach is also informed by the work of House (1987; 1988) who describes a typology of social support which includes emotional support (expressions of love and trust); instrumental support (practical supports); informational support (advice and information) and appraisal support (information that is used for self-evaluation). The types of support highlighted here informed the development of the interview schedule as well as the analysis of the data.

In recognition of the importance of resources needed to increase life chances, this study and its analysis was also informed by the concepts of social, cultural, and financial capital. Considering that the existence or otherwise of networks, knowledge, skills and material resources influence the experiences of families with a refugee background (Whittaker & Garbarino, 1983; Putnam, 2000; Woolcock & Narayan, 2000; Ferguson, 2006), previous research indicates that there are considerable

benefits for services to work alongside informal networks to provide appropriate support to parents in need (Katz & La Placa, 2007). Understanding the experiences and views of parents and children about their informal networks and their use of services will assist those who make policy and develop services to understand how better to support the development of social capital for this group of families.

2.2 Ethics approval

Due to the sensitive nature of this research, great care was taken in planning and preparing for any ethical issues that may have arisen across the course of the study. The project was designed to safeguard the rights of all who were involved and was conducted with the approval of the Australian Catholic University and the University of South Australia's Human Research Ethics Committees. Information letters and consent forms used for this project can be found in Appendix A. In addition, a number of ethical issues were considered as outlined in Appendix A.

2.3 Reference group and consultations

Actively collaborating with stakeholders and research participants is often essential when working with vulnerable individuals (Gaskill et al., 2003). Local community leaders, non-government organisations, academics, and rights advocates are all good sources of expert and local information. In addition, such individuals may provide ready pathways for researchers into refugee communities and provide a sense of trustworthiness about the research.

Critical to the success of this study were the formation of a Reference Group and the consultations held with specialist organisations and community leaders and elders. The Reference Group consisted of academics and key stakeholders who had expert knowledge and experience working with families from refugee backgrounds. The community leaders consulted represented a range of culturally diverse groups including South Sudanese (Dinka), Karen, Sri Lankan, Afghani, Zimbabwean and Sierra Leone.

The aim of both the Reference Group and the consultations was to provide the research team with a better understanding of potentially sensitive language and topics, together with suggestions as to how the research team might deal with these issues, recruit families and ensure that the research remained culturally sensitive. Community leaders and the Reference Group members provided feedback on the interview schedule and the online survey.

Regular meetings were held between researchers in the ACT and SA. The research team met with the Reference Group on two occasions, and with all community leaders and other specialist organisations at least once.

2.4 Methods of data collection

In designing and conducting research with refugees, careful attention needs to be paid to research methods. Researchers have an obligation to design and conduct research projects that aim to bring about reciprocal benefits, and which recognise and respond to ethical challenges (MacKenzie, McDowell & Pittaway, 2007).

Two methods of data collection were used in the study. The major source was a qualitative interview schedule, completed face-to-face with the participant. This method provided detailed information concerning the experiences of the children, young people and their parents about their use of formal and informal social supports. Using face-to-face interviews addressed some of the potential ethical issues noted in Appendix A, as well as issues highlighted by the Reference Group, such as participants experiencing lower literacy levels and English language difficulties.

The other source of data was an online survey completed by service providers and organisations across Australia who worked with families from a refugee background.

2.4.1 Interview schedule

The interview schedules for parents and for children and young people were developed in consultation with the Reference Group and in consultation with community leaders (see Appendix B). The interview also involved the mapping of children's and parents' social networks using Whittaker and Tracy's social network tool (Tracy & Whittaker, 1990; Whittaker & Garbarino, 1983). The Social Network Map uses a simple grid for participants to list the people they have had contact with over the past year, and categorises them under household, other family, friends, work/school, clubs/organisations, friends, neighbours, and formal services. The 'map' was adapted for children and young people to ensure it was 'child friendly' and accounted for their age and development.

We explored research participants' experiences of their use of support networks pre and post migration; the support networks available and used by refugee families; and the barriers that refugee parents, children and young people experience when trying to access support. We conducted semi-structured interviews with 50 research participants aimed at answering the three research questions:

- What formal and informal supports do refugee parents and children currently draw on to support positive family relationships?
- What factors in the community that influence positive family relationships?
- What have been refugee parents' and children's experiences of accessing formal support?

The interview schedule consisted of three broad sections:

1. **Demographic Information** covering demographic questions about the participant, including age, education, and employment;

2. **Parenting experiences**: exploring the participants' experiences of being a parent, changes to this (if any) since arriving in Australia and the informal supports used;

3. **Parenting and service experiences**: exploring the participants' experiences, use of, access and barriers to services and the kinds of organisations, supports or services they had used.

2.4.2 Online survey

The online survey questions were developed in consultation with the Reference Group, specialist services, community leaders and informed by the findings from the parent and child interviews. We asked service providers about the issues families present with to their organisations; the services they provide to families that support positive family relationships; the linkages and referrals they make to other types of supports; and the outcomes they sought to achieve with families (see Appendix C for the two versions of the survey sent to these different types of service providers). The aim of the survey was to answer the research question:

- What are service providers' views of refugee families' service and support needs?

The survey consisted of four broad sections:

1. **Demographic Information::** covering demographic information about the respondent, their role and organisation;

2. **Target client group:** exploring which individuals or family groups services currently worked with and the kinds of parenting and family relationship issues they presented with;

3. **Service use:** examining the current types of services provided to clients, examples of effective programs currently used for parenting, the barriers to service use and the referral and linkages made to formal and informal supports;

4. **Outcomes for families:** exploring the desired outcomes and changes for children and parents that services and families are working towards.

The survey instrument was piloted with 16 organisations located in both the ACT and SA in early October 2014. Feedback was provided to the research team from stakeholders including these

organisations and incorporated into the survey. The survey was then piloted again with two organisations located in the ACT before being distributed to service providers.

2.5 Sample

2.5.1 Parents and children

Qualitative sampling may involve small numbers, as there is no set minimum or maximum number of participants necessary to conduct qualitative research (Sandelowski 1995; Richards 2009). However, numbers must be sufficient so that a depth of information is achieved to ensure that the research question is addressed and that a full description of the experiences of the participants is recorded. In consultation with the Reference Group, and in line with qualitative sampling, a purposive sample was used.

Interviews were conducted across two geographical sites, SA and the ACT. These sites were selected as researchers had established relationships with service providers and local stakeholders in these areas. Trust, credibility and rapport were already evident and this allowed for timely introductions to community leaders and families wanting to participate in the study.

A total of 50 interviews were conducted. Fifteen families from SA and 10 families from the ACT participated; one parent and one child self-selected to be interviewed from each family. Self-selection allowed parents and children to choose whether or not they would participate in the research, and allowed families a level of agency in the research process.

Before participating, families were required to identify as having a refugee background. While visa status was not collected by researchers, those still seeking refugee status and/or asylum were not included in the study. Hence families participating in this study identified as people outside their home country who are subject to persecution and/or substantial discrimination amounting to gross violation of human rights in their home country.

Families also needed to have resided in Australia for between one and 10 years. This time length was to ensure that families who participated were more settled and familiar with their social environment and the services in their location. This also provided researchers an understanding of families who no longer were eligible for settlement support and who only had contact with mainstream services. For practical reasons and informed by the literature, children targeted for the study were aged between eight and 18 years of age.

We also wanted to speak with families who were not currently involved with care and protection services. The definition of early intervention used in this study borrows heavily from the public health classification of secondary prevention. This definition focuses on those children and families that still experience significant challenges or 'risks' (such as families with a refugee background) but where interventions are put in place at an early stage in the occurrence of problems, in order to address these risk factors and enhance existing or potential protective factors such as social support.

2.5.2 Service providers and specialist organisations

Potential relevant organisations and service providers across Australia working with children and families from a refugee background were identified in consultation with the Reference Group. There are a range of services working with this population group across Australia, but for practical reasons it was decided to focus on Commonwealth-funded programs only. DSS provided the research team with the contact details of 150 organisations funded under the Settlement Grants (SG), Humanitarian Settlement Services and Complex Case Support programs from across Australia. Most organisations received funding from a number of these programs; however, four of the 150 organisations were funded only from HSS and six organisations only from CCS. Eight of these organisations also identified as specialist rehabilitation agencies that work with survivors of torture and trauma.

Researchers also wanted to hear from mainstream services who worked with families with a refugee background. Again, for practical reasons it was decided to focus on Commonwealth-funded programs only. Communities for Children provide services "to ensure children have the best start in life by focussing on prevention and early intervention approaches that bring about positive family functioning, safety and child development outcomes for children and their families in disadvantaged communities throughout Australia" (DSS, 2015). DSS supplied contact details for a number of Communities for Children Facilitating Partners sites funded under the Communities for Children Facilitating Partner initiative.

2.6 Data collection: Interviews with parents and children

Potential participants for interviews were recruited by both community leaders and local organisations working with families with a refugee background. Workers and community leaders sought permission from families to provide researchers from ACU and the University of SA with their contact details.

Once consent had been obtained, the research team rang or met with participants (using an interpreter where necessary) explaining carefully the voluntary nature of the project and assuring them that no identifying information would be available to anyone, including whether or not they chose to participate in the interview. All parents participating in the research were also asked to consent to their child being interviewed. Once consent had been obtained from parents, children were then asked (independently of their parents) by the researcher if they would agree to participate in an interview.

The length of time of interviews took ranged from 10 to 90 minutes. Semi-structured interviews adopted a conversational and empathic approach. All parents and children who consented to be audio-taped had their interviews recorded and transcribed verbatim; the transcripts were then checked by the interviewer for accuracy. Where participants refused to be recorded (four families and one child refused to have their interview recorded), notes were taken. Notes were also taken to record initial impressions of each interview.

2.7 Data collection: Online survey

In December 2014, the online survey was sent to 176 organisations. The survey closed in early January 2015. Twenty one email addresses were not valid and the email was returned. Seventy-nine responses were received from specialist services working with migrant and refugee families representing a response rate of 61%, and 19 responses from services funded under the Communities for Children initiative representing a response rate of 73%, with 98 responses overall.

2.8 Limitations

The research methodology provided a feasible and achievable approach to meeting the outcomes of this project within the timeframe. However, it is important to acknowledge potential limitations.

There is a very large family support sector that is funded by both the Commonwealth and State and Territory governments. This research study accessed a small section of Commonwealth funded programs and therefore provides only a snapshot of service provider experiences of working with families from a refugee background.

It was evident from our interactions with families, community leaders and specialist services that specific cultural groups often have particular ways of communicating with and supporting parents and children within their community. The proposed sample and sampling strategy did not target

specific cultural groups of the refugee population and it is not possible to provide a more nuanced understanding of how particular cultural groups use social connections to support and assist with their parenting. What is presented is a broad overview of the experiences of families with a refugee background. Hence, culturally identifying data have been removed.

The means through which refugees arrive in Australia and their visa status in Australia can also have implications for the government support available to individuals when they have arrived in Australia.

Families were not asked about visa status and while all families identified themselves as having a refugee background we cannot confirm that they were eligible for settlement services (both pre and post migration) currently provided by the Australian Government.

It should also be recognised that the impact of immigration detention on settlement experiences has a profound effect on the experiences of individuals and family members upon arrival into Australia. None of our participants identified as having been in immigration detention and such experiences are absent from this report.

Language difficulties also provided a number of challenges for the research. Translating and Interpreting Service interpreters were used for all but two of the interviews. Where possible the interpreters were accredited with the National Accreditation Authority for Translators for Translators and Interpreters Ltd.

All participants who required an interpreter were provided, where possible, with an interpreter of their choice. This was in recognition of the potential differences in social position, gender, age and education between the participant and interpreter which potentially influence what is communicated, translated and understood (Temple & Edwards, 2002). However this was also problematic, in that a number of the interpreters, while well-known to and accounted for by local services and organisations, had no prior experience of working in a research environment. In order to improve the processes of interpretation in the research, best practice guidelines were followed and included:
- ensuring the interpreter was familiar with the research aims and any technical terms prior to starting any interviewing;
- explicitly acknowledging the credentials and role of the interpreter (Squires, 2009);

- limiting the interpretation to two languages rather than introducing added complexity with multiple languages; and,

- allowing for on-going discussion about the interpretation process during fieldwork (Larkin, de Casterle & Schotsmans, 2007).

However, due to timing and cost issues, it was not possible to follow the method of forward-backward translation which is also recommended in the literature (Edwards, 1998). This involves having the written English interview questions translated into the other language by one interpreter and then translated back into English by another interpreter and any discrepancies identified.

While research questions were devised to address potential possible differences in the meaning of words or concepts across languages, we are aware of the possibility of inconsistencies, inappropriate language usage and ambiguous interpretations of the questions and terms used in the research schedule and the bearing this has on the data. Certainly a number of interviews were conducted in ways that the interpreter 'reported back' the participants' answers, rather than verbatim, and this is reflected in some of the quotes used within the report. This clearly presents another layer of interpretation to the data.

There are also limitations with the survey data. Service provider respondents were provided with the opportunity to answer anonymously and therefore we are unable to attribute data to the specific type of service provider (CCS, HSS, SG), or their location. Furthermore, a number of respondents did not fully complete the survey and some data are missing. The numbers of responses received are identified where appropriate.

2.9 Data analysis

2.9.1 Interview data

The analysis of interview data was informed by an interpretivist research approach, common in qualitative studies (Crotty, 1998). This approach focuses on participants' interpretations of the world around them and the meaning that they assign to the interactions they have in everyday 'social' life (Schutz, 1972). The strength of this approach is the prominence it places on capturing the complexities of human experience. To assist with this approach, the qualitative research software package NVivo was used to assist with a thematic analysis of the interview data. Researchers developed themes deductively through drawing on knowledge gained from the literature review, the

scoping study[2], advice from the Reference Group, as well as the transcribed interviews. The relevant themes that were repeatedly encountered in the transcripts form the core of the findings of this report. Different codes were used for the children and parent interviews. Some of the main codes for the parent interviews included 'support networks', 'parenting practices' and 'service experiences'. Codes for the children's interviews included, among others, 'family needs', 'strengths in the family' and 'supports'. The use of these coding techniques enabled researchers to organise the data and find connections between the concepts and issues that participants chose to speak about. The use of these techniques also allowed for the discovery of connections between themes that may not be otherwise immediately evident to researchers.

To ensure confidentiality we used participant identifier codes to de-identity participants. Following the quotes from parents used in this report, we include in brackets the family identifier code, for example (F1) and the parent interviewed (P Mother or P Father). For children and young people we include in brackets the family identifier code (F1), the gender of the child (CMale or CFemale) and their age.

2.9.2 Online survey data

The online survey data were entered into SPSS. Open text answers were entered into NVivo. This allowed us to both count the number of similar responses as well as to illustrate particular common views by the use of direct quotes. The use of the research and coding techniques enabled us to make meaning from large amounts of data, draw connections between concepts and issues, and explain areas of difference.

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[2] ICPS completed a project supported by FaHCSIA and Companion House in 2010. This project scoped the boundaries and possible methodologies of future research into refugee children and their families' experiences of settling into Australian communities. Interviews with refugee children and their parents living in the ACT found that conflict between parents and children, as well as accessing supports (formal and informal) to assist with this was a significant issue for them, often inhibiting their inclusion into local community. Both refugee parents, and children and young people, highlighted the need for further exploration of this issue.

3. Interview findings

The following section reports on the 25 interviews with parents and 25 interviews with children and young people. The report is structured around the key research questions and provides a description of the parent and child interview data to answer those questions. Aggregated interview data from the South Australian and the ACT sites are reported, however differences between the South Australian and the ACT data are noted where relevant. Throughout the report, quotes are used that are illustrative and indicative of recurring responses and themes in order to represent the key findings. The individual quotes are a succinct way to represent the broader findings that emerged from the data analysis process. The findings of this section and how they compare with other Australian and international studies are discussed in Section 5.

It is important to acknowledge that the majority of families that participated in the study, while experiencing significant disadvantages and sometimes complex issues, were also remarkably resilient and positive. They often spoke with gratitude about living in Australia and the opportunities they had enjoyed since their arrival. Many of the families, who had experienced considerable trauma, were also incredibly gracious and thankful for being able to live safely and securely within Australia. Families discussed the generosity that Australian people had shown toward them, and described with relief their experiences of feeling safe and happier now that they were resident in Australia.

> *I have to say, as a family and probably I speak from the rest of the family as well, that I'm very grateful to be here in Australia, I'm very grateful to [the] Australian Government for accepting us to come here, considering from the circumstances that I used to live back in Iran and also the circumstances that we were in in Turkey. To come to a country, to come to a place that has accepted us, given us opportunities for us to grow and to succeed and to aim for our goals, maybe we cannot aim as high or reach our own goals as much as we would have wanted to or we could have in the past, but at least the opportunity's definitely there for my children so I'm very grateful for that. (F4 P Mother)*

> *Q: Would you tell me some of the good things that you think happened to you after you came to Australia?*
> *A: ... calmness.*
> *Q: ...Tell me what you mean by calmness?*
> *A   Nobody is here to bother me or annoy me.*

Q: How would people bother you earlier?

A: Because when we were in [my country] there was war so it was frightening and there was lots of noises and shooting. (F13 C Male, 9yrs)

3.1 Profile of interview participants

3.1.1 Parents

The majority of parents who participated in this research were female (64%). Two families opted to have both parents interviewed together. The age of parents ranged between 31 and 54 years, with 44% being 40 years or younger; and the median age being 41 years. Seventeen parents (68%) could speak little or no English.

Parents were asked to identify their place of birth and their cultural background. The most frequently reported countries of birth included South Sudan (24%), Afghanistan (20%), and Burma (16%) (see Table 5). Self- reported cultural backgrounds also ranged in diversity and included Karen, Krio, Nepalese, Kakwa, Dinka, Hindu and Persian. Parents were not asked to identify their nationality.

No participant identified as having been in immigration detention, although we did not specifically ask about visa status or how families had arrived in Australia.

Table 5. Place of birth for parents

Place of Birth	Frequency	Per cent
Afghanistan	5	20.0
Bhutan	3	12.0
Burma	4	16.0
Congo	1	4.0
Iran	2	8.0
Nepal	1	4.0
Rwanda	1	4.0
Sierra Leone	2	8.0
South Sudan	6	24.0
Total	**25**	**100.0**

Most parents had between one and four children (72%), with the mean being 3.8. Over a quarter of the families had five or more children. More sole parents were interviewed (56%) than those who identified as being part of a couple, with the ACT having a higher number of sole parents than SA (80% of the ACT sample were sole parents compared with 40% in SA). Three quarters of the sample

(76%) had been living in Australia for less than five years. 76% of the parents interviewed reported being unemployed and having Centrelink payments as their main source of income. Many parents had limited formal education. In the ACT, parents were more likely to have been to TAFE to complete English Certificates (60%), but their education levels prior to that had been equivalent to primary school level. In SA, more parents had completed Year 12 of high school (46%) as well as TAFE (20%) and University education (13%). Characteristics of the parent sample are found in Table 6.

Table 6. Parent characteristics

Characteristics	Sample (N=25)
Age	52% < 40 yrs (median 41)
Years residing in Australia	76% five years or less
Number of children	72% had between 1-4 children (24% had four children)
Relationship status	56% sole parents
English Language	56% spoke no English
Housing	40% public housing (ACT) 16% home owners (SA)
Education level	28% Year Twelve 36% TAFE 20% Primary Education
Income & Employment	76% on Centrelink benefits – Parents were more likely to be employed in part time or casual work in the ACT

3.1.2 Children

The children and young people interviewed were aged between eight and 18 years. The mean age of children was 12 years. The oldest young person interviewed in the ACT was 15 years and in SA was 18 years old. Similar to their parents, children and young people identified as belonging to a diverse range of cultures. Many of the children were born in the same countries as their parents; however there were also a number who had been born in refugee camps or in countries their parents had escaped to for safety. Country of birth and nationality or ethnicities of children are detailed in Table 7.

Table 7. Place of birth and nationality of children

Place of Birth	Frequency	Per cent	Self-reported nationality or ethnicity	Frequency	Per cent
Afghanistan	2	8	Afghani	5	20
Congo	1	4	Australian	4	16
Egypt	1	4	Bhutanese	1	4
Iran	4	16	Burmese	1	4
Kenya	4	16	Congolese	1	4
Nepal	4	16	Iranian	2	8
Papua New Guinea	1	4	Karen	2	8
Pakistan	1	4	Nepalese	3	12
Rwanda	1	4	Rwanda	1	4
Sierra Leone	1	4	Sierra Leone	1	4
South Sudan	1	4	South Sudanese	3	12
Thailand	4	16	Thai	1	4
Total	**25**	**100.0**	**Total**	**25**	**100.0**

The majority of children spoke excellent English. Two 'older' young people reported having limited English skills and required an interpreter for the interview. Table eight below details the characteristics of the children and young people interviewed for this research study.

Table 8. Child characteristics

Child Characteristics	Sample (n=25)
Age	48% < 12 years
Gender	60% male (15) 40% female
Years in Australia	76% had lived in Australia< six years

3.2 Families and parenting in a new culture

The following section provides an understanding of the difficulties and strengths of family life that parents and children experience when coming to Australia. It highlights the issues that families experience, which they may or may not access support for. Parents and children were asked about their family life now that they lived in Australia and how this perhaps differed to before coming to Australia, as well as their aspirations and the challenges that got in the way of these.

Parents described a number of factors that influenced parenting practices (both pre and post migration), and while differences are largely discussed in relation to culture, it is important to recognise that differences may also be attributed to socio-economic factors, education levels or context, such as urban settlement versus rural settlement (Azar & Cote, 2002). The families who participated in this research were keenly aware of the social, cultural and legal differences in

parenting practices and the challenges that these presented. This awareness also contributed to parents' reported lack of confidence in raising their children, particularly as children moved into adolescence and became more independent.

3.2.1 Aspirations

When asked about parenting, many parent participants described the role they had and the responsibilities that came with the 'job'. They described that as a parent they had the responsibility to assist their children to achieve certain life outcomes. Parents also believed they had the responsibility to ensure that children accessed as many positive opportunities as possible. The parents spoke about their aspirations for their children with ease and they stated that the future of their children was important to them. Parents described that living in Australia was important and beneficial to the future success of their family. Essentially, the parents in this study described three key aspirations they held for their children: the continued development of morality, character and spirituality; obtaining suitable employment; and undertaking tertiary education.

Similar to their parents, children and young people identified the same aspirations for themselves. Education and employment were particularly important to all age groups and each described their desire to attain these. Maintaining connections to culture and religion were also described as highly important, as these were often regarded as useful sources of support.

Morality, character and spirituality

Parents described the importance of the continued development of morality, character and spirituality for their children and the role they had in ensuring this.

> *Based on my belief system, a good parent is someone who can educate their children in human virtues and good characters and good traits so that they can become good members of the society, a productive member of society and be able to give service to their community and society. (F4 P Mother)*

In addition, some families aspired to be able to send their children to religious-oriented private schools, as they perceived them to be able to give their child greater opportunities for success in meeting their spiritual and educational needs, as well as offer a more disciplined and moral environment. This was particularly evident in the ACT. However, this was also dependent on parents' capacity to pay for this. For some parents who had gained employment this was an achievable goal.

For others, balancing school fees and living expenses was particularly hard. For many families, however, private schooling remained an aspiration.

Most children shared this aspiration and described how important it was for them to be able to stay connected to their religious and cultural identity. They spoke about the support it provided to them and how it helped them make decisions about their future. One young person spoke about his religion and how it assisted him to make better choices in life and consequently his future.

> *Well the support that I get from church is morally, like what should I do with certain situations? Say that I'm caught up with between let's say school and girls, where do I go from that and how do I manage that? And how do I keep a balance or whether should I go one way more than the other way and focus on the other later on? (F9 Male, 15 yrs)*

Education and employment

Parents saw a need for their children to be independent and self-sufficient and this was most likely to be achieved through obtaining a good education. As noted earlier, a key aspiration of many parents was to provide a religious-based education. However, parents also spoke about the need generally for children to obtain a 'good enough' education that would lead to some kind of professional employment.

> *For me, the aims of especially parents for their children, [are] to try very hard to encourage their children to continue their study and have a good education and they have to feel very comfortable to go and study, so they have their family's support and encouragement. (F6 P Father)*

Similarly, children and young people also spoke about the need to continue with their schooling not only because of the perceived benefits they experienced when attending school, but also because this led to the employment opportunities that they wanted in the future. The quote below is interesting because the young person adds a moral dimension to their aspirations – that not achieving a good education might be a failure and that the passive receipt of Centrelink benefits is not a desirable future.

> *A: The new challenges in here, we have to stand by our own faith, one thing. The second thing is we have to continue our education to university.*
> *Q: Explain to me a little, what do you mean by "we have to stand by our own faith"?*
> *A: That's for example, because if you don't do anything, - you don't own any money and sitting at home and just get money from the Centrelink, that's not good. We have to study hard to get a job and earn our own money.*

Q: So is that your kind of goal that you want to aim for in Australia?

A: Yeah, because that's my aim, to be success in any way, doesn't matter because working or education.

Q: So you want to be a success either in education or by being a success in working?

A: Yes. (F6 C Male, 18 yrs)

Parents spoke broadly about the types of employment they wished their children would participate in, and demonstrated a clear desire to support their children to achieve things that their children (and themselves) may never have previously had the opportunity to do in their home country.

… I don't want my children to be uneducated like me. Because there are so many things that I've seen and so many things that I did not get because of [a] lack of education. So at this stage I would like my children to get educated and when they reach an age whereby they can see things in their own world, when they [are] grown up later on, they will see things different and they will be able to have their own personal choice of saying maybe I will be a doctor, I will be a prime minister, I will be this. This will be their own option. (F17 P Mother)

Other elements of employment aspirations that parents held for their children were in relation to the future wellbeing of their family and the reciprocation of care. The quote below is taken from a parent who describes how hard she has worked to care for her children and how much she has sacrificed. There is an expectation that when she is older her children will look after her.

Other things that I just tell them is that, "I'm a single mum so it's quite difficult for me to raise you when you were young. Now you have to study very nicely. You have to educate to a high standard and you have to do a very good job. Everybody is buying house and you have to buy a house later on of our own so that we cannot move now and then everywhere. So now it's your turn to look after me. I have looked after you when you were young. Now you have to study very nicely, be a good person, a good job, and look after me when I become old. (F11 P Mother)

Familial expectations to achieve in education and achieve employment provided a level of stress and anxiety for young people. Many children had high expectations of themselves and described that not achieving the 'right' employment later on, such as in medicine, law or stockbroking, might be considered a failure. They spoke about the difficulty of finding work and it was evident in the

interviews that the stress of finding a job and attending university in order to achieve this increased as children became older.

> *A: I'm pretty sure it's hard to find a job here, a really good job, because you have to go through uni and stuff like that.*
>
> *Q: So how do you know this? Have you seen people experiencing this difficulty of finding a job?*
>
> *A: It's not really easy to find a really good job just like that. You have to go through uni and stuff like that, reports and stuff like that. (F4 C Female, 16 yrs)*

3.2.2 Parenting challenges

Parents described experiencing a range of challenges in raising their children in Australia and often made comparisons of the differences between parenting in Australia and parenting in their home country. Some of the challenges identified included the amount and type of support they received within the home to care for their children, the changes in roles amongst family members and differences in parenting practices. Children and young people were also aware of the challenges their parents faced. They too described the difficulties that their parents encountered and the impact that this had on family life.

Support to care for children

A significant challenge that parents described was the difference in the supports that they could draw on at home to care for their children. Many of the families participating had left other family members behind who had supported them through childbirth, childcare and general parenting issues. They described no longer having this 'in home' support to draw on. Other parents who had lived in refugee camps for longer periods of time also described a loss of support from neighbours and friendships that they had developed and relied upon to help them care for their children.

> *Different from here and back home is a bit different for me because if I'm back home, even though I'm living in my own house still my parents would be there all the time and I would go with my kids to our house or to my husband house to visit them. And I would get a lot of help, like a lot of help not financial but like if I'm tired, if I'm sick my mum would come and stay with me at home or my sister would come and stay with me at home. (F9 P Mother)*
>
> *[through the interpreter] In this context she's saying there's a big change that she has experienced after arriving in Australia. Back in the refugee camp if she had to go elsewhere she could leave her daughter or son with the neighbour saying can you look*

after this boy or girl for 20, 30 minutes I'll be back, I'll go and get my ration from the counter, distribution, or something like that. I have been called to attend a meeting for two hours can you please look after them and there is the food, there is the nappy etc; that was there. But now here there is nothing like that, if grandma is free if she is able to look after them she will. If her sister-in-law is free or this girl can look after her brother that's it. Otherwise wherever she goes, whatever she has to do she has to take the youngest one and look after him herself. So there is nobody who is going to support from amongst the community in terms of raising children. (F12 P Mother)

Other family members were acknowledged as critical in providing day-to-day support to parents and assisting them to care for their children. Those parents who identified as feeling the most supported to care for their children described the support they received on arrival from family members already here. Participants who had family established here also described being more quickly connected to other types of supports and introduced to a larger range of networks that would support their parenting.

By [the time I arrived in Australia], I had my sister [here]. My sister, because she came first with my daughter … Sometimes she help me because she goes to work. If she come, she help me go shopping and do everything. Because at that time… [I don't] have car and drive. So she came and make shopping for us and help me... (F16 P Mother)

Children also described that having family or neighbours to care for them made life easier and less stressful. Being able to rely on family and friends provided a larger network of child care. One child who declined to be recorded spoke about the importance of older siblings and the care they provided. This care enabled the parent to work and they were therefore able to provide the family with an income. This was also a common experience for other children and young people.

They [family] do help us in lots of things like for example looking after the children… For example we have a really close family friend if they are living right there and then sometimes they not free they have to go to work and they have to go such like appointments and all, they bring their children at home and we look after them. But if something happen to us I take my little brother there so they can look after him as well… (F12 C Female, 16 yrs)

Changing roles

Many of the women participating in this study have experienced the loss of family members, including husbands and partners. This has meant that for some women, the traditional family hierarchy changed. Women described taking on new roles that included becoming sole parents, finding employment and managing households, as well as the more traditional roles of caring for their children.

For others, the opportunity to come away from traditional family hierarchies was liberating, particularly for women who had experienced domestic violence and family conflict.

> *A: He [her husband] was not talking with me at all. He's [the son] 16 years now and once he was born, when he was born, since then my husband didn't talk with me. He never talk with anything else. As a wife, I need some sort of support from him and help and advice, but he never used to talk with me or never support me on anything that I need, any help that I need.*
>
> *Q: And so how does it feel? Now I'm asking your feelings about being a parent … in Australia.*
>
> *A: Now I feel like I can live my own life, I don't need to live with them. I can live without them as well. Back in [the country that they lived] it was difficult and I even thought of killing myself, but in here, I feel like I'm in the right country, right place and I can live my life without them as well. (F8 P Mother)*

Children and young people also acknowledged how parents' traditional views about gender are challenged once living in Australia. They highlight that this is important for girls and young women as it provides them with a freedom they did not have before.

> *A: It means a lot to me because in [my country], you know, like the parents … thinks that girls stuff like – they not worth anything, only boys are worth of the things.*
>
> *Q: The girls are not?*
>
> *A: Yeah. ..They still treat girls very rudely and meanly and then they used to work in – they used to work as a farmer, go and cut grass and cows and all. But in [Australia] boys and girls are treated equally so that's the good thing here as well. (F12 C, Female, 16 yrs).*

The changing hierarchy of the family structure also impacted upon children and young people. Children spoke about how they were often given the responsibilities of other family members, such as caring for siblings, cooking and cleaning. This differed to the roles that they perceived 'Australian children' had in the home. Most frequently, children spoke about their role of interpreter. Many of the parents were unable to speak fluent English and relied on their children to translate English into their own language. Children spoke about how they assisted parents with 'grown up' challenges, such as finances and housing which could be problematic.

For a small number of families, English language proficiency also impacted the power balances in relationships between children and their parents. We observed that as some children became more proficient in English and better educated than their parents this also created a shift in the relationship and created tension within the household. Where parents could not interact within the social environments of their children due to language barriers, tensions between children and parents were noted.

> *It's very difficult, because mum can't speak the English, so the two little ones, they get embarrassed because of mum. When the mum is trying to drop them off at school, and then they both tell the mum, "Just give me my bag, you can go now." Mum felt a bit upset because the kids said [that] to her. (F21 P Mother) (As explained by interpreter)*

Social, cultural and legal differences

Participants in this study described that the cultural and social differences they experienced when coming to live in Australia presented a range of opportunities as well as challenges. Many of the parents embraced living in a new culture and described how they went out of their way to learn about 'new' cultural conventions. They spoke about how they watched other members in their local community behave with their children and about how they used particular role models to learn about parenting in Australia. They also spoke about how their children taught them ways to parent differently.

> *Q: Back to parenting, do you think, do you observe families around, at the kids' school and around the shops and things, and do you think it's very different to how parents interact with children before you came to Australia?*
> *A: She said, there's a big difference with the parenting here, and over there. Over there, when the kids want to go somewhere, they just say, "Mama, we're going", and the kids just took off by themselves. Here, the parents, they really care for the kids, and then they give cuddle, and so her daughters then inform, watching others, and she told her mum*

that, "You need to give me a kiss before I go." (F21 P Mother) (As explained by interpreter)

Parents also described how they could often see the tensions that exist between their own cultural parenting practices and Australian cultural parenting practices. While a number of parents acknowledged that it was important for their children to be able to live in both cultures, for others it was problematic. Parents highlighted how confronting it was for them to see their children adopt Australian cultural values. They were fearful of their children getting into trouble with the law, of being led 'astray' by peers and socialising with friends of the opposite gender.

Children also commented on the tensions that existed for them. Children and young people during resettlement find themselves in a new social, cultural, geographic space, yet they also try to find security within the spaces of their own families and ethnic communities. Balancing this can be problematic, as one young person observed:

Well 'cos parents they try to like, I think, that parents do try to keep their culture that they have in their own country, but children when they came here, they have the culture that they live with here, so it's very different for them 'cause they, the children who are from different cultures, they try to be like Aussies, but their parents doesn't like this, so yeah. (F4 C Female, 16 yrs)

Furthermore, young people reported that it was not only their parents who were challenged when they chose to adopt other cultural practices. Young people reported that members in their cultural community also found it challenging when young people were seen to be no longer adhering to the community's cultural traditions and expectations. They described about how they were spoken about in negative terms.

…Like other people in our community they spread rumours "that she wore that, she wear this" and it's not good … "wearing short shorts and showing her body off and all". That's the rudest thing in our community. And especially if it's like first daughter or a son, people speak down about them. (F12, C Female, 16 yrs)

As the new culture influences refugee parents and their children differently, their relationships change, often to the surprise and disappointment of many of the refugee parents. Both parent and child participants highlighted the challenges they experienced living in a new culture and described how these were further exacerbated as parents tried to manage often conflicting cultural values and

parenting practices. Parents in this study spoke about how it was often confusing for them to guide their children, as they too were unfamiliar with the Australian culture.

> *Q: Okay, so how do you feel about it just generally about your ideas about being a parent in Australia?*
>
> *A: I think it's also easy, it's also very hard for parents, because they have to look at their children, they look at the children when they are getting, when they are growing up, and we have to tell to them and we should teach them the Australian culture, which is good for them, and which is not good. Right now here is a modern community, everything is very easy to get, for example technology and internet, everything is in front of them, they can use that. We should look after them and we should show them the way in how to use the internet and the technology. If they use their own way, they are definitely, they are going on their own way... and many children are faced with lots of trouble ... and they are going to a special private room and sitting and doing everything. We should maintain them, we should be careful they don't do that. (F10 P Father)*

Furthermore, parents described the concerns they had over disciplining their children. Smacking children was a particular issue for many parents. Many parents believed this punishment to be an important part of how they controlled their child's behaviour and also gained the respect of their child.

> *I am saying the culture, our children, they want to take Australian culture because Australian culture is different from us our culture, the way we are teaching our kids to grow up like mum and dad did for us and I'm still doing for them. Little kids like this one if they do something you would tell them, not always beating them, but you will tell them stop doing that. And our kids they will not know that this thing they're doing is wrong. This is where we can – this is our culture. You have to smack at least to show to that child that what you did is wrong that's why I do for you like that. (F9 P Mother)*

Yet parents also described having heard stories from other parents or community members (pre and post migration) about other parents getting 'into trouble' with statutory child protection services for smacking their children. These stories frightened a number of parents and left them feeling powerless in how else to 'control' or discipline their children. Furthermore, parents also identified feeling powerless in assisting other parents within their own and other communities. They highlighted that in their home country they would feel confident in addressing children's negative behaviours themselves either with parents or the children directly. However in Australia this was not

socially acceptable and therefore parents felt that they no longer would use this kind of parenting behaviour.

While other parents acknowledged the difference in discipline styles between cultures they also reported having readily adopted less punitive discipline styles, particularly once supported to by other parents or members of their community.

> *Q: So you think that the way parents and children interact is different in Australia?*
>
> *A: He said that where he comes from, sometimes the kids they don't want to go to school, and the parents way, they force them or smack them, you know, like hit them to go to school, you have to go to school. But also at the school teachers, they're also allowed to hit if they [children] misbehave. But here, he said he saw when the parents took their children to the school, they give them cuddle, nice with them, even the teachers also very nice with the kids. And because the environment is so friendly and nice and warm, so there is no – the kids, they're not fighting and they're happy to go to school. (F19 P Mother) (As explained by interpreter)*

Children were also aware of the issues regarding this type of discipline. They described how having their parents no longer being able to discipline them by smacking affected their relationship with their parents. A number of children described that they had experienced seeing other children gaining a greater sense of power that was not always used appropriately.

> *You see in [my country] if a child, while there's that closeness, if the child does something wrong the parents are allowed to discipline, they are allowed to discipline but coming here that's not allowed so the children, they feel they can answer whichever way because they know the parents will not discipline them and that causes the difference in that there is no longer that respect. (F2 C Male, 17 yrs)*

In addition to this and interlinked with the conversations concerning discipline, were the concerns of parents about children's rights. Parents and children both spoke about the freedom and rights that they experienced once living in Australia. For parents the notion of children's rights could be confusing. Parents spoke about how they knew about rights, often from other community or family members but had little information about what this actually meant in their day-to-day lives.

This cultural difference, combined with misinformation about what the rights were of the child involved often led to conflict within families and undue pressures on family relationships. For example, one parent described their child asking for expensive birthday presents and the pressure

she felt in having to give him these. The parent borrowed money from the community to buy the child what they wanted, because as the parent understood it, the child had the 'right' to receive what they had asked for. Other parents reported that children often used these rights to their own advantage, for example, not attending to household chores or behaving in ways that were unacceptable to their parent. This resulted in children treating their parents and elders in 'different ways' by no longer respecting the values of their family.

> *Raising the children in here and then overseas, is different over there, you know. When the kids misbehave, they can just discipline them in a way, it's different discipline than here. The kids will listen to you more than in this country here, and in this country, because the kids they know their rights, tell when they're misbehaving and then the parents want to discipline them, then they threaten the parents, "You can't do that, don't do that, the law, I can ring up the police." (F19 P Mother)*

3.2.3 Other challenges

Unemployment and low income

Many parents described that not having enough money to live on was a key issue for them and affected their parenting. Not having enough money also affected where they lived, which services they could access (such as child care) and for some, problems in being able to provide food and pay bills. Parents also described how they routinely had to access services to help them until their next Centrelink payment.

Children and young people also spoke about the concerns that their parents had about finding employment and an adequate income. They were aware of the challenges that low incomes placed on family life. For some this meant going without certain things like soccer boots. For others it meant seeking assistance from schools to support activities like school camps and uniforms.

As noted earlier, many families aspired to work when arriving in Australia. However due to language abilities, physical and mental ill health, a lack of relevant skills and knowledge and often having sole care of the children, finding suitable employment was problematic.

> *One of the harder things would be in terms of finance in the children's need or anything, because she's only one person. She has no husband with her. So their income is very low. If the child need something today, the child might not get it due to her low income. So it*

would be better if she was working, so she would be able to support her children's needs. But no. (F22 P Mother) (As explained by interpreter)

Housing

Related to low income was the cost of finding suitable housing. Forty percent of families lived in public housing, mainly in the ACT. Sixty percent of participants in SA were renting in the private market. Just over a quarter (26%) of SA families were home owners. For many families, housing issues were regarded as a major problem to be faced.

> *Her concern right now is the house, that's the main problem right now. So I think if she gets a house, it will become very easy because another child will be sleeping in his room, the other one will be sleeping in a room, so that's the small difference she wanted. She's actually talking about the accommodation, that's one of the things that's actually stressing her out. She is having a bit of blood pressure at the moment because she thinks too much (F23 P Mother). (As explained by interpreter)*

Paying high rent, having to move often and living in less than optimal housing all caused significant stress to families. Many families reported moving a number of times in the first few years of living in Australia. This was often to be with other family members or to live closer to friends and community members with similar cultural backgrounds. While this move often resulted in good social support, it usually required a change in education for children, and a loss of established formal supports.

Children and young people also spoke about their awareness of housing issues being an adult 'challenge'. They reported the difficulties they saw their parents having in either finding appropriate and affordable housing as well as dealing with public housing authorities.

Increased complexity

Most participating families in this study experienced a range of issues that included resettlement difficulties, financial disadvantage, housing stress, language barriers and worries about their children. Along with these issues, nearly a third (32%) of families also experienced mental and physical health problems, intellectual disability and/or family violence. Families experiencing a combination of these difficulties reported feeling alone and unsupported, and said they did not know how to negotiate service systems or how to access supports. These experiences often occurred after having received support from settlement providers but where families had then become service isolated. The barriers faced by families to successfully reengage in support services included issues such as poor language abilities, limited knowledge of services and low confidence.

Both children and parents described that disability and mental health issues in particular had a considerable impact on family relationships. The quote from a parent below describes how the eldest child cares for his brother with a mental illness because his mother also has a mental illness and has limited capacity to care for them. The eldest brother is given the responsibility to 'manage' the younger brother's depression.

> *With the oldest son, with the second child, he's got a problem with the mental, so– the eldest son, he will look after the younger brother because sometimes he finish working at 4 o'clock, when he comes home, his brother is feeling depressed, so he will just ring a cousin, a newly arrived cousin, also another cousin just to make him happy, taken to the movies. (F19 P Mother)*

3.3 Informal support

3.3.1 Building social networks

The interviews with families explored the use of informal supports and how they could be used as a means of providing information and support to assist families with a refugee background to develop positive and beneficial family relationships. Social networks, for the purposes of this report, refer to the relationships people have with others and the benefits these relationships can bring to the individual and their society. As noted earlier, collective approaches to parenting and family life have been helpful for families entering into already existing ethnic communities, and for those who have extended family already in Australia. Family networks provided a consistent source of childcare, parenting information and emotional support. Parents reported that support which strengthened these bonds included participating in family social activities within their community and attending church.

Strong extended social networks also work to reduce social isolation. The size of the social network is not nearly as significant as the quality of the connection felt. Many of the families generally maintained networks within their own cultural community or with other migrant families. Such networks provided parenting advice, new friendships and practical information that contributed to the families' independence and autonomy. Other families, who did not have these networks, identified how such networks could assist them in their parenting and general lives.

> *A: There is a park near the community… all the women there, and the children playing to the playground, they are speaking to each other. And if they have a small birthday or something, they are celebrating that birthday in that park.*

Q: That might help with the loneliness a little?

A: Yeah, yeah it's helping a lot with the ladies. And they are taking information from each other, they are networking, for example something is happening in [the community], if one of them doesn't know what's happened here, the next one [lets them know] ... For example this is July, and the tax for the children, they give, taking information from each other. (F10 P Father)

Some of the families that participated in this study pooled resources to assist each other, either between extended family members or other community members from the same community. Some of these shared resources included: knowledge about Australian life, culture and service systems, transportation, finances (money and gifts), access to employment, offers of employment and childcare. Some of these networks were maintained through institutions, such as churches.

I also get help here…giving me a lot of suggestions, or something like that, to raise my children and to look after my children, whether they are in good position or not, and also my [friends] who are living near my house, they are also helping me in many ways like verbal support or support to go to Centrelink or to go to the hospital to get an appointment, something like that. (F11 P Mother)

For the children in this research, their social networks were expanded primarily through school, as well as through the relationships in the community and church that their family fostered over time. The younger children interviewed identified school as an important part of their lives in which they strongly engaged and built friendships. School was also commonly thought of as something that helped their family, which indicates the trust that children felt about their schools.

Q: So you have a lot of friends?

A: Yeah, lots of school friends. (F1 C Male, 12 yrs)

Q: … is there anybody else that helps you and your family?

A: My school. (F13 C Male, 9 yrs)

A: Actually my school is good 'cos they try to help you. (F4 C Female, 16 yrs)

Young people also recognised school as important in developing their social networks. According to participants, the relationships they formed at school with their peers were instructive in recognising new cultural behaviours and traits in Australia and becoming socially accomplished.

Q: And also you talked about your friends, right? Tell me something about your friends, the school friends.

A: Yeah, we play soccer, we talk about our cultures.

Q: What things [do] you talk [about]culture?

A: We talk like, "We did this in my culture, we did this."

Q: So you all compare with each other about different ways, different cultural ways?

A: Yeah.

Q: So do you find that interesting?

A: Yes. (F15 C Male, 13 yrs)

These relationships would involve reciprocal cultural exchange and advice in response to the difficulties of living in a new culture. As one young person explained:

… when the children come here they are thinking differently, when they are out there before they arrive here they are together in this closeness but when they get here they start to think differently because it's a free country so more freedom but with my friends I've been advising them, so we've been advising each other but that I know is possible, it can happen. (F2 CMale, 17 yrs)

3.3.2 Community and family reciprocity

The concept of reciprocity is a critical element in social support (Unger & Powell, 2014), which is recognised by families as contributing to positive relationships between both family members and community members. There were often reciprocal relationships of assistance between extended family members and other community members. Relationships were often made or held strongly together through acts of reciprocity.

Q: And so it sounds like you have some cousins and extra family that can be helpful to you sometimes?

A: Yeah.

Q: How important is that for you?

A: He said that importance to, you know, important for them because some of the family members, they don't understand English at all, but the families who understand English, they're all working, they're busy, so they also help them out when they can and take the mum to see optometrist or dentist and they said that they think that their English is bad enough, but family members, some family members are worse than this, so have no choice but to help them. (F19 P Mother) (As explained by interpreter)

Both parents and children reported drawing on other family members for support living in the local community, across Australia and internationally. Often Skype and the telephone were used to

maintain contact with people overseas. However, parents and children also described that this was very expensive and could only be used infrequently.

> *They [family and community] do help us in lots of things like for example looking after the children and old. They do help. For example we have a really close family friend if they are living right there and then sometimes they not free they have to go to work and they have to go such like appointments and all, they bring their children at home and we look after them. But if something happen to us I take my little brother there so they can look after him as well for example, that way. (F12, C Female, 16 yrs)*

Parent participants described how it was important to them to 'return' the support provided to them where possible and this was something that they also sought to teach their children. In return, parents identified that they often cared for other family or community members' children as well as providing support to those family members living overseas.

3.3.3 Children's perceptions of family strengths

The children and young people interviewed commonly identified the strengths and capabilities of their families since settling in Australia. Strong and supportive relationships were perceived as a strength that contributed to the resilience of their families.

> *I think what binds us [our family] together is love so if anything comes and we [our family] understand that this is life and we love each other, that keeps us together and things happen, we do understand that things happen but keeps us together. (F2 C Male, 17 yrs)*

Acknowledging the resilience of their family, one young participant described the characteristics of her family that she believed made them strong.

> *Q: I want to talk about the things that you need to make you and your family strong? What things can you think of?*
> *A: I've got lots of them, confident, happiness, and caringness. (F18 C Female, 12 yrs)*

The experience of this participant's family looking after each of its members was identified as a strength that was articulated as "caringness", while the reference to "confidence" concerned their family's ability to interact with society, in particular their capacity to speak English. This child identified language as an important component of being a confident and resilient family. Reciprocal care between family members was a strong theme of children's perceptions of family strengths among children.

Q: What makes your family a good family?

A: That we help each other.

Q: In what ways do you help each other?

A: If mum needs help with something, I help her with it. If I need to get something, she gets it for me. (F22 C Male, 11 yrs)

3.3.4 Spiritual and religious supports

When services did not assist a family or were not available, other types of assistance became more important. Both parents and children acknowledged that many of the community groups, including churches and religious groups, facilitate practical support for families. Churches provided practical resources such as food, furniture, assistance with family migration and transport. Church groups also connected families to other community members. Church volunteers were seen as an important part of contributing to facilitating service access.

Q: What about the church?

A: The church also supports them. Gives them some furniture. Also, when the two girls, when they have to have an operation on their hearts, they have to go to Sydney. Then the church would help them…

Q: Really? The transportation and the costs?

A: Yes, transportation, helping them with transportation. (F18 P Father)

I take help from my friend … which is working in the community, as a volunteer. And he helped me a lot to [complete] the taxi knowledge book. And also yeah, he helped me a lot in English as well. (F10 P Father)

Religion was also an essential support to both parents and children in its own right. As noted earlier, children and parents described their faith as an important support mechanism. One young person highlighted that rather than their family receiving support from external supports such as services, friends or community, they relied on their faith to address the problems that they experienced.

Q: What are some of the things that your family needed to deal with when you came to Australia?

A: I can't think of many things other than the health of my sister…

Q: And was your mum able to get that help? What did you think of it?

A: I don't know whether she's got that help yet but we are leaving it in the hands of God. (F2 C Male, 17yrs).

Many families indicated that when things got difficult their faith provided the necessary guidance and support. Children and young people were quick to articulate the support they and their family received from observance of spirituality or faith.

> *I rely on first of all my faith in God as a Christian and that's like my main reliance and like that and my community and my mum. (F9 C Male, 15 yrs)*

Spirituality was just as important a support as family and community to a number of children and young people in this research and was thought of as a central support in day to day life.

> *Q: Another thing I asked about your community and your friends, tell me about how religion and your faith influences your life.*
>
> *A: I guess it guides me, helps through I guess school and stuff. My religion influences basically everything around me. (F3 C Female, 17 yrs)*

3.3.5 Geographical proximity and location

Geographical location was important for some families with a refugee background. Being in the same geographical location as other refugees from similar cultural groups or ethnicities could be helpful in navigating the challenges of parenting and resettlement. A number of families in this study identified that having extended family members or community members from similar backgrounds located nearby and available to assist them was very helpful.

> *What happened, like for example yesterday, I had appointment with the optometrist close to the Coles. When I went there and he told me, where is your interpreter? And I told him I don't know anyone to come and help me and he told me I have a lot of questions and I have to ask you, but I can't check your eyes without this one. Just go and find someone to talk to me. And after that I haven't got any other way, just walk around the shopping centre and I find out one person from my community and I told them I'm sorry, just I need some help from you guys and he told me, yes I will. But, if he didn't go with me, otherwise I haven't got anyone, my appointment will be missed, because I didn't see anyone to go with me to check my eyes. (F6 P Father)*

Nearly all of the families in this research had moved house since they had arrived in Australia. On average, families relocated more than twice after arrival. These relocations, often informed through social networks, were motivated by economic reasons or to be closer to family and community members. Participants described how they were assisted to find rental properties by members of their ethnic or religious communities in areas that were deemed to be in a practical location and culturally suitable.

3.3.6 Barriers to informal support

While not common to all participants' experiences, one barrier to building valuable social networks were incidents of discrimination based on race. These incidents included a verbally abusive neighbour, prospective employers, a medical professional and school staff. These highlight the various contexts in which discrimination occurred for families with a refugee background, resulting in significant challenges for families to build supportive and valuable social networks. One example led a mother to remove her daughter from her school.

> Q: Is it bullying or is it the school's response?
>
> A: It's the bullying is one, based on racism and even the school's response was based on racism.
>
> Q: You actually felt that way?
>
> A: That's the way I felt and I said it, I told them.
>
> Q: Did you want to take it any further against the school or..?
>
> A: No, I didn't want to take it, I just let them know that I believe that the way they responded was in a racist way and I'm taking my daughter out to the school. So, yeah I just let them know that that's the way I felt. (F3 P Mother)

Several parents were frustrated by discrimination based on either their name or accent in the processes of applying for employment.

> Q: Who is saying this, the people you ring?
>
> A: The people you ring for job.
>
> Q: Are you suggesting that there is some form of discrimination?
>
> A: That's what I've seen, because somebody left a job recently and he ring, he gets immediately and you looking for a job and you can't get, how do you think about that? How do you think about that?
>
> Q: Ok so you're saying it's from the way you [speak], [your] accent ok.
>
> A: The way you speak, answering the people. If somebody speak with them, if you put it louder they very interesting, they go … ok bye, thanks, thanks for calling… (F1 P Father)

Young people in this research spoke about some of the difficulties they had experienced with their peers at school. Their cultural differences could provoke adverse interactions with other students.

> Q: So have you personally faced anything that you term racism?
>
> A: Yeah, back in Year 10, in school, yeah some students because there was not a lot of nationalities in just one school. Some people were talking about racist stuff. I didn't

really care about it. I went on with it. I had plenty of friends from other nationalities,
other continents; I was friends with them, a lot of them, yeah. (F5 C Male, 17 yrs

Issues around bullying and discrimination in schools included teachers who acted in exclusionary ways, harming students' educational achievements as well as reducing capacity to seek assistance in school.

A: Yeah. But since some – as I told you before some teacher are very racist.

> *Q: Some teachers?*
>
> *A: Only some teachers. Not all.*
>
> *Q: And have you had that experience in your school?*
>
> *A: Yeah I did.*
>
> *Q: Okay. Tell me little about that.*
>
> *A: …It has happened to me once when I was in grade 7 and then teachers – we were like two of us in classroom … and then it was my friend and me. My teacher she used to treat others so nicely and she used to act so rudely to us. When she were giving papers, you know worksheets and all were giving to all papers and stuff she forget us and we had to ask her for paper. She helps other[s] without asking and if we ask she comes in half an hour later and one hour later and we ask – she was just like you have to do this, you have to do that but she didn't explain the work to us really good. And then back then we were all new to Australia. We didn't know how to speak English and then we had difficulties. I used to get bad grades before but now I do have good grades, A's and B's. (F12 C Female, 16 yrs)*

Cultural and religious traditions also prevented some families from accessing informal social supports. A number of families spoke about how they were open to 'change' and to learn about 'new ways of living'. They believed this enabled them to be able to access a range of social relationships which essentially assisted them to settle successfully in their community. Those families that they identified within their community as being unable to do this were reported as more socially isolated. Families discussed that this occurred due to other families within their community holding on to strong traditional values that prevented them from meeting others.

> *Q: And tell me what about your connection with the community here, do you have connections, networking, things like that?*
>
> *A: Yeah we have some friends here, but they still have their problems. They… cannot take contact with the people, and they are very traditional still, they come, they cannot*

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change themselves. We are happy, I change myself, and in the future also I want to learn more things, yeah. Every day I am learning. (F9 P Mother)

Children and young people also reported that some parents needed to adopt new practices in order for them to resettle successfully. They highlighted that these parents (and other community member's) behaviours were not always in line with mainstream community practices and needed to change.

They (the worker) talk to them about Australia about rules and immigration here and how they have to be with other people … because in [my country] people are really rude there. In Australia they try to behave the same here and I'm like that's not a good thing. They have to change. It's a different country.(F12 C Female, 16yrs)

Traditional cultural and religious values also influenced a number of the female participants' capacity to access informal social supports within their community. A small number of women spoke about how they were often prevented from mixing within the local community due to strong traditional cultural ways of living. They described how this impacted their capacity to draw on supports, to learn English and to access employment.

Yes my family is also here, but the man and woman is different. The man can fit with the community very soon and going out and talking with the people, and talking with the man and woman. The women have lots of problems when they come to Australia, because they cannot join with the men, because of the culture, and they cannot speak with the people with the men because of the culture. So they don't know the English language as well. (F10 P Father)

Children and young people were also aware of the gender differences in particular cultural groups and the differing capacities men and women had in accessing supports, both formal and informal. One young person identified that his mother needed more opportunities to make friends and to participate more frequently within the community.

A: Because she has a little bit of friends.

Q: Oh, she only has a few friends?

A: Yeah.

Q: Okay, so you would like Mum to have more friends?

A: Yeah.

Q: What else, what about Dad? What about Dad, Dad has enough friends?

A: Yeah, he has enough friends. (F10, C Male, age 9 yrs)

3.4 Formal supports

Informal and formal social networks are very important and become valuable in providing support and assistance when refugees are faced with financial, parenting, personal, employment and housing concerns. Whilst informal supports are noted as being critical in establishing positive settlement experiences, informal supports do not reduce the necessity of effective formal services, which serve complementary purposes and ensure access and equity in community services.

Formal services, including both mainstream and specialist migrant and refugee services were a highly used form of support for participants in this project. Parents discussed in detail the services they accessed when they first arrived and also used later in their settlement. The majority of families highlighted an immediate use of multiple services when they first arrived in Australia. The use of formal services was largely dependent on their facilitation by case managers and case workers from specialist migrant and refugee services. Use of formal services peaked upon arrival and decreased over time, depending on the needs of the family and at what point case management support ceased.

Some families who had been in Australia for longer periods of time still reported feeling socially isolated and needing support from specialist migrant and refugee services. Although they were officially no longer able to use many services specifically targeted at supporting refugees, these families reported still attending the organisations they were initially linked with. Parents reported relying on the relationships which they had built with employees at the service and with other families that still attended the services. Such organisations were familiar to families and often employed people from local communities that they were comfortable seeking assistance from.

Parents reported that the types of support that were prioritised by specialist migrant and refugee services to assist the families included income support, legal assistance, health and medical services, housing as well as education for both parents and children. The provision of supports for parenting challenges or family relationships were not specifically identified by parents or children unless they were for much younger children (under school age), which was out of scope for this project. As noted earlier, most families were very grateful for any assistance they had received during their resettlement and expressed genuine surprise at the level of government assistance provided to

them. In the context of the difficulties the families had experienced in the recent past, any assistance provided was welcome.

Conversely children and young people reported having few associations with either mainstream or specialist migrant and refugee services. A very small number of children (three) spoke about using school counsellors after experiences of racism or bullying. When service use was discussed, it was usually needing to attend the services parents used, which they believed they had little or no connection with. Subsequently, the following section predominantly reflects the voices of parents.

3.4.1 Services that help with parenting

Pre-migration

Prior to arriving in Australia a small number of parents identified attending a training course about parenting. These training courses alerted parents to cultural differences in parenting practices, how to keep children safe, family relationships, household budgeting and social conventions, such as how to use toilets. However, the use of this support by parents appeared to be somewhat inconsistent, most likely because participation in government funded pre-settlement support is voluntary. The majority of parents in this study did not receive any support or information prior to their arrival that they could remember.

> *Q: Okay. So have they [the parent being interviewed] – when they arrived in Australia – or before they arrived in Australia, did they have to do any courses about parenting?*
>
> *A: They – before they arrive in Australia, they've been given training. A little bit. They're supposed to give them training five days, but it's – for them, it's only three days. It's not a lot of training.*
>
> *Q: So what kinds of things did they learn about in that training?*
>
> *A: She was given an example about the kids, not to watch the telly by themselves, because of the cord, the power point… he said it's really helpful. If they haven't been given this training, then if something happened, they wouldn't know. (F20 P Mother) (As explained by an interpreter)*

Service use after arrival in Australia

Participants reported that there was little formal support available to them for parenting since arriving in Australia, and few families reported using parenting services. A small number of specialist migrant and refugee services were identified as providing parenting programs; however, parents in this study had not used these. No participant reported having been referred to mainstream services

for this type of support. When there was formal parenting assistance it was often school-based, through teachers or bilingual support workers whom parents had developed relationships with.

The data drawn from interviews with refugee parents and children indicates an absence of knowledge about services specifically related to parenting or family assistance amongst families. This may suggest that specialist migrant and refugee services are not always well informed about or linked to family and relationship services, and so do not refer their clients. In addition, there appears to be a lack of understanding in the refugee community about which population groups can be assisted by family support services.

> *Q: Do you use any other special services like for example counselling, family support services and other specialised services?*
>
> *A: We don't know. We are not – we don't know anything with regarding those services.*
> *(F13 P Father)*

3.4.2 Service access

Interviews with parents and children focused on how participants accessed the services that assisted them. It was clear that service access was facilitated either by specialist migrant and refugee services or through the community networks that participants had established. Typically, service access involved a one-way relationship to other services, in that access between services was not reciprocal. Specialist services were key to facilitating a variety of service access, whereas a number of other services did not provide referral or assistance to access any other services.

Some interview participants reported that services such as Centrelink, housing or medical and health services did not assist families to find support for any other difficulties that were not within their remit. These are key services that all participants had contact with. The experiences of parents in this study suggest that aside from specialist migrant and refugee services, mainstream services do not assist families from a refugee background to access other services or refer on.

This was problematic if the family was not engaged well with a specialist migrant and refugee service, or, as in some circumstances, if their patronage of that service had ceased. In addition, if a family was socially isolated, it became less likely that families would be directed to the service provider that they needed. Interviews with parents also indicated that the service system for refugee families can be considered to be non-reciprocal in that the onus in the service system has been placed on migrant support services to facilitate service access.

So before they come, they never heard of these organisations. But when they arrive, their case worker helped them; take them to Centrelink and Migrant and Refugee Settlement Services (NGO) or Medicare. So they started knowing about all these organisations. (F18 P Father)

As well as formal services, families were also able to access appropriate services through the social and community networks that they had established. The relationships that families with a refugee background formed with their communities, including friends, family, ethnic communities and religious organisations, were helpful in connecting families with the information and services they needed.

Q: Tell me about all the services that you use, how did you find out about them, for example, about the school and about various other services that you use?

A: I think the interaction with the community, with the [cultural] community and people who are speaking the same language as us helped us a lot. We talk about the good school, we talk about how we can access the different services. So we got [information] mainly from there. (F13 P Father)

3.4.3 Barriers to accessing services

While most mainstream service use was arranged on the behalf of families, once case management had ceased some families still experienced difficulties in accessing and using services. Parent participants identified two possible reasons: a poor knowledge of what mainstream and other specialist services might be available, and language difficulties making access to these services difficult.

Knowledge of services

Knowledge of mainstream services and what they can offer is a vital component for accessing services when required. This was confirmed by some participants, who articulated the difficulties they had experienced in comprehending the service system.

Q: What do services in Australia need to know about people who are newly arriving into Australia?

A: There are many things, many services. People need to know many services, even I have - right now I have been here for four years, so we still haven't understood most of the services. So I am eager to know more about it. I'm learning and learning still. (F14 P Father)

Language barriers

Limited ability to communicate sufficiently in English was strongly identified by participants as a barrier to accessing services and using them to their full extent. One participant remarked:

> *One reason is language barrier, one thing. Very, very, first number one, language barrier, so they have to call a friend who knows about the service, so if I know how to talk I can go and just use the service. But if the person is not knowing how to talk then he will face a problem. (F14 P Father)*

As noted earlier, language barriers could be compounded when services were unable to offer interpreters. Many of the parents interviewed rely on interpreters for their interactions with mainstream services. A number of parents had experiences in which interpreters were not available at services that they were required to use, such as Centrelink and job services. Not knowing whether or not an interpreter would be available at a service to use made parents feel uncomfortable and reluctant to attend appointments or access assistance. Other families had to take their children to appointments in case an interpreter was not supplied, and some services even requested that parents brought their children to act as an interpreter.

> *Q: Okay. Now do they always provide you with interpreters everywhere you go?*
>
> *A: Not at the Job Seeker Office.*
>
> *Q: There how do you communicate with them?*
>
> *A: I told them that I don't understand, don't speak English, and they give me the appointment later. Last time they gave it to me and I took it back to them, and I said, "I can't understand." So they gave me another letter. And then the last time they said, "You can bring your son," to interpret for me. (F15 P Mother)*

Some participants found the mainstream service system difficult to understand and negotiate and, as a consequence, to engage with. The requirements and expectations of some services, such as Centrelink, were difficult for some participants to understand, particularly where they had limited English skills and interpreters were not readily available.

3.4.4 Service use

Parents reported that the case management service made available to families upon arrival was extremely helpful to them, providing a variety of practical and emotional assistance. The array of assistance provided to families facilitated by specialist migrant and refugee services indicates the breadth of assistance required and used by families with a refugee background. Once primary needs

were met for families such as housing, income and health. additional supports and assistance were arranged to meet their other needs.

Families spoke warmly of their case workers from specialist migrant and refugee services, particularly in the way they reduced their anxieties and emphasised the importance of the interaction between workers and the families.

> *With the CatholicCare, they don't – even though you don't, you're not, you know – they don't, what's the words? They don't look down on people, everyone is the same way, so they meet you, they always – when they see you, they greet you nicely and they give you a cuddle, it doesn't matter if you are dirty or clean, they just meet you very nicely. (F20 P Mother)*

As noted earlier a number of families expressed genuine surprise at the level of government assistance provided to them. In the context of the difficulties the families had experienced in the recent past, any assistance provided was hugely welcome.

> *A: Actually, I can't explain that because the day I arrive, those people are the one who go and pick me up from the airport. They come together with my sister. By the time I get to my sister house, and they can't explain to me. They tell me we got for you the house. There is another company, but I forget. If you come from Africa, they have a connection with the Companion House people. They organise everything. They find the house. When I come, they just surprise me because I don't know how they do that. They said that you have the house in [Canberra suburb]. You're going to stay there with the kid. Yeah. So the same day, they take me to [Canberra Suburb].*
> *Q: So how did that make you feel?*
> *A: Yeah. It's like – and they buy everything. Fridge and beds, all things. Even bed sheets. They do everything. Plates, cups, whatever.*
> *Q: It would've been a big relief.*
> *A: Yeah, yeah. I just got the house already. They brought everything, and I come. (F16 P Mother)*

However, a small number of parents did not fully access the specialist or mainstream service system and had received little assistance from services, instead preferring to receive assistance from family and community members.

Yes I got support from my own community because they were there for me and to know
that it has happened and calling in and see what's going on and all that, but support
from services or whatever, no there was nothing like that. Only from my family members
and community. (F3 P Mother)

In some instances, families with a refugee background found that mainstream services could be unhelpful in their assistance. Frustrations could occur in relation to services not meeting their needs or expectations, requiring participation that seemed irrelevant to the objectives of the service use. This could be stressful, particularly when families really needed help.

Q: So do you have any ideas of the improvements that the Job Network could do in order
to better meet your needs? Do you have any suggestions?
A: I found that dealing with them was very stressful. It is very stressful, because they
create this panic in you that they keep asking you questions, "So when are you doing
this? When are you doing that?"… They are not helping individuals to find their goal and
to try to achieve that. What they're trying to do is they are pushing people to get to
where they want them to get to, instead of organising perhaps courses, finding out what
people's interests are and how they can achieve what they want to achieve. It seems like
they are pushing their own agenda more than trying to help the person achieve
something. (F4 P Mother)

Some participants found the mainstream service system difficult to understand, and as a consequence, difficult to engage with meaningfully. The requirements and expectations of some services were difficult for some participants to comprehend, uncertain of their requirements and role in using that service. The unfamiliarity of complex service systems left some participants stressed and confused.

When you go to Centrelink, she says, she doesn't know what to answer, or what to say.
They provided an interpreter for her but she still doesn't know what to say. (F21 P
Mother) (As explained by interpreter)

Service satisfaction was particularly high amongst participants when their needs were met. The elements of a satisfactory service experience for the families in this study included comprehending the service and what it could do for them, availability of interpreters and how well the service provider achieved the goals of the service user.

Characteristics of helpful service delivery

Parents discussed with researchers the characteristics of service delivery that were most helpful to them. While there are a number of factors that contribute to effective and helpful service delivery, the most common factors cited by parents were the ability of services to meet their diverse needs, as well as build culturally sensitive relationships and rapport.

Meeting diverse needs

Flexible and pragmatic services that could assist families in a timely manner were highly appreciated by parents. Families were frequently presented with a diverse range of difficulties throughout settlement. Services that responded to a broad array of needs were cited as helpful.

> *Q: What about [NGO]? What did they help with?*
>
> *A: Because when they first arrived, it's very busy. They don't know what to do, where to go. So Centacare, it's looking after them. Help them, support them for six months and take them to, for example, to study English. Take them to the hospital.*
>
> *Q: So transportation?*
>
> *A: Yes, especially when they have appointments, they help. (F18 P Father) (As explained by interpreter)*

In meeting these needs, parents also appreciated when assistance was highly accessible, particularly if a service was able to come to them or were geographically close. Within these service interactions, an important aspect of services meeting the needs of families was through giving them the opportunity to articulate the needs of their family.

> *Q: So what do they do that's really helpful, do you think? It's a hard question, isn't it?*
>
> *A: Because the other people, when I came here, they are the people who came first and helped me. Yeah. The people I come here, they just come to me and see – and ask me what I want and everything. (F16 P Mother)*

In addition, services that were able to offer multiple forms of reliable assistance were identified as helpful by participants.

> *She said anytime that she needs help, she want to ask for help, she will always get help [from caseworker]. (F21 P Mother) (As explained by interpreter)*

Culturally sensitive relationships and rapport

Relationships with service provider staff were important to parents with a refugee background. A respectful and warm approach was highly appreciated and contributed to effective service delivery.

In addition to a sincere rapport, service staff that had strong connections with communities and other forms of assistance were recognised as helpful. Having the ability to address issues through a keen knowledge of alternate available services was also important.

> *For me, this [NGO] has been good. The case worker for me has been very good. He has explained things to me very calmly, very patiently. He has put me in the right direction. He has given me information. If there is something that he doesn't know or he can't do – there has been many of them – he has said, "Look, I don't know about this, but I can refer you to somewhere else or perhaps you can go such and such place." So he has given me that kind of guidance, which has been really good for me. So if there is more services like that, they can put people in the right direction and give them information and advice on how to deal with situations, that would be really good. (F4 P Mother)*

For parents, a part of building culturally competent and effective relationships with support services occurred through their use of culturally appropriate tools, such as interpreters. This allowed for a more sincere exchange and a more comfortable scenario in which to explain their families' needs and desires.

> *Yes, I do feel happy when I get help from them, especially like they have an interpreter, I can talk with them, I can face my problem with them and the interpreter can translate. If I do get that help, I do feel happy. (F8 P Mother)*

3.5 Factors that support positive parenting and family relationships

An objective of this research is to consider the conditions and factors that are conducive to positive and successful parenting and family relationships. Parental capacity to provide positive parenting is influenced by a complex interplay between the individual and their environment. The families involved in this research have significant resilience and agency, have in most cases resettled in Australia successfully, and have identified a range of factors that have assisted their family to provide a stable and comfortable life in which to raise their children. These factors work to reduce risk to their children's wellbeing and promote the basic safety and emotional needs of their children. In some cases, parents were also able to identify factors affecting their ability to provide positive and appropriate parenting, which are included in this section. These factors, a number of which have

been discussed previously in this report, can be placed into two categories; 'social and cultural connectedness' and 'financial and material resources'.

3.5.1 Social and cultural connectedness

The relationships that parents formed with family, friends and community members were identified by parents as a significant help in parenting. These relationships provided parents with emotional and practical support in their parenting and strongly influenced the capabilities of parents to support the needs of their children. These relationships also assisted with adjustments to new cultural norms around parent-child relationships, as well as with interactions with institutions, such as schools. Religion and faith also provided parents with an important focus to assist with resilience.

Table 9. Social and cultural connectedness

Factors that assists parenting	Factors that hinder parenting
Connections with family (physical and virtual)	No family connections
Personal relationships	Limited relationships
Proximity to family	Isolated from family
Proximity to cultural/ethnic community	Isolated from cultural/ethnic community
Ability to speak English	Language barriers
Maintenance of cultural connections	Dislocation from cultural practices
Religion and faith	Inability to practice religion or faith
Capacity to participate in mainstream community	Isolation from mainstream community

3.5.2 Financial and material resources

Parents identified that financial independence and stability were crucial to their ability to meet their children's needs and desires. Participants who did not have a regular or adequate income said this affected their capacity to parent in the way they desired. A difficult financial position could negatively affect parent-child relationships and add stress to the household. The uncertainty and financial pressure of unemployment was also cited as a barrier to parenting in their preferred manner. In addition, housing scenarios that were unsafe or unaffordable did not allow for the positive parenting that families desired. Stable employment and adequate income, assisted by vocational training and effective service support, allowed parents to meet the parenting needs of their children.

Table 10. Financial and material resources

Factors that assist parenting	Factors that hinder parenting
Stable employment	Unemployment

Factors that assist parenting	Factors that hinder parenting
Parenting focused service	Parenting assistance unavailable
Service availability	Inaccessible services
Service competency and relevance	Service irrelevant to needs
Stable and safe accommodation	Impermanent and unsafe accommodation
Safe neighbourhood and community	Unsafe neighbourhood and community
Regular and adequate income	Irregular or low income
Vocational educational opportunities	No vocational education

4. Online survey findings

A critical aspect to refugees' successful transition into a new life is the services and supports that can be provided to them within their local community. In developing an understanding of how to best support families during their resettlement in Australia, it is essential to acknowledge the role of the service system in providing assistance and resources to families.

This section of the report draws upon the responses received from specialist migrant and refugee services (SMRS) (comprising of the services funded under CCS, SG and HSS) and Communities for Children Facilitating Partners mainstream services working with refugee children and their families.

It provides a perspective from these services about the clients they work with, the gaps in services, the aims of their work, the supports and programs they are currently providing to assist families and how these could be improved. A discussion of these findings will be presented in Section 5.

4.1 Demographics

The majority of staff completing the survey identified as managers (60% SMRS and 56% CFC). For those who selected the category of 'Other', roles included support worker, project officer, directors and psychologists, team leaders, project officers and community development workers (Table 11).

Table 11. Roles of respondent, SMRS and CFC

Role	SMRS Frequency (N=79)	SMRS Per cent	CFC Frequency (N=19)	CFC Per cent
Manager	40	60%	10	55.5%
Case worker	8	12%	1	5.5%
Counsellor	5	7%	0	0%
Advocate	2	3%	0	0%
Other	12	18%	7	39%
Total	**67**	**100%**	**18**	**100%**

4.1.1 Client target group

Not surprisingly, the majority of SMRS providers identified their target client group as refugee and humanitarian entrants with just over half of the CFC service providers identifying working with this group. The following Table 12 details the client groups that services identify working with.

Table 12. Client target group

SMRS Answer	SMRS Response (N=79)	SMRS Per cent	CFC Response (N=19)	CFC Per cent
Refugee and humanitarian entrants	61	90%	11	58%
Permanent residents	36	53%	8	42%
Other Family Visa holders	27	40%	2	11%
Women at risk	35	51%	5	26%
Children up to 12 years	30	44%	13	68%
Family groups	33	49%	10	53%
Sole parents	27	40%	7	37%
Young People up to 18 years	32	47%	3	16%
Couple parents	33	49%	11	58%
Other - please specify	16	24%	2	11%

4.1.2 Service access

SMRS service providers reported that the most frequent source of referral came from the client, with 67% of service providers reporting that clients self-referred to their service. This differs to CFC service providers, who received more referrals from other community organisations (although self-referrals remained the next most frequent source of referral - see Table 13).

Seventy-one percent of SMRS providers working with refugee and humanitarian entrants reported that self was the main source of referral. Sixty-three per cent of SMRS providers identified community organisations, and 53% schools or education facilities. Ninety per cent of CFC providers identified community organisations and 70% self as the main sources of referral. The breakdown of referrals made to service providers by target client group can be found in Appendix D.

Table 13. Referrals made to SMRS

Answer	SMRS Response (N=79)	SMRS Percentage	CFC Response (N=19)	CFC Percentage
Self	35	67%	9	69%
Department of Immigration and Border Protection	14	27%	0	0%
School / other education facility	28	54%	7	54%
Other government service	20	38%	0	0%
Family	20	38%	7	54%
Friend	19	37%	6	46%
Ethnic community	23	44%	3	23%
Church	10	19%	0	0%
Community organisation	33	63%	11	85%
Centrelink	19	37%	1	8%
Other - please specify	14	27%	2	15%

4.2 Barriers to accessing services

Service providers indicated barriers for families wanting to access services were characterised by community, personal and structural challenges. The three reasons most frequently reported barriers that prevented families from accessing services were language difficulties (74% SMRS and 54% CFC service providers strongly agreed), limited transport options (53% SMRS and 38% CFC strongly agreed) and social isolation (51% SMRS and 54% CFC service providers strongly agreed).

Waiting lists were considered more of a barrier to families requiring support by SMRS providers than CFC services. More CFC services identified that there was a lack of culturally aware family support services than SMRS, and CFC services also more frequently reported that a lack of timely and available services were a barrier to families accessing services (see Appendix E for more detail).

Eligibility to access services was most strongly identified as an issue by SMRS, and less so by CFC services. Where SMRS providers reported eligibility issues, they highlighted the capacity to pay fees, the duration and length of time in Australia and geographic location. Whilst not in scope of this project, participants highlighted that non-permanent residents, Temporary Protection Visa holders, asylum seekers and people on bridging visas are not entitled to a range of supports, including financial support, casework services, mainstream services and mental health. CFC providers highlighted visa status as a barrier to accessing services.

Other barriers highlighted by both CFC and SMRS providers include a lack of interpreters, cultural perceptions of asking for help, the complexity of issues experienced by families, and the limitations on the length of time that the service can be provided.

4.3 Service provision

4.3.1 Services provided to support families

Service providers were asked to report on the services and programs that they provide to parents and children. A range of programs and supports to families are detailed in Table 14. Service providers differed slightly in the focus of services and supports they provided with CFC offering nearly a third more child focussed groups than SMRS providers. However both service types reported providing case management and education and skills training. For those services that selected 'Other', key areas included:

- Support groups
- Referrals to other agencies, including government and non-government organisations
- Childcare, school holiday programs and early learning education
- Education, information and workshops
- Social and recreational activities for adults and children
- Funding for services that support children 0-12 years

Seventy-five per cent of SMRS providers who report working with refugee and humanitarian entrants stated that they provide this group with case management services. Seventy-four per cent reported providing Advocacy. Eighty-one per cent of CFC providers who report working with refugee and humanitarian entrants stated that they provide education and skills and 72% reported providing child focused groups. For a breakdown of the client target groups receiving these services, see Appendix F.

Table 14. Services and supports provided by organisations

Answer	SMRS Response (N=79)	SMRS Per cent	CFC Response (N=19)	CFC Per cent
Counselling	25	37%	5	26%
Advocacy	47	69%	8	42%
Education and skills	44	65%	14	74%
Case Management	51	75%	8	42%
Child-focused groups	24	35%	13	68%
Other - Please specify	26	38%	5	26%

4.3.2 Effective services

Both SMRS and CFC providers were asked to provide examples of programs and services that are effective at supporting family relationships and parenting for refugee families. Forty-nine responses were provided by SMRS providers and 11 responses provided by CFC providers. A small number of SMRS and CFC providers stated that they needed to improve upon the services that they provide to refugee families and children.

In contrast, a much larger number of providers described a diverse range of interventions, programs and services (both individual and group) that are currently used by families with a refugee background. Most of the SMRS and CFC providers described interventions that focused on individuals within families. Interventions were usually directed towards adults, very young children or older youth. CFC providers particularly described supported playgroups as an effective way of working with families. They identified that referring clients to services provided by SMRS providers was also effective. Many of the services provided by both types of service providers focused on prevention and early intervention and were short term in nature. A number of SMRS providers emphasised that the nature of these programs was not always appropriate for families and that families needed higher level, intensive support.

There were a small number of services that provided more therapeutic interventions or more intensive supports, but these were usually focused on trauma therapy. Only one SMRS provider reported advocacy as an effective service, which is interesting given that so many services provide this support for their clients.

A number of SMRS and CFC service providers also described the nature and the characteristics of the strategies and approaches used with families. The following approaches to working with families were commonly identified across the data.

Parenting programs

Thirty one SMRS providers and one CFC provider described particular programs (listed below), which are used with families to improve and enhance parenting skills and knowledge. Such programs aim to create a better environment for the child and are worked within a cultural context to ensure they are meaningful and respectful to parents.

- Triple P
- Building Stronger Families Program
- Tips and Ideas for Parenting Skills
- Families in Cultural Transition
- Stronger Families Program
- Brighter Futures
- Connect 2 Parenting Programs.

Seven CFC and five SMRS providers reported that supported playgroups were an effective way of working with families.

Activity groups

Thirty-two per cent of SMRS providers and just under half the CFC providers (45%) that responded to this question reported 'activity groups' as an effective way of working with families. Activity groups encompass a range of services that frequently aim to reduce social isolation, increase social participation and build skills and knowledge. Service providers describe a number of groups for children and young people that included child focused activities, play groups, school holiday camps, leadership camps, and life skills. For adults, social activities, family-based activities, workshops, education, life skills and community groups were frequently reported as an effective way of working with families.

Therapeutic interventions

A small number of SMRS providers (17) and one CFC provider described therapeutic interventions that are provided to both parents and children to address individual mental health issues and relationship difficulties. Relationship difficulties were identified as occurring between parents and

children as well as between other family members. Key therapeutic interventions included the following:

- Trauma focused counselling
- Counselling for mental health issues such as anxiety
- Relationship counselling
- Drama therapy
- Counselling for young children
- Play therapy
- Filial therapy.

Case management and case work

A third of the SMRS providers (33%) reported that case management or case work were important elements of effective service provision for refugee families. Only three providers listed complex case support as effective.

> *Case management services that can assess the families' overall needs and assist them to address these issues for example housing, English language, budgeting, connections with service providers, information on systems and supports. (SMRS Provider)*

Mentoring

Whilst only a small number of SMRS providers (8%) specifically identified existing mentoring programs, many SMRS providers reported other programs that linked parents and children to other families with the aim of developing relationships with individuals who offer guidance, support and encouragement. For programs provided to children, service providers gave examples where primary school students were being mentored one-on-one by high school students who would also assist them each week with their homework. Other examples of mentoring were identified amongst women's groups and mothers' groups. This was seen as particularly useful, as this gave a shared understanding to staff and families about the culturally appropriate expectations of parenting.

Service providers also reported that the employment of culturally appropriate senior staff in programs enabled the mentoring of more junior staff, ensuring cultural awareness and respectful communication. This enabled English speaking staff to identify parenting issues and early childhood behaviours, and respond in a more appropriate and meaningful manner. Lastly, while not quite defined as mentoring, a small number of service providers reported the usefulness of using volunteers to assist parents with forms and/or attending appointments.

Support Groups

Just under a quarter of SMRS providers (24%) reported that support groups are an important way of providing assistance to parents, children and young people. Support groups are currently provided to specific groups, including religious or cultural groups, children, young people or women, or about specific issues such as settlement, family support and parenting.

> *Groups need to be targeted to particular language groups and that are sensitive to the needs and issues of the community. (SMRS provider)*

Service providers also highlighted that peer support was important, in that individuals were able to come together to share and discuss experiences, as well as learn from one another.

Health and wellbeing services

Preventative health programs were acknowledged by a small number of SMRS and CFC providers (15% total). The services reported included providing sexual health education and contraception for young women, general preventative health programs and education about nutrition for both parents and children, mental health education, and support for and education about domestic violence.

Drop-in and/or outreach

A small number of CFC and SMRS providers (13% total) reported outreach and drop-in services as useful in supporting families.

4.4 Expected outcomes for families using services

A challenge for many of the service providers working with refugee families is to provide families with adequate support to address the often complex and complicated issues that many of the families experience. As noted above, service providers experience a range of challenges in trying to facilitate and provide support to families, particularly those who experience significant disadvantage and complexity. When asked what kinds of changes they expected to see in the families they did work with, service providers responded with a range of answers, incorporating aspirational global statements into specific and measurable goals. Twelve CFC providers and 49 SMRS providers responded to this question. Their responses were linked to five domains: parenting and family relationships (57%), personal development (44%), service use (42%), social connections (13%) and health (9%). While the majority of themes were found across services, the CFC providers more frequently described changes in social connections compared with the SMRS providers.

Thirteen CFC providers and 51 SMRS providers reported on the three main outcomes that they hoped to achieve when working with parents with a refugee background. A range of outcomes were identified by services that focused on the following issues: improved family relationships, parenting, social participation, health and wellbeing, skills and knowledge, service use and settlement. These themes were identified across service providers; however, CFC providers were less likely to identify outcomes related to settlement.

4.4.1 Service use

Sixty-eight per cent of service providers described outcomes for families that included ensuring that families had a greater understanding of the support systems available to them, an increased knowledge and awareness of specific services relevant to their needs and an understanding of how to negotiate the Australian service environment. A key outcome for families identified by service providers was to ensure their clients developed a greater sense of autonomy, including how to access mainstream services independently, as well as by referral.

4.4.2 Family relationships

Forty-six per cent of service providers reported outcomes concerning family relationships. These ranged from a general improvement of relationships within the family to other, more specific issues, which include:

- Decreasing or preventing intergenerational conflict
- Addressing family violence
- Improving parent/child relationships
- Enabling stronger attachments between parents and their children
- Providing intensive family support.

4.4.3 Better parenting

Fifty per cent of service providers reported a range of outcomes associated with augmenting parenting knowledge and skills, including:

- Building confidence in parenting
- Building and increasing the capacity to parent positively
- Understanding child development
- Increasing cultural knowledge about parenting in the Australian context including understanding child protection laws and the role of child protection services, and schools and the education system for children and young people.

4.4.4 Social participation

Almost half of service providers (48%) described social participation and increasing connections to community as important outcomes for parents and carers. By facilitating links to other families,

communities and social groups, as well as employment opportunities, parents would experience a range of outcomes, including reduced social isolation, improved language skills, increased self-reliance and independence. Furthermore, service providers also described that through increasing social participation, families would be more likely to be accepted into new communities and provided with opportunities to become respected community members.

4.4.5 Health and wellbeing
Forty per cent of service providers reported a range of outcomes associated with an improvement in health and wellbeing for families. Service providers particularly highlighted mental health and reducing the effects of torture and trauma. Methods to achieve this outcome included assisting parents and children on an individual basis, as well as assisting parents to support their children who had experienced trauma. Outcomes for self-improvement, building confidence and fostering healthier life styles were also described as important outcomes for families.

4.4.6 Skills and knowledge
Forty-five per cent of service providers described the development of skills and knowledge as an important outcome for families. Service providers reported the development of skills and knowledge in the domains noted above, as well as general life skills, increased education, training and qualifications and knowledge of women's and children's rights.

4.4.7 Settlement
Over a third of service providers (37%) reported outcomes associated with successful settlement. These included general statements about addressing issues throughout the settlement process, and assisting with integration and acculturation. Service providers also highlighted the need for achieving safety and safe places for families.

4.5 Connecting to other services

Service providers were asked about the types of services and supports to whom they referred refugee parents and children that enable positive relationships and enhanced parenting skills. Forty-seven SMRS and nine CFC providers responded to this question. Both types of service providers reported that they referred clients to the following key service types:
- Counselling and mediation services (35%)
- Parenting support services (35%)
- Services for children and young people (27%)
- Health and wellbeing services (14%)
- Peer support groups (11%)
- Education programs (not including parenting programs) (9%).

Three CFC providers also reported that referrals are made to local multicultural centres and ethnic community groups and clubs, particularly for children and young people. These groups provide social activities and community events which were highlighted as useful supports for parents and children. A small number of service providers described referring families to government services, although they did not specify what types of services these were. Other service providers report referring parents to services that would assist in helping families to adapt to the Australian cultural expectations of parenting and child care. One CFC provider reported that they had limited experience of working with this target client group.

A small number of SMRS providers (16%) highlighted that referring families on to mainstream services was problematic, as many programs designed to support parents were not designed to meet the needs of families with a refugee background. SMRS providers also reported that language barriers were frequently problematic for families accessing mainstream services. Often interpreters were not available and families did not feel comfortable using services where they could not be understood. Other feedback from participants was that mainstream services were not always culturally responsive or had the capacity to work with families from culturally diverse backgrounds.

Service providers were also asked about types of other services and the frequency in which they worked with them to support parents and children. Both CFC and SMRS providers reported having regular contact with schools and health services. SMRS providers also reported having regular contact with youth groups. The reasons for contact with external organisations were usually client referrals and agency networking. Fewer services highlighted shared group activities or integrated service delivery. For further information about the frequency and reasons for contact, see Appendix G.

4.6 Valuable forms of assistance

Thirty three SMRS providers and five CFC providers described the most valuable forms of support that they provided to families accessing their services. Two key themes emerged from their responses. The first involved descriptions of service characteristics, and the second included the types of services or programs that were useful for families. These are detailed below.

Characteristics of service provision:

- Trusting and respectful relationships between workers and clients
- Regular contact and follow up

- Bilingual workers available

- Allowing time for clients

- Thorough assessment of need

- Providing unconditional positive regard and warm regard

- Free of charge

- Translation of written materials.

Valuable services available to families:

- Intensive family support

- Parenting programs

- Emotional and psychological support

- Mentoring

- Awards, congratulatory messages and certificates

- Childcare

- School holiday activities

- Complex case management.

- Gender and age specific group support

- Practical assistance

- Referrals to other services

- Settlement support

- Education and information

- Learning to navigate systems.

4.7 Improving outcomes and effectiveness of service provision

As noted in the previous sections, service providers reported a range of services that they understand to be effective and valuable for families with a refugee background. Service providers were also asked about what could also be put in place to improve outcomes for families. Service providers (SMRS 30 responses and CFC six responses) reported a range of issues experienced both in the workplace and at a sector level. In order to address these issues, both SMRS and CFC service providers identified a number of possible actions that could improve the effectiveness of services and outcomes for families.

4.7.1 Building and strengthening service provision

The online survey indicated a number of workforce issues, such as the recruitment, training and retention of high quality cross-cultural and bilingual staff. Forty-three per cent of SMRS providers had difficulty in recruiting staff with the specific skills needed to work with complexity of issues that families present with. These SMRS providers also reported a need for more bi-lingual and ethnic specific staff to fill these roles. One CFC provider highlighted the need to increase the diversity of their workforce.

Nearly a third of SMRS providers (30%) highlighted the need for more funding for the provision of language appropriate services, intensive family support, long term targeted programs, access to programs for refugees living in Australia longer than five years and specific local projects that work with families.

4.7.2 Working together

SMRS providers reported that communication and networking between specialist migrant and refugee services, parents and mainstream services, in particular education and schools, would lead to improved outcomes. Increasing the knowledge of what services and supports are available for families across the services sector would also lead to more appropriate and timely referrals and facilitate access to supports. Furthermore, confidence within SMRS providers that mainstream services can adequately respond to the needs of refugee families needs to be an improved.

4.7.3 Providing alternatives

Over half (58%) of all service providers described the need for organisations working with families to provide alternative ways for them to access services. Providing outreach services, flexible hours of operation, more flexible ways of working, specialist workers in universal settings (including schools, Centrelink and health services) were all identified as alternative ways of working with families that would increase the uptake of services and improve outcomes.

4.8 Falling through the gaps

While service providers reported working successfully with a range of individuals and families from refugee backgrounds, service providers (32 SMRS and 10 CFC providers) were also asked about the families that are not served well by their services. Four providers (three SMRS and one CFC) reported that all the families they worked with were serviced to the best of their ability. Where services providers were not able to provide appropriate services, they referred onto other services.

The remaining respondents reported that there were a diverse range of families with a refugee background that experienced a variety of issues, both personal and structural, that prevented them from fully accessing support services. A number of these issues have already been discussed in section 4.2 Barriers to service use. This section further supports those stated issues and highlights further issues that place families at risk of not receiving adequate support and 'falling through the gaps'.

Some examples of the types of families reported by SMRS providers as not being serviced well by the current service system are:

- Separated families

- Single father families

- Single women with children

- Large families

- Transient families

- Families who have been here five years or more

- Families that come through other streams of migration

- Families in small rural towns

- Families with adolescents.

Both SMRS and CFC service providers also highlighted that some of the issues that children and parents experienced were difficult to obtain adequate service responses for. These included:

- Families with complex and multiple issues

- Families with domestic violence issues

- Children with mental health issues, including trauma

- Children with a disability

- Asylum seekers with family relationship difficulties

- People needing culturally appropriate counselling

- Ageing family members.

SMRS providers report that a lack of staff with the relevant skills and knowledge to deal with such complexity, a lack of resources available in the area to support families, and a lack of funding to provide adequate levels of service provision may prevent these families from accessing appropriate mainstream supports.

Mainstream services are challenged and not able to support a client /family for long times while they build capacity. Case Management needs to refer the clients to mainstream services but it does not work because the family has multiple issues such as family violence, poor parenting, trauma and low levels of language. [Mainstream] Services do not use interpreters. So the mainstream service does not engage with a family and they "bounce back" to our service. (SMRS provider)

Both types of service providers highlighted that families with a refugee background can be hard to engage with because they 'stay' within their community. Service providers report that where families have developed strong links and support systems within their own community, families are less likely to engage with services. Furthermore, most services reported that they rely on families to self-present or on referrals from other services. This is problematic for families who are reportedly not engaging with services due to cultural perceptions about help-seeking.

[it] is a very multi-culturally diverse community. Many groups (especially Pacific Islander and Vietnamese) have established their own strong support systems within their respective communities, including church. These groups often don't access mainstream family support services. (CFC provider)

5. Discussion

This study adds to the developing evidence base of what works with families, children and young people with a refugee background. While this study confirms a number of findings identified in previous Australian studies about refugee families (discussed later on), it provides new qualitative evidence of how refugee children perceive and draw on different supports, networks and connections both external to and within their family in order to support them in their resettlement. It also provides an understanding about the current work of mainstream and specialist services working with refugee families. As with all studies, there are limitations that should be considered when interpreting the findings of this study (set out in Section 2.8.). However, this study is an important addition to the literature in the field.

This study provides a common narrative of the experiences of families with a refugee background. It does not provide culturally or gendered accounts of parenting and family life. It is evident in families' narratives that they experience a wide range of personal and contextual factors influencing their parenting and relationships. As previous research has identifed, parenting is socially constructed and not only 'adult-driven, but is actively shaped by children in their interactions with their parents' (Centre for CHild Community Health, 2004, p. 67). What we see in this study is that parenting and family life differs across cultures as much as it does within cultures.

Many of the challenges identified in this study experienced by families living in the ACT were similar to those experienced by families in South Australia. Previous studies have identified similar challenges that the refugee parents in this study experienced when resettling in Australia (Lewig, Arney & Salveron, 2009). Similar to Lewig, Arney and Salveron's study in SA conducted in 2009, the parents in this study experienced a range of challenges associated with resettlement and trauma experienced prior to arriving in Australia. These challenges included cultural differences in parenting (including discipline), differences in the availability of family and community supports, changing family roles, language barriers and knowledge about family practices (including children's rights) (Lewig, Arney & Salveron, 2009). It is concerning that a decade later, families are still experiencing these same significant challenges for protracted periods of time.

Similar too are the aspirations that parents and children have about their futures in Australia. The literature highlights that many families moving from their country of origin typically share a common objective of access to 'better economic opportunities, political freedom, and social mobility' (Roubeni et al., 2015, p. 276) and that this is also closely linked with the aspiration to provide their

children with greater opportunities for growth, advancement, and prosperity (Chuang & Gielen, 2009). It is evident within this study that such expectations may continue to be a source of conflict for some families and impact upon the relationships that children have with their parents. Furthermore, parents and children appear to have limited information or support regarding the different education or career trajectories that maybe followed in Australia.

Some of the strongest themes to emerge from this study were the informal social connections used by children. Formal and informal social support helps individuals to cope in an immediate way with stress during crisis situations and reinforces the self-confidence needed to manage ongoing challenges critical to the adaptation process (Simich et al., 2005). Previous research has documented the importance of social connections for parents with a refugee background and the integral role that social support from family and like ethnic community members can have on refugee re-settlement experiences (Simich et al., 2005; Pittaway, 2008). McMichael, Gifford and Correa-Velez (2011) argue that family have a critical supportive role for young people resettling in Australia. This study supports these findings, in that children and young people reported strong bonds between them and other family members. They highlighted the importance that family has in their lives in providing considerable emotional and financial support.

Social connections and social support in the lives of children can generally be seen as a result of the relationships that their parents have with others. Children in this study reported that parents frequently assist them in the development of connections between other children and adults, the local ethnic community and church. However, this study also found that children and young people indicated that their parents' own lack of resources could considerably impact their own access to social connections, networks and resources. Subsequently children described using a range of other social connections external to their family for support, particularly as they became more independent.

Such connections to children could be provided by formal and informal supports. However, children report that the connections they make within school and the broader community often needed to be fostered by themselves due to the language and cultural barriers experienced by their parents. Many of the connections children described provided them with new friendships and resources to learn about the new culture that they were now living in. For younger children, school was the primary source of these connections. These findings are important, as they illustrate children's active participation in seeking out supports and resources in their immediate world.

The importance of religious and spiritual supports to children and young people was also evident in this study. The role of religion in children and young people's lives is rarely discussed in the literature and if it is discussed, it is often connected to community and/or cultural supports. A UK study conducted by Ní Raghallaigh & Gilligan (2010) about unaccompanied refugee minors suggest that while specific coping strategies 'were frequently used independently of religious faith, often, the young people's religious beliefs and practices formed a part of the different strategies' (p. 232). The young people in this study identified that religion was itself a coping strategy. This is important to keep in mind when considering the provision of formal supports.

The international literature identifies that many refugees will rely on friends and family for support to overcome settlement difficulties, rather than formal health and social service organisations (Ng, Wilkins, Gendron, & Berthelot, 2005). Families in this study had variable experiences with the service systems and supports. The findings confirm that the lives of people of refugee backgrounds have a wide range of complex and multiple needs that may prevent them from participating fully in society. That even where families 'are doing well', life is often complicated and complex. Their experiences of services still point to an inconsistency of service provision and the complexity of their lives can lead to further disadvantage.

Prevention and early intervention support services for families in this study were reported as being seldom used. Families participating in this study described a range of risk factors that were unique to the challenges that they had experienced prior to and during their jouney to Australia. A number of these families also described other factors such as poverty and mental illness that impacted upon them upon settlement in Australia. Many of these families found strategies for coping that could help them 'get by' that included community support, friendships and family.

High quality informal support drawn from the community and informal networks clearly provided critical forms of support to both children and parents with the challenges they faced.

The barriers outlined by service providers in this study indicate that refugee families experience many systemic issues, such as unemployment, low income, and housing, health, and education difficulties. While much of the literature discusses the relationships within families, there is an understanding that to enhance the lived experience these systemic issues must also be addressed. This requires acknowledgement of the issues at a programming level so that programs do not just

address parenting issues, but also focus on the factors which will promote effective parenting (Lewig et al., 2009). For example, a program which improves parents' access to job training and paid work could be an effective strategy to helping parents increase access to social supports and decrease financial stresses. To develop multidisciplinary, multi-systemic broad interventions, community organisations, government and families need to work together in partnership (Hudson, 2004; Podorefsky, McDonald-Dowdell & Beardslee, 2001).

In 2009, Lewig, Arney and Salveron (2009) suggested that refugee families be provided with more early intervention and prevention services in order to assist with '*new supports to replace the traditional community and family supports that they have lost, and adjusting to new roles within the family brought about by the loss of family members and the influences of a new culture.*' (p. 13). It is evident in this study that families are not always accessing such services, instead relying on community or family for support.

For those families using services, service providers highlight a range of positive family and settlement outcomes experienced by young children, older youth and parents. However, for children in the 'middle years' or pre-teenage years there appears to be a gap in services. Providing support at this point in time could possibly assist with addressing some potential areas of conflict between children and parents as they become more independent. The survey data also identifies limited service provision regarding health and wellbeing services, but this may be due to families being connected to and accessing such services from more relevant organisations that were not included in this survey.

6. Policy and practice implications

This mixed methods study provides in-depth and contextualised data about the formal and informal supports used by parents and children from a refugee background. It provides a snapshot of how mainstream and specialist services currently support parents with a refugee background to care for their children. This study contributes to improving the provision of formal and informal supports for families with a refugee background, in order to facilitate positive outcomes for children and young people. It was designed to provide a deeper understanding of the experiences of refugee families who have settled in ACT and SA, and the services that work with them to inform more appropriate service responses.

While a focused literature review was conducted prior to this research being undertaken, it is out of the scope of this research project to provide a full discussion and comparison of the Australian and international literature that pertains to the support of refugee families, children and young people. However, it is recognised that a number of the issues and challenges described by the parents participating in this study, have been reported in a previous study conducted in Australia (Lewig, Arney, Salveron, 2009). What is concerning is that these issues and parenting challenges continue to persist.

This current study found that children experience many of the same issues that their parents also face in their resettlement. Children are also aware of the multiple issues faced by parents in managing family relationships. However, they also experience issues that are different to their parents. This study also indicates that the social connections and resources that children access are important factors in helping them flourish. While more still needs to be done to support families, particularly in mainstream services, this study highlights that given the opportunity and means, children report considerable capacity in which to find solutions to the difficulties they experience within families.

The findings of this study have implications for both policy and practice. The following section outlines some of the implications of the research findings to inform how service systems can improve the experiences of families with a refugee background. Many of these implications overlap and are interdependent.

6.1 Current opportunities in the new policy landscape

The transfer of Settlement Services to DSS provides an opportunity to connect early settlement support with other mainstream programs. A well-functioning system of family support is one which differentiates responses to vulnerable children and families, according to their needs along a number of different dimensions and at different points in time. As family vulnerability and complexity of issues increases, the need for services to work more closely together also increases (McArthur and Winkworth 2010; Winkworth and White 2010). Both service providers and families in this study reported the challenges of accessing mainstream services particularly where there were language barriers or where mainstream services were not culturally responsive. All parents and children require a range of universal services to support them and many parents and children have the capacity, on their own, to access a loosely organised network of services to secure their families' wellbeing if they are aware of them. However at the other end of the continuum are parents who experience major barriers to parenting. Although services may exist and indeed be universally offered, those who may benefit most from services sometimes have the most difficulties accessing them. This is particularly so for children.

6.2 Complex needs

A number of Australian (and international studies) have been conducted concerning the resettlement and integration of refugees into local communities (Francis & Cornfoot, 2007, p. 36; Millbank, Phillips, & Bohm, 2006; Olliff & Mohamed, 2007). The literature highlights the often complex issues that refugees experience when coming to Australia, such as unemployment, under-employment, poor housing, discrimination, poverty, cultural and language barriers, and relationship issues. Such issues can be seen to impact considerably on the successful resettlement of children and families and their future integration into their local community.

This study found that there was a group of families that remained socially isolated from both their communities and from the formal service system, even when they had resided in Australia for a longer period of time. Some of these families found strategies for coping that could help them 'get by'. However, with appropriate assistance and support, these families could thrive.

Some of the families had a range of complex issues: poor mental and physical health, poor housing, and living with financial hardship, compounded by cultural and language barriers. These are all key risk factors for children that can exacerbate existing disadvantage and complexity.

The findings of this study confirm other research (Winkworth & McArthur et al, 2010; Butler, McArthur, Thomson, & Winkworth, 2012) that has established that people with multiple complex issues do not always take up the offer of services, because they have had previous negative experiences, feel ashamed about asking for help, have insufficient information about services to access them or because they are too overwhelmed to do so. However the families in this study also reported language barriers and cultural norms about help-seeking that contribute to them being unable to always access the services they needed. These families appear to be those most in need of supportive, proactive, ongoing and coordinated service responses.

It has long been recognised that people with multiple needs often receive multiple interventions that are uncoordinated, and do not serve to meet their individual needs in a personalised and targeted way (Rankin & Regan, 2004; Butler, McArthur, Thomson & Winkworth, 2012). This is a critical challenge for policy makers and service providers to develop and sustain a more joined up service system, particularly for those who have complex and multiple needs. It is imperative for government and non-government services to build and strengthen mechanisms to address the multiple, complex and potentially enduring issues of this population group. Furthermore, the service providers' survey responses specifically identified the need for more long term support to be available for refugee families.

6.3 Working across service sectors

Awareness of the available services and resources between different services and service sectors can improve access to appropriate supports. The communication and networking between the service sectors as well as cultural communities and community leaders will help to develop better working relationships, sharing of information about the needs of the population, and facilitate or lead to improved outcomes. Increasing the knowledge of what services and supports are available for refugee families within their local community and the services sector will lead to more appropriate referrals and facilitate access to the supports they are entitled to, rather than expecting them to navigate the systems by themselves.

One of the key service delivery principles for HSS is for services to work together with other community and government agencies in the best interests of the client (DSS, 2015). Yet the experiences of families in this study found that more could be done to ensure that families were better connected to family support services. This study identified a range of barriers to finding out what support is available. Many participants were unable to access information because of language

and literacy issues or a lack of skill in negotiating the service environment. The expansion of relationships and connections between key workers in and across multiple services has the potential to provide a network of services that hold direct knowledge of relevant service systems for families from a refugee background and a greater ability to link clients to the services they require, particularly beyond initial HSS case management.

Assisting families to understand and navigate service systems was reported by services as a critical part of service delivery, yet families participating in this study still felt at a loss as to the services that existed to support them and their family. This is not an unsurprising finding and indicates that more attention is required to how services may assist people to know what is available to them and what they are entitled to. However it is important to note that recent service developments such as the myGov shopfront and other one stop community shops have gone some way in trying to address these issues by providing simpler, faster, ways of connecting with other services. Furthermore a recent project conducted by the Australian Centre for Child Protection under the National Framework has led to services providing more innovative ways to enhance the knowledge and skills of practitioners and to encourage connections and collaboration between adult-focused and child-focused services to enhance the way in which clients who require multiple supports experience the service system (Gibson et al, 2015, p. 3).

6.4 Better usage of mainstream services and universal settings

A major issue facing supportive human services is to find and engage families with limited social networks, and to link them to support that could improve outcomes for their children and themselves. This is the case for some of the families in this study. All of the families came in contact with key services such as Centrelink, health and housing services, and yet limited connections were made from these institutions. We have argued previously that even very socially isolated families (like some of those in this study), brush up against the service system, yet these agencies do not appear to actively link families to broader service systems (Winkworth, McArthur, Layton & Thomson, 2010). There continues to be an argument to build the capacity of these widely used settings to routinely provide information and support, and to actively link families with both state and federally funded services.

Many of the parents and children identified schools as a key place where relationships are built and linking to other supportive services can occur. However, for those with limited English and confidence, the use of active outreach is required to build the trust necessary for parents to

effectively engage. Previous research concludes that services can reach out to isolated parents to provide formal support and help.

Assertive linking, such as warm referrals and following up after referrals, as well as active engagement and outreach are key mechanisms to facilitate stronger links to appropriate services. The most effective way for this to happen is to work alongside informal networks and universal settings (such as schools, churches, ethnic community hubs, child care and health services), to provide appropriate services to those who need them (Katz, La Placa & Hunter, 2007; Winkworth et al, 2009). There is some important work being done in schools and other universal settings, but for some of the families in this study the school setting is not playing this important role. Through promoting a shared responsibility among services to connect families with relevant services, particularly following the cessation of humanitarian settlement service case management, better usage of mainstream services could occur.

Service providers also highlighted the importance of supported playgroups. However, for older children, it is schools that are important sites for providing opportunities to work with families and to build informal connections. Families recognise that relationships involving trust and reciprocity are a key gateway to support and access to supportive services. Without the ability to repay small favours, links to social support both from formal and informal sources is limited. More services need to be located in schools to better identify and assist families.

The online survey found that the biggest referral source to service providers is self-referral, indicating that it is often the responsibility of the individual to access services. This can be problematic for those who don't speak English or who are unaware of what is available. Subsequently it is understandable why many families rely on informal community support for sometimes complex issues. While links between mainstream and specialist services are important, there also needs to be further connections made between ethnic communities and services.

As noted earlier, a number of service providers reported that one of the reasons families are not accessing services is due to cultural perceptions of asking for help. This study found that there were families that may have benefited from the strong network of Australian Government family relationship services or family support services but who were not accessing them. These service models are based on research that highlights some key intervention points related to family development and transition, when access to family relationship assistance could be most useful.

Messages for refugee families need to highlight the normalcy of seeking help and information; the depiction of solutions, not simply problems, and how common relationship issues are in family life.

6.5 Informal community support

The role of support, from informal sources such as family and friends or community organisations and from formal services, is well known to have a mediating effect on the isolation and stress that may be experienced by vulnerable families (Cattell, 2001; Forrest & Kearns, 2001; Fram, 2003; Whittaker & Garbarino, 1983; Woolcock & Narayan, 2000). Community support is considered to be a parenting resource that influences parenting efficacy. For example, lower levels of parenting efficacy are associated with living in isolated neighbourhoods with high violence, drug use and unemployment rates (Ardelt & Eccles, 2001). However, parents who engage in positive interactions with local people are more likely to access information about local support, services and practical assistance during times of stress or uncertainty (Clinton, Lunney, Edwards, Weir & Barr, 1998).

This study supported these findings, with many participating refugee families relying on people in their cultural community for support. For many participants, these informal supports were the preferred form of support. However, these community supports are often under-resourced and under-equipped to address the complex needs of refugee families.

Building social connectedness or social capital to assist parents to cope with the stresses and demands of raising children can occur in different ways; for example, at the individual and family level, by increasing opportunities to strengthen the bonds between family and friends (e.g. improving partnered and other relationships); and at the community level, by increasing the existence of new networks (e.g. through involvement in schools and other community activities) which have the potential to link parents to education, employment and other forms of social participation.

Lohoar et al. (2013) outline community capacity-building principles as focusing on community needs, bottom-up grassroots practice, strengths-based approaches, inclusive practice, investment in community, and sustainability. The key objectives of these principles are to strengthen community identity and a sense of belonging among community members, to empower communities to address their own concerns and build frameworks that facilitate social change in a sustainable and ongoing way. While community capacity-building approaches often target the most vulnerable groups in a

community (Chaskin, 2009), a strong community capacity-building framework can assist to build strong, cohesive communities for the benefit of all (Lohoar, Price-Robertson & Nair, 2013).

Community capacity-building approaches focus more on the ability of families to draw on support from their own less formal networks within the community (Lohoar et al., 2013). Chaskin (2009) identifies that linking families to the community through informal networks can provide critical forms of support for families at little cost to the community.

6.6 Building culturally safe and appropriate programs

Aristotle (1999) and Libesman (2004) write that at all stages of program development the inclusion of cultural responsiveness to people from all backgrounds, including western backgrounds, is critical to creating a program that reaches families and makes a difference. Lewig and colleagues (2009) outline some of the critical elements of cultural responsiveness as listening and responding to individuals, ensuring content is relevant to people from different backgrounds, and ensuring programs are inclusive.

The findings of this study indicate variability in the ability of mainstream universal services to reach and engage refugee families. These findings are consistent with previous research projects suggesting universal services need to develop more culturally appropriate responses for families. It is important that programs which work toward cultural responsiveness are family-centred and include features that acknowledge and work to support families, such as child-care, interpreting and transport to promote involvement and inclusion (Aristotle, 1999; Goodkind & Foster-Fishman, 2002). The use of mentors is outlined as a key contributor to the informal supports which can be mirrored in a formal setting (Roehlkepartain et al., 2002), and extended family members can be invited to participate (Tamis-LeMonda, 2003).

Vawter et al. (2003) write it is important that many examples are given that include a range of contexts, family types and cultural backgrounds, rather than only predominant ones. Information provided needs to be culturally sensitive and include parents of all cultures (Vawter et al., 2003). Coll and Pachter (2002) highlight the need for programs to be flexible and to cater for factors within groups such as age, acculturation levels and different family types. Kalil (2003) notes that families may be at different stages of the lifecycle, so programs may need to be wide-ranging or adaptable and flexible in their delivery to enhance families' resilience.

6.7 English language and interpreters

In both this and other studies, (Lewig, Arney and Salveron, 2009; Watkins, Razee & Richters, 2012) families report that having limited English proficiency affects their knowledge of and access to services, opportunities for employment and education and family relationships. The findings in this study also demonstrate the challenges mainstream service providers have in working with refugee families who have limited English language skills.

For families to be better connected to mainstream services and community, two challenges must be addressed. Mainstream services need to better access and work with interpreters. This will assist families accessing services in the first place, and then staying engaged. A better use of interpreters in mainstream services may also help reduce parents' anxiety about using services. Ensuring that there are appropriate interpreters available will reduce the need for children and young people to take on the role of interpreter, which can be inappropriate and contribute to family conflict. In addition to this, the provision of language education also needs to be reconsidered - particularly in relation to sole parents, who are usually women. Sole parents were less likely to continue with English language education due to time constraints and child rearing responsibilities. Language education services must acknowledge the role of gender and context on a parent's capacity to engage.

6.8 Discrimination, racism and lack of understanding

Some of the families in the current study raised the issue of how discrimination has a serious impact on how they can get ahead. A number of the children who participated described experiences where they were bullied both at school and within their community based on race. Racism has damaging effects both on individuals and the learning and working environment. Racism undermines wellbeing and impacts negatively on parents, children and the local community (Foundation for Young Australians, 2009). Research shows that children who are subjected to racist treatment may respond in a range of ways, including self-harm and abuse, rejecting their own or others' cultures, being rebellious or violent, or withdrawing from learning and other activities. These are issues that require constant and considered attention through public awareness campaigns, specific programs and ongoing training of professionals and other staff.

Furthermore, children spoke about the tensions they experience living bi-culturally and practising religions that differed to their peers. They discussed the tensions that exist between them and their families, and also between them and their peers. Understanding how children respond to and manage these issues requires further examination.

6.9 Recognising the significance of relationships

This study shows that an encounter with any service or service system is only ever as good as the interaction between staff and clients. Interactions and experiences with services are an accumulation of the interpersonal interactions between the client and the worker(s) they deal with. When the participants found a person to help them, this often led to a positive service experience and outcome. It also meant that many families would return to those services to seek assistance, even if they were no longer considered eligible for the service.

This research suggests that numerous factors contribute to making the interaction between a client and a worker a positive service experience:

- the service responds to their individual situation

- clients are actively linked with other services

- there is a focus on children's needs

- there is communication between services

- there is continuity with a worker or service

- there was a respectful and non-judgmental human connection with the worker

- language and cultural needs were responded to.

The findings indicated that some refugee families feel embarrassed or uncomfortable about their circumstances and the need to ask for help. Service providers also identify cultural barriers that exist for families accessing services. This trepidation becomes a barrier to accessing support. If participants feel like they are being treated with respect and dignity, they are more likely to ask for assistance and disclose their needs.

6.10 Staff training

The experiences of participants in their interactions with services revealed scenarios in which their needs were not being fully met. In an entirely unfamiliar service system some participants found it difficult to access, comprehend and/or then act on service requirements. This is related to the particpants general miscomprehension of service systems and a reliance on others to synthesise important knowledge of services. Training for staff that centres on cross-cultural communication and a service focus that incorporates a greater appreciation for the new social, cultural and geographical experience of clients could assist in improving client outcomes.

Staff that can identify the normative aspects of knowledge, expectations and values in Australian society would be better placed to understand, and then assist in, issues of misunderstandings and miscomprehension among service users with a refugee background. Additionally, cross-cultural communication skills that enable workers to identify if a client has understood information or has the capacity to act on that guidance or information is crucial.

Culturally responsive interactions involving listening and responding to individuals, as well as ensuring content and information is relevant to people from multiple backgrounds, can reduce issues arising in service use. A greater flexibility in interactions and communication styles can enhance exchanges of information. Fontes and Plummer (2010) outline the characteristics of bi-cultural competence among professionals. These include proactively learning about cultures including the familial differences in cultures, as well as having the capacity to explore their own biases and cultural expectations (Fontes & Plummer, 2010). Staff that have a strong knowledge of other services available and the types of support they provide offer greater assistance to people with a refugee background.

6.11 Structural barriers

Structural and external elements contribute to the factors shaping the lives and experiences of refugee families. The participants in this study were aware of these factors and articulated how the broader conditions of the housing and job markets affected their lives, as well as how limited resources shaped their service experiences.

The job market has an impact on employment options, and in turn, the income of refugee families. Precarious employment and low income tie into the lack of affordable housing to increase instability. Furthermore, both housing and employment issues can put stress on families and individuals and increase the likelihood of family conflict and breakdown.

The findings of this study show that both mainstream and specialist services are restricted in their capacity to provide the kind of service response that is needed by refugee families. High caseloads and structural impediments can limit the quality of service provision. Continuity of care and the profoundly important role of establishing a relationship are restricted by time demands, caseloads, and limited resources.

6.12 Further research

The families in this study did not describe experiences of contact with statutory child protection services, although many were worried that they could be and certainly some were living in circumstances where risks were in evidence. Although there is some evidence that refugee families do come into contact with statutory child protection services, a better understanding of their experiences is required to inform more effective approaches to prevention and early intervention.

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Appendix A: Ethical considerations

Informed participation and consent

It was recognised at the commencement of the project that many of the participants would need assistance with language and interpreters. All organisations or community leaders who referred potential participants to the study identified whether or not an interpreter would be required. Interpreters were used to explain to family participants the purpose of the research and the implications of participation. Interpreters were also used to gain consent for children and young people's participation in the research. Children and young people were asked independently of their parents for their consent to participate, and information letters and consent forms were designed to incorporate developmental and age appropriate language and information.

The research team were also cognisant of language use and culturally ambiguous interpretations of concepts such as 'parenting'. Prior to consent being obtained, as well as throughout the interview, researchers explained concepts and provided information as required. Participant information and research questions were designed to discuss meaning and redirect the discussion where needed.

Choice

Individuals' participation in the study was purely voluntary. At the time of gaining consent, participants were informed of their communities' endorsement of the research, but they were also assured that the decision in whether to participate or not was their own. Participants were also assured that their community would not be informed about whether they had participated in the research or not. It was also emphasised that participants did not have to answer any questions that they felt uncomfortable with.

Non-maleficence

Recognising the potential vulnerability of participants in this study, it was essential that children and parents did not experience negative impacts either as individuals, or as a group, as a result of their participation in this study. Many refugees will have experienced serious physical or psychological trauma, and been subject to fear of persecution, both in their home country and in transition to Australia. Discussing their parenting experiences in another country may be extremely challenging for some parents. Apart from the obvious distress they may experience recounting such stories, researchers need to be aware that participants may be nervous identifying issues that could put

other family members at risk both in Australia and in their country of origin. This is relevant for both children and adults. Participants may also be fearful of highlighting issues that may put their own security or residence in Australia at risk. It cannot be forgotten that researching with refugees not only incorporates the individual's experience, but also encompasses the socio-political environment and the power relations that sit within this.

Confidentiality

Participants were informed that the information they provided to researchers would remain confidential except when researchers were concerned about their safety or the safety of others. Where interpreters were used, participants were also informed that interpreters were likewise bound by strict rules of confidentiality.

Power imbalances

While it is acknowledged that many children and young people have less social power than adults in society, it is argued in the literature that adult refugees also experience considerable disadvantage and often great imbalances of power. Refugees, both adults and children, have been identified as one of the most vulnerable groups in our society, in that they have been and continue to be constrained by conditions over which they have little control or say. Providing children and adults with information about the purpose of the interviews, incorporating the views and perspectives of community leaders, and considering the style in which the interviews were conducted is an attempt to give participants some power and promote the fact that they have some control over their participation.

Gift vouchers were offered to all participants being interviewed to acknowledge their contribution to the project.

Information letter to Parents

PARTICIPANT INFORMATION LETTER - PARENT

PROJECT TITLE: REFUGEE COMMUNITIES. INTERCULTURAL DIALOGUE: BUILDING RELATIONSHIPS, BUILDING COMMUNITIES

PRINCIPAL INVESTIGATOR: PROFESSOR MORAG MCARTHUR

CO-INVESTIGATOR: MS VICKY SAUNDERS

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

The research project investigates the challenges and needs of children, young people and parents who have settled in Australia as refugees. We will be interviewing children, young people and their parents about how they would like services to better assist them. There is not a lot of research in this area so it is very important that we gather information to assist those who make decisions about the types of support provided to families of refugee like backgrounds in Australia.

Who is undertaking the project?

This project is being conducted by the Institute of Child Protection Studies at the Australian Catholic University on behalf of the Department of Social Services.

Are there any risks associated with participating in this project?

The researchers believe that there are no foreseeable risks associated with your participation in this research. However, it can be difficult to foresee every risk and how different individuals may respond to their experience of participating in the research interview. You may not have been given the chance to talk about these things before, and therefore talking about them may be rewarding, but also challenging. The interviews will be conducted with the utmost sensitivity and respect.

To ensure that everyone is looked after we will make sure that each researcher has access to information about services that can be contacted to provide support to you following the interview.

What will I be asked to do?

As part of the research we will be conducting interviews to explore what types of support are given to assist families coming to live in Australia and about how useful these supports are. During the interview you will also be asked about the kinds of supports you would like to receive and why as well as the types of barriers that exist that prevent families accessing support. These conversations will be digitally audio taped to ensure that the researchers have an accurate record. If you request that the recording be stopped, the researcher will take notes instead. The recording will be used by researchers when writing the research report and will not be accessible to anyone outside the research team.

How much time will the project take?

It is estimated that this interview will take approximately one hour of your time; the interview will take place in a mutually convenient location.

What are the benefits of the research project?

This research will give you an opportunity to share your thoughts and feelings on how services in Australia can best assist the refugee families they work with. Your participation will contribute to building important knowledge about how services can better approach, work with, and meet the needs of children, young people and their families upon settlement in Australia.

Can I withdraw from the study?

Participation in this study is completely voluntary. You are not under any obligation to participate. If you agree to participate, you can still withdraw from the study at any time without adverse consequences. You do not have to give a reason, you can just let the researcher know at any time in the process that you no longer wish to participate.

Will anyone else know the results of the project?

The information provided during the interview will be used to write a final report about the research findings, this report and the information you have provided may be used to develop some articles which we will publish for others to read in academic journals or conference presentations, however we will ensure that names and any other information that might identify you will be removed from any articles and will not be accessible to anyone outside of the research team. In our research, everything that is shared with researchers is confidential. This means that we will only use information for the purposes of our research project, and only with permission. The only time when this may not possible is if the researcher has serious concerns about the health or wellbeing of anyone involved in the research. The researcher would then discuss this with you. No one will be identified either by name or any other information in the research report.

Will I be able to find out the results of the project?

At the end of the project, we will send interested individuals a summary of our findings. If you would like a copy of this summary, please let the researcher know.

Who do I contact if I have questions about the project?

If you have any questions about the project, please contact the principal researcher:

Professor Morag McArthur
Australian Catholic University
Institute of Child Protection Studies
223 Antill Street
Watson ACT 2602
Phone: 02 6209 1225

Or

Ms Vicky Saunders
Australian Catholic University
Institute of Child Protection Studies
223 Antill Street
Watson ACT 2602
Phone: 02 6209 1219

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at Australian Catholic University (approval number 2013 210N). If you have any complaints or concerns about the conduct of the project, you may write to the Chair of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Chair, HREC
c/o Office of the Deputy Vice Chancellor (Research)
Australian Catholic University
Melbourne Campus
Locked Bag 4115
FITZROY, VIC, 3065
Ph: 03 9953 3150
Fax: 03 9953 3315
Email: res.ethics@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

If you have decided that you would like to participate in this research please contact Vicky Saunders on 02 6209 1219 or at vicky.saunders@acu.edu.au. Vicky will arrange a meeting time in a mutually convenient location. At the meeting you will be given this information and an opportunity to ask any questions. You will then be asked for your consent to participate in this research. You will take away a copy of this consent form for your records. The other will be kept by the research team.

Yours sincerely,

Morag McArthur

Principal Investigator

Information Letter children and young people

PROJECT TITLE: REFUGEE COMMUNITIES. INTERCULTURAL DIALOGUE: BUILDING RELATIONSHIPS, BUILDING COMMUNITIES

PRINCIPAL INVESTIGATOR: PROFESSOR MORAG MCARTHUR

CO-INVESTIGATOR: MS VICKY SAUNDERS

Invitation

You are invited to take part in a project which looks at what children and young people and their families from refugee like backgrounds need in order to support them when they come to Australia. This letter has information to help you decide if you would like to take part in this project.

What is the project about?

Through the project we hope to find out more about children and young people's experiences of being a refugee in Australia and the types of support you would like to help you. We would also like to talk with you about what are some of the things your family needs when living in Australia to make life better. Finding out these things will help us to better understand what types of support families from a refugee like background need and what other people can do to help.

What do I get to do?

We would like to meet with you for an interview to talk about what it is like to live in Australia and what might make it easier for you. If you decide you would like to take part in this we will meet for about one hour at a time and place that works best for you. The interviews will be done by Vicky who has lots of experience with talking to children and young people. In the unlikely event that some things we talk about might remind you of times that you felt upset, if you feel that you need

any extra support after the interviews or want to talk about it with someone we will be able to help you find someone to talk to.

Will anyone else find out if I participate in the research?

If you decide you would like to take part in these interviews, the only people who will know you are taking part are your parents and the researchers. We will not let anyone else know that you are taking part or tell them about what you say to us. You don't have to talk about anything you don't want to talk about, or stay for the whole interview if you don't want to.

The interview will be taped on an audio recorder, however if you decide that you don't want us to record you then we will take notes instead. The recording will only be listened to by the researchers, and no one else will be able to hear what you have told us. You can have a support person like a parent or friend with you during the interview if you would like.

Why would I want to be in this study?

Your interview will help us know more about the experiences and needs of other children and young people and their families who came to Australia as refugees, and what can be done to best help them. We might also write some articles about the project for other people to read, but we will make sure that no one who reads the articles will be able to tell who you are.

Do I have to take part?

You can decide whether or not you would like to participate in this project and you don't have to do it if you don't want to – it is up to you whether you would like to or not. If you decide you would like to take part you can still change your mind whenever you want to, even if the interview has already started.

Nothing that you tell us during this project will be told to anyone else; unless you tell us that someone has hurt you or another person. If you tell us something that makes us worry that you aren't going to be safe we will have to tell someone else, but we won't tell anyone without letting you know first.

Who can I talk to if I have any questions?

If you have any questions about the project you or Mum or Dad can talk to either of the researchers:

Professor Morag McArthur
Australian Catholic University
Institute of Child Protection Studies
223 Antill Street
Watson ACT 2602
Phone: 02 6209 1225

Or

Ms Vicky Saunders
Australian Catholic University

Institute of Child Protection Studies
223 Antill Street
Watson ACT 2602
Phone: 02 6209 1219

If, at the end of the project, you would like to know how it went we can send you some information about it and what we learnt.

What if I have any complaints?

The study has been approved by the Human Research Ethics Committee at Australian Catholic University (approval number 2013 210N). If, during the course of the research, you have any complaint about the way that you have been treated or if you have a query that you think has not been dealt with by the project researchers, you can talk to your parents and they can contact the ethics committee to have your complaint fully investigated:

Human Research Ethics Committee Chair
Research Services
Australian Catholic University
Strathfield Campus
Locked Bag 2002
STRATHFIELD NSW 2135
Ph: 02 9701 4159
Fax: 02 9701 4350

How do I let you know that I want to take part in the research?

If you decide that you would like to take part in this research project, you and your parent or guardian need to sign the consent form and give it to Vicky or your mum or dad. We're looking forward to meeting you!

Yours sincerely,

Morag McArthur

Principal investigator

Information Letter to parents for consent to speak with children

PROJECT TITLE: REFUGEE COMMUNITIES. INTERCULTURAL DIALOGUE: BUILDING RELATIONSHIPS, BUILDING COMMUNITIES
PRINCIPAL INVESTIGATOR: PROFESSOR MORAG MCARTHUR
CO-INVESTIGATOR: MS VICKY SAUNDERS

Dear Parents and Guardians,

Your child or young person is invited to participate in the research project described below.

What is the project about?

The research project investigates the challenges and needs of children, young people and parents who have settled in Australia as refugees. We will be interviewing children, young people and their parents about how they would like services to better assist them. There is not a lot of research in this area so it is very important that we gather information to assist those who make decisions about the types of support provided to families of refugee like backgrounds in Australia.

Who is undertaking the project?

This project is being conducted by the Institute of Child Protection Studies at the Australian Catholic University on behalf of the Department of Social Services.

Are there any risks associated with participating in this project?

The researchers believe that there are no foreseeable risks associated with your child or young person's participation in this research. However, it can be difficult to foresee every risk and how different individuals may respond to their experience of participating in the research interview. They may not have been given the chance to talk about these things before, and therefore talking about them may be rewarding, but also challenging. The interviews will be conducted with the utmost sensitivity and respect. To ensure that everyone is looked after we will make sure that each researcher has access to information about services that can be contacted to provide support to your child or young person following the interview.

What will I be asked to do?

As part of the research we will be conducting interviews to explore what types of support are given to assist families coming to live in Australia and how useful these supports are. During the interview your child or young person will also be asked about the kinds of supports they want and the types of barriers that exist that prevent families accessing support. We are hoping to gather information from children and young people directly as they often see things from a different perspective. These conversations will be digitally audio taped to ensure that the researchers have an accurate record. If your child or young person requests that the recording be stopped, the researcher will do so and will take notes instead. The recording will be used by researchers when writing the research report and will not be accessible to anyone outside the research team.

How much time will the project take?

It is estimated that the interview will take approximately one hour of their time, and it will take place at a time and location that is convenient to you and your child.

What are the benefits of the research project?

This research will give your child or young person an opportunity to share their thoughts and feelings about how services in Australia can best assist the refugee families they work with. Their participation will contribute to building important knowledge about how services can better approach, work with, and meet the needs of children, young people and their families upon coming to live in Australia.

Can I withdraw from the study?

Participation in this study is completely voluntary. You are not under any obligation to give permission for your child or young person to participate. If you agree to their participation, you (or your child) can withdraw from the study at any time without adverse consequences. You or your child do not have to give a reason; you or your child can just let the researcher know at any time in the process that you no longer wish to participate.

Will anyone else know the results of the project?

The information provided during the interview will be used to write a final report about the research findings, this report and the information you have provided may be used to develop some articles which we will publish for others to read in academic journals or conference presentations, however we will ensure that names and any other information that might identify you will be removed from any articles and will not be accessible to anyone outside of the research team. In our research, everything that is shared with researchers is confidential. This means that we will only use information for the purposes of our research project, and only with permission. The only time when this may not possible is if the researcher has serious concerns about the health or wellbeing of

anyone involved in the research. The researcher would then discuss this with you and your child. No one will be identified either by name or any other information in the research report.

Will I be able to find out the results of the project?

At the end of the project, we will send interested individuals a summary of our findings. If you would like a copy of this summary, please let the researcher know.

Who do I contact if I have questions about the project?

If you have any questions about the project, please contact the principal researcher:

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Australian Catholic University
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What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at Australian Catholic University (approval number 2013 210N). If you have any complaints or concerns about the conduct of the project, you may write to the Chair of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Chair, HREC
c/o Office of the Deputy Vice Chancellor (Research)
Australian Catholic University
Melbourne Campus
Locked Bag 4115
FITZROY, VIC, 3065
Ph: 03 9953 3150
Fax: 03 9953 3315
Email: res.ethics@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

If you have decided that you would like your child or young person to participate in this research please contact Vicky Saunders on 02 6209 1219 or email Vicky.saunders@acu.edu.au. Vicky will arrange a meeting time in a mutually convenient location where you will be asked to sign a consent form allowing your child to participate in this research and to organise a time and place to meet with your child.

Yours sincerely,

Morag McArthur
Principal Investigator

Appendix B: Interview Schedules

Interview Schedule for Parents

Section 1 Demographic information

1.1 How many children do you have living in the household (children who live in the household at least 50% of the time)?

1.2 Gender, age, nationality and place of birth of children

1._____5_____

2._____6._____

3._____7._____

4._____8._____

1.3 Which of the following best describes the composition of your household?

☐ Parent on my own raising dependent child or children

☐ Parent living with a partner raising dependent child or children

☐ Parent living with another adult raising dependent child or children

☐ I am living alone

☐ Other

1.4 How many people (adults and children) currently live in your household?

_____

1.5 Where is your place of birth?

_____

1.6 What culture would you mostly identify with?

☐ Specify_____

1.7 What languages do you speak at home?

☐ English

☐ Other- specify_____

1.8 How long have you lived in Australia?

☐ _____yrs.

1.9 Years living in current locality_____

1.10 How many times have you moved during past 5 years (or number of yrs you have lived in Australia)? _____

1.11 What type of housing are you in?

☐ Private rental

☐ Public housing (housing trust)

☐ Home owner

☐ Paying Board

☐ Caravan Park

☐ Other

1.12 Your highest level of formal education completed

☐ Primary School

☐ Some years of secondary school

☐ Completed secondary school

☐ Trade/Vocational/TAFE Certificate/Diploma

☐ University degree (includes Bachelor degree and postgraduate qualifications)

☐ Other (please give details)

1.13 What is your primary income? _____

• 1.13b Are you (or your partner) in the workforce?

☐ Self-Yes

☐ Full-time

☐ Part time

☐ Self-No

☐ Partner-Yes

☐ Full-time

☐ Part time

☐ Partner-No

1.14 What is your date of birth?_____

1.15 Gender of interviewed parent (only ask if uncertain)?:

☐ Male

☐ Female

☐ Other

Section 2 Parenting experiences

2.1. What does it take for you to be a good parent?

2.2 Who or what has influenced the way you parent the most?

2.3 Has this changed since living in Australia?

2.4 Before coming to Australia who did you receive the most help or support from to help you be a parent?

2.4a What was useful and not so useful about this?

2.5 Has the support you receive to parent in Australia changed in anyway and if so how?

2.6 Did you attend any courses prior to coming to Australia about parenting in a new culture?

2.6a What was useful about this course?

2.6b What was not so good?

2.7 How do you feel about being a parent in Australia?

2.8 Who have you got the most help or support from as a parent?

2.9 What do these people do that is helpful?

Section 3 Service experiences

3.1 What kinds of services have you used in the last year to help you and your children?

3.2a What about the everyday common services like GPs, schools, preschools, Centrelink, housing. What services or organisations like that have you used in the past year?

3.2b How about services where you have a specific issue you need help with for example, legal issues, counselling, family support services, family relationships counselling, organisations which offer practical help like St Vincent de Paul? (refers to the past year)

3.2c. What about those services where things are getting really tough for example, drug and alcohol, domestic violence services, child protection services, mental health services? Have you needed to use any of those services? (refers to the past year).

Section 4 Usefulness

4.1 In thinking back to the services you have used in the past year, which would you say were helpful to you in dealing with those issues?

4.2 What services did you find less helpful?

4.3 Have you, or someone in your family found that you needed to use more than one service at the same time? Yes/ No

4.4 Which services?

4.5 What was it like for you dealing with different services at the same time?

4.6 What improvements would you suggest that services could make to better meet your needs?

Section 5 Access

5.1 How did you find out about the services you used?

5.2 Can you think of a time when you really need help but you couldn't get it? Can you tell me about what happened?

5.3 Some people don't use services when they really [feel the] need [for] them. What do you think about this and what do you think some of the reasons might be?

Section 6 Needs and neighbourhood/community

6.1 What support services do you think you need as a family and as a parent?

6.2 How would you change your neighbourhood/community to make it a better place to raise children?

6.3 What do services in Australia need to know about newly arrived parents in order to better support them?

6.4 How might we best encourage families to use supports when they need them?

6.5 What are the best supports that can be provided to families when they first arrive?

6.6 Thinking back how did you get this information and what is the best way others might be able to get this information.

Interview schedule children and young people 12-18yrs

Section 1 Demographic information

1.1. Which of the following best describes the composition of your household?

☐ I live with my mum

☐ I live with dad

☐ I live with both my parents

☐ I live with someone else

☐ Relationship _____

1.2 How many brothers and sisters do you have? (Gender and age)

1. _____   4. _____

2. _____   5. _____

3. _____   6. _____

1.3. How many people (adults and children) currently live in your household? _____

1.4 Where is your place of birth?

_____

1.5. What Nationality are you?

☐ Specify_____

1.6. What languages do you speak at home?

☐ English

☐ Other- specify_____

1.7. How long have you lived in Australia?

_____yrs.

1.8. How many times have you moved during past 5 years (or number of yrs you have lived in Australia)? _____

1.10 What year are you in at school? _____

1.11. What is your date of birth?_____

1.12. Gender of child interviewed

☐ Male

☐ Female

☐ Other

Section 2 Family experiences

2.1 What are some of the good things that have happened for your family when coming to live in Australia?

2.2 What are some of the not so good things that have happened for your family when coming to live in Australia?

2.3 What are some of the kind of things your family has needed help with since you have lived in Australia?

2.4 How is this different to living in _____ (use name of place)?

2.5 Before coming to Australia who did your family receive the most help or support from?

2.6 Has this changed in anyway and if so how?

Section 3 Formal and Informal support used

3.1 In the past 12 months, who has your family received the most help or support from?

3.2 What do these people do that is helpful?

3.3 What services or types of support did you find less helpful?

Section 4 Child Specific Challenges

4.1 Do you think that children and parents experience different challenges when they come to Australia? If yes what might these be?

4.2 How might children be better supported?

4.3 Can you think of a time when you really need help but you couldn't get it? Can you tell me about what happened?
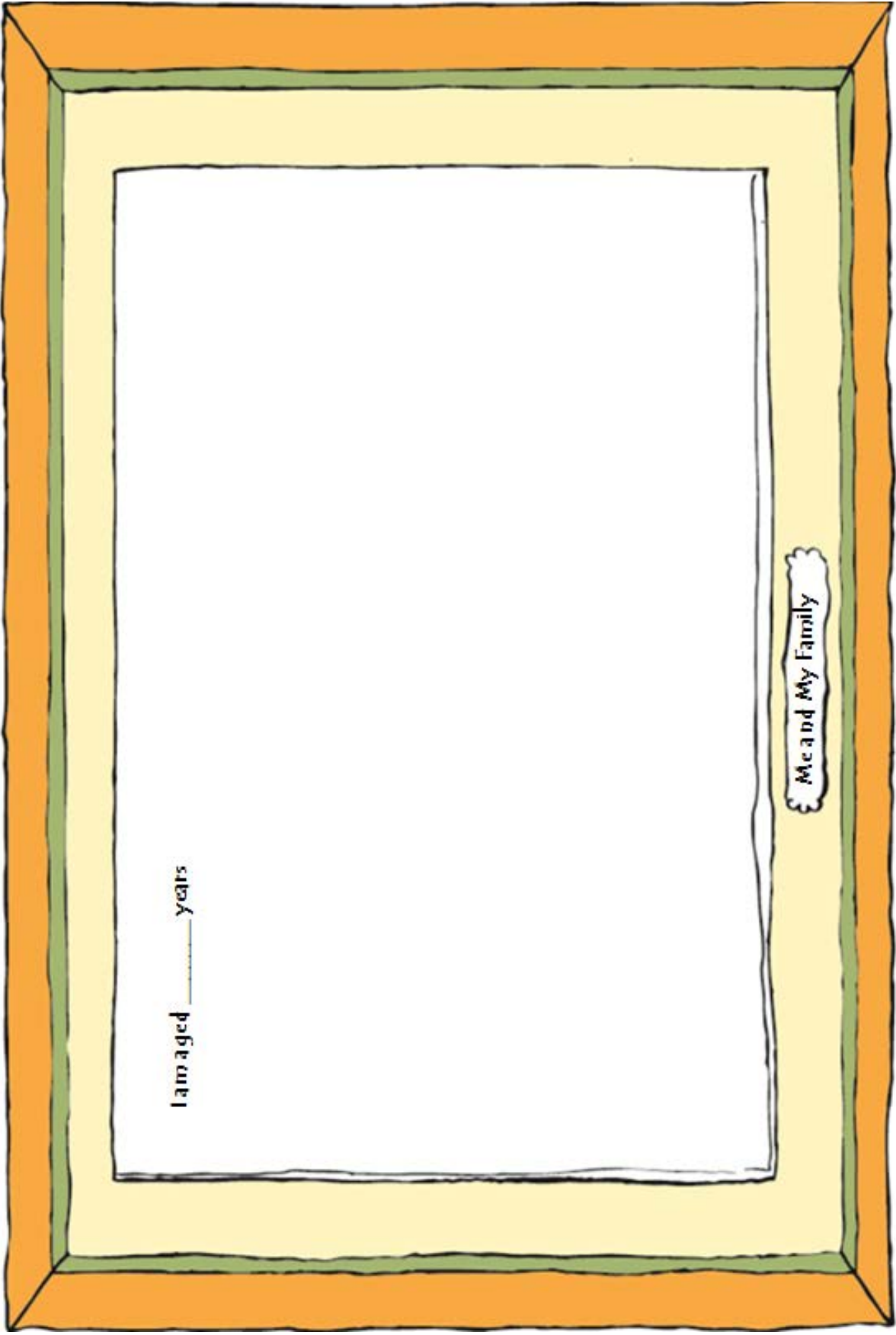
5 Family Strengths and Needs

5.1 What do you consider to be the main strengths that your family have?

5.2 What strengths do you rely on when difficult times occur?

5.3 What types of supports, connections or resources might help you and your family to enhance these strengths when things get tough?

Interview schedule children 8-11 years

Me and my Family

Me and My Family

I am aged _____ years

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I was born in ....
I can speak English and
I can speak ....
My nationality is ....

I live with my… (Please circle as many as you would like)

Mum

Dad

Brother

Sister

I am in year _____ at school.
I have lived in _____ for _____ years

Aunty

Uncle

Cousin

Friend

Other _____

MY WORLDS

The good things that have happened to me and my family now that I live in Australia.

Now I live in Australia my family has needed help with...

THE PEOPLE WHO HAVE HELPED ME AND MY FAMILY THE MOST WHEN WE HAVE NEEDED HELP

SCHOOL

Family

Other family

Clubs and organisations

Neighbours and community
Church

HOUSING   CENTRELINK
           COUNSELLOR

FORMAL SERVICES

What kinds of challenges have you faced that are different perhaps to those faced by your mum and dad?

What kinds of support have you needed or used to help you cope with these?

WHAT I NEED TO MAKE ME AND MY FAMILY STRONG

MOST IMPORTANT

LEAST IMPORTANT

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Appendix C: Online Survey Questions

Online Survey CFC

Dear Participant,

You are invited to participate in a research project. The purpose of this research is to explore the challenges and needs of children, young people and parents who have settled in Australia as refugees. This research is aimed at helping make services better for these parents and children. The report about this research will be provided to the Department of Social Services. This study has been approved by the Human Research Ethics Committee at the Australian Catholic University.

We are asking agencies that provide services and supports to families in Australia about their work with refugee parents and their children. We would like to find out how family support services are working with this population group, about any services that they may provide for them and ideas for improving services. We acknowledge that your service may only see refugee parents and their children intermittently or may not be aware of the visa status of your clients. Please answer the questions to the best of your ability and knowledge.

The research involves taking part in one on line survey. The survey consists of 16 questions and we expect this survey will take about 10- 15 minutes of your time.

Participation in the research is voluntary and you can withdraw from the research at any time without giving a reason. Your responses will be aggregated and no personally identifying data will be used or accessible to anyone outside the research team. The data will then be used by the researchers for data analysis, for writing the research report and preparing articles for academic journals.

Online Survey

Dear Participant,

You are invited to participate in a research project. The purpose of this research is to explore the challenges and needs of children, young people and parents who have settled in Australia as refugees. This research is aimed at helping make services better for these parents and children. The report about this research will be provided to the Department of Social Services.

This study has been approved by the Human Research Ethics Committee at the Australian Catholic University. We are asking agencies that provide services to families who have settled in Australia about their approaches to working with parents and their children, the services they provide and ideas for improving services.

The research involves taking part in one on line survey. The survey consists of 16 questions and we expect this survey will take about 10 -15 minutes of your time. Participation in the research is voluntary and you can withdraw from the research at any time without giving a reason. Your responses will be aggregated and no personally identifying data will be used or accessible to anyone outside the research team. The data will then be used by the researchers for data analysis, for writing the research report and preparing articles for academic journals.

If you have any questions regarding this research, these can be directed to; Vicky Saunders Research Fellow Australian Catholic University Institute of Child Protection Studies223 Antill Street Watson ACT 2602Phone: 02 6209 1219 Email vicky.saunders@acu.edu.au If you have any complaints or concern about the way you have been treated during this study, or if you have any question that the Investigators have not been able to satisfy, you may write to the chair of the Human Research Ethics Committee, care of the nearest branch of the Research Services Unit: Chair, HREC C/o Research Services Australian Catholic University Strathfield Campus Locked Bay 2002 STRATHFIELD NSW 2135Tel: 029701 4093 Fax: 02 9701 4350. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the result of your complaint. We would very much appreciate hearing about your agency's approaches and ideas.

Survey instructions: Use the arrow keys on the bottom of the screen to move between the pages of the survey. Do not use the navigation tools (forward and back) on your internet browser. Responses to each question will be saved when you click on the next button (>>) on the bottom of the page. Once you have started this survey you will need to finish it as it will not be saved until completion. To request a summary of this report, please email vicky.saunders@acu.edu.au. Please ensure you have read and understood this information letter. If you agree to participate, completing and submitting the survey indicates your consent.

What is the name of your service? (if you prefer to remain anonymous please do not answer this question)

What best describes your role?

○ Manager

○ Case worker

○ Counsellor

○ Advocate

○ Other - Please specify _____

Who would you identify as the target client group(s) for your service?

❑ Refugee and Humanitarians entrants

❑ Permanent Residents

❑ Other Family Visa Holders

❑ Women at Risk

❑ Children up to 12 years

❑ Young People up to 18 years

❑ Family Groups

❑ Parents

❑ Sole Parents

❑ Other - Please specify _____

What types of services or supports do you provide that aim to support parenting and positive relationships for families from a refugee background? Select one or more of the following.

❑ Counselling

❑ Advocacy

❑ Child-focused groups

❑ Education and skills

❑ Case Management

❑ Other - Please specify _____

What are the main sources of referral for refugee parents coming to your service? Select one or more of the following.

❑ Self

❑ Department of Immigration and Border Protection

❑ Other Government Service - Please Specify _____

❑ Centrelink

❑ School / Other Education Facility

❑ Family

❑ Friend

❑ Ethnic Community

❑ Church

❑ Community Organisation

❑ Other - Please Specify _____

What are the main types of parenting and positive relationships services and supports that you refer refugee parents and children on to?

To what extent do you agree or disagree with the following statements: Refugee families are prevented from accessing services that support their parenting due to …

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
A lack of knowledge about services	❍	❍	❍	❍	❍
Limited transport options	❍	❍	❍	❍	❍
Language difficulties	❍	❍	❍	❍	❍
Social isolation	❍	❍	❍	❍	❍
Personal issues impacting a	❍	❍	❍	❍	❍

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
client's ability to attend the service					
The lack of timely and available services	❍	❍	❍	❍	❍
Waiting Lists	❍	❍	❍	❍	❍
A lack of culturally aware family support services	❍	❍	❍	❍	❍
Eligibility issues - please specify	❍	❍	❍	❍	❍
Other - Please Specify	❍	❍	❍	❍	❍

What are the main outcomes you are hoping to achieve in working with parents/ carers from a refugee background?

- Outcome1
- Outcome 2
- Outcome 3

Please describe examples of programs/ services that are effective at supporting family relationships and parenting for refugee families in your organisation.

What changes would you expect to see in refugee families who have attended your service?

What are the three main issues that affect the quality of parent-child relationships for the refugee families that you are working with?

- Issue 1

- Issue 2
- Issue 3

Which types of families, if any, are not well served by your service?

In your view, what are the three most valuable forms of assistance that you provide to refugee parents that work best in your program?

- _____ Click to write
- _____ Click to write
- _____ Click to write

In your view, what are the three most important things that could improve the outcomes and effectiveness of your work with these families?

- _____ Click to write
- _____ Click to write
- _____ Click to write

To meet your refugee client's needs, please indicate the frequency of contact you have with the following services. For those organisations that you have regular contact with, please record what this is for (Please select one or more of the following.)

	Frequency of Contact			Reason for contact			
	Never	Sometimes	Regular	Client Referrals	Shared program activities	Agency networking	Integrated service delivery
School / other educational facility	○	○	○	❑	❑	❑	❑
Childcare	○	○	○	❑	❑	❑	❑
Youth group / organisation / program	○	○	○	❑	❑	❑	❑
Government	○	○	○	❑	❑	❑	❑

	Frequency of Contact			Reason for contact			
administered Housing							
Centrelink	○	○	○	❑	❑	❑	❑
Community health agency	○	○	○	❑	❑	❑	❑
Mental health agency	○	○	○	❑	❑	❑	❑
Disability agency	○	○	○	❑	❑	❑	❑
Family support agency	○	○	○	❑	❑	❑	❑
Police (	○	○	○	❑	❑	❑	❑
Church / other place of worship	○	○	○	❑	❑	❑	❑
Service organisations (e.g. Apex, Rotary, Lions)	○	○	○	❑	❑	❑	❑
Arts organisation	○	○	○	❑	❑	❑	❑
Sport and recreational department	○	○	○	❑	❑	❑	❑
Business	○	○	○	❑	❑	❑	❑
Other	○	○	○	❑	❑	❑	❑

	Frequency of Contact			Reason for contact			
government organisation. Specify							
Other non-government organisation. Specify	❍	❍	❍	❑	❑	❑	❑
Other Please Specify.	❍	❍	❍	❑	❑	❑	❑

Please provide any other comments you would like to make about the services you provide that support family relationships and parenting for refugee families.

Appendix D: Sources of Referrals and Target Client Group

SMRS

What are the main sources of referral for refugee parents coming to your service?

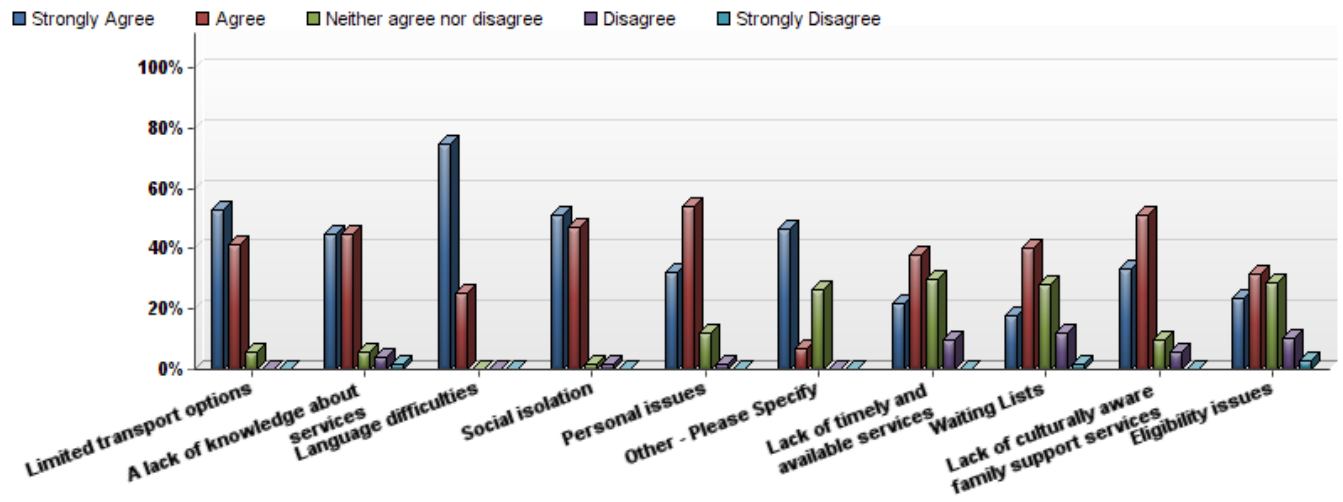|		Self	DIBPn	School / Other Education Facility	Other Government Service - Please Specify	Family	Friend	Ethnic Community	Church	Community Organisation	Centrelink	Other - Please Specify	Total
Who would you identify as the target client group(s) for your service?	Refugee and Humanitarians entrants	35 71.43%	14 28.57%	26 53.06%	19 38.78%	20 40.82%	19 38.78%	22 44.90%	10 20.41%	31 63.27%	17 34.69%	13 26.53%	49 100.00%
	Permanent Residents	23 76.67%	8 26.67%	15 50.00%	14 46.67%	14 46.67%	17 56.67%	18 60.00%	9 30.00%	19 63.33%	14 46.67%	7 23.33%	30 100.00%
	Other Family Visa Holders	16 76.19%	5 23.81%	11 52.38%	11 52.38%	11 52.38%	13 61.90%	13 61.90%	8 38.10%	14 66.67%	11 52.38%	7 33.33%	21 100.00%
	Women at Risk	20 74.07%	9 33.33%	16 59.26%	14 51.85%	15 55.56%	15 55.56%	15 55.56%	9 33.33%	18 66.67%	13 48.15%	7 25.93%	27 100.00%
	Children up to 12 years	17 80.95%	9 42.86%	14 66.67%	8 38.10%	12 57.14%	11 52.38%	13 61.90%	7 33.33%	15 71.43%	9 42.86%	5 23.81%	21 100.00%
	Family Groups	21 75.00%	11 39.29%	15 53.57%	13 46.43%	15 53.57%	16 57.14%	18 64.29%	9 32.14%	20 71.43%	13 46.43%	7 25.00%	28 100.00%
	Sole Parents	17 73.91%	7 30.43%	12 52.17%	12 52.17%	14 60.87%	15 65.22%	15 65.22%	9 39.13%	17 73.91%	12 52.17%	7 30.43%	23 100.00%
	Other - Please specify	10 71.43%	2 14.29%	7 50.00%	7 50.00%	6 42.86%	8 57.14%	9 64.29%	5 35.71%	10 71.43%	8 57.14%	4 28.57%	14 100.00%
	Young People up to 18 years	18 72.00%	8 32.00%	16 64.00%	11 44.00%	13 52.00%	12 48.00%	13 52.00%	8 32.00%	17 68.00%	10 40.00%	8 32.00%	25 100.00%
	Parents	18 69.23%	8 30.77%	14 53.85%	14 53.85%	14 53.85%	15 57.69%	16 61.54%	9 34.62%	18 69.23%	13 50.00%	8 30.77%	26 100.00%
	Total	35 67.31%	14 26.92%	28 53.85%	20 38.46%	20 38.46%	19 36.54%	23 44.23%	10 19.23%	33 63.46%	19 36.54%	14 26.92%	52 100.00%

CFC

What are the main sources of referral for refugee parents coming to your service?

		Self	Department of Immigration and Border Protection	School / Other Education Facility	Other Government Service - Please Specify	Family	Friend	Ethnic Community	Church	Community Organisation	Centrelink	Other - Please Specify	Total
Who would you identify as the target client group(s) for your service?	Refugee and Humanitarians entrants	7 70.00%	0 0.00%	6 60.00%	0 0.00%	6 60.00%	5 50.00%	3 30.00%	0 0.00%	9 90.00%	1 10.00%	1 10.00%	10 100.00%
	Permanent Residents	5 83.33%	0 0.00%	5 83.33%	0 0.00%	6 100.00%	4 66.67%	2 33.33%	0 0.00%	6 100.00%	1 16.67%	1 16.67%	6 100.00%
	Other Family Visa Holders	2 100.00%	0 0.00%	1 50.00%	0 0.00%	2 100.00%	1 50.00%	1 50.00%	0 0.00%	2 100.00%	0 0.00%	0 0.00%	2 100.00%
	Women at Risk	3 75.00%	0 0.00%	3 75.00%	0 0.00%	4 100.00%	4 100.00%	1 25.00%	0 0.00%	4 100.00%	1 25.00%	1 25.00%	4 100.00%
	Children up to 12 years	6 66.67%	0 0.00%	6 66.67%	0 0.00%	6 66.67%	5 55.56%	2 22.22%	0 0.00%	8 88.89%	0 0.00%	2 22.22%	9 100.00%
	Family Groups	6 85.71%	0 0.00%	5 71.43%	0 0.00%	6 85.71%	5 71.43%	1 14.29%	0 0.00%	6 85.71%	1 14.29%	2 28.57%	7 100.00%
	Sole Parents	5 100.00%	0 0.00%	4 80.00%	0 0.00%	5 100.00%	3 60.00%	1 20.00%	0 0.00%	5 100.00%	1 20.00%	1 20.00%	5 100.00%
	Other - Please specify	1 50.00%	0 0.00%	1 50.00%	0 0.00%	1 50.00%	0 0.00%	0 0.00%	0 0.00%	2 100.00%	0 0.00%	0 0.00%	2 100.00%
	Young People up to 18 years	1 100.00%	0 0.00%	1 100.00%	0 0.00%	1 100.00%	1 100.00%	0 0.00%	0 0.00%	1 100.00%	1 100.00%	0 0.00%	1 100.00%
	Parents	6 66.67%	0 0.00%	7 77.78%	0 0.00%	7 77.78%	6 66.67%	2 22.22%	0 0.00%	8 88.89%	1 11.11%	2 22.22%	9 100.00%
	Total	9 69.23%	0 0.00%	7 53.85%	0 0.00%	7 53.85%	6 46.15%	3 23.08%	0 0.00%	11 84.62%	1 7.69%	2 15.38%	13 100.00%

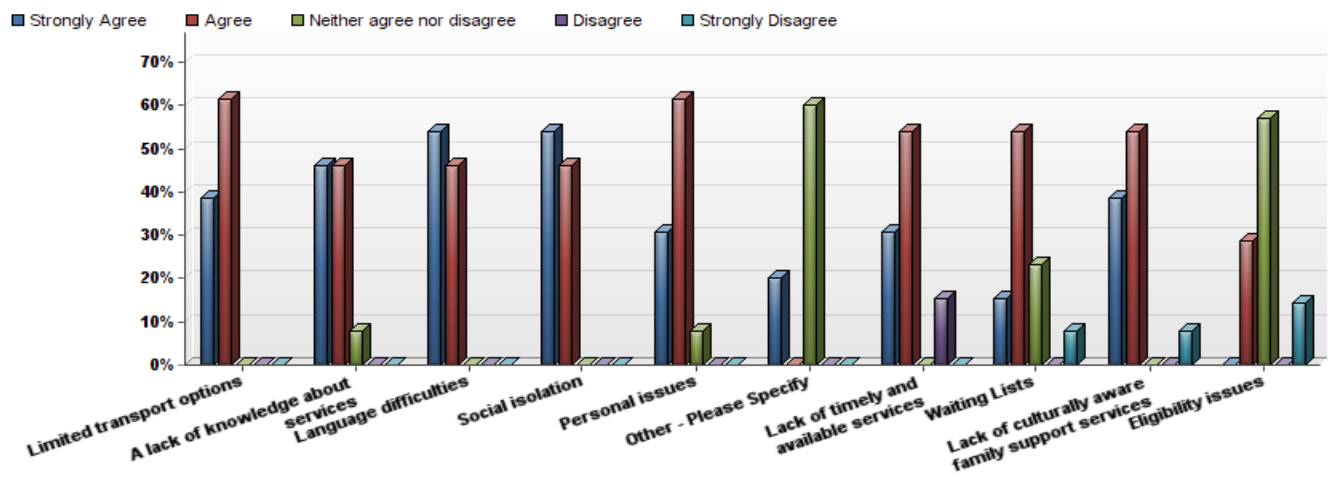# Appendix E: Barriers to Service Use

Barriers to Service Use

SMRS To what extent do you agree or disagree with the following statement: Refugee families are prevented from accessing services that support their parenting due to…

CFC To what extent do you agree or disagree with the following statement: Refugee families are prevented from accessing services that support their parenting due to...

Appendix F: Target Groups and Services Provided

SMRS

What types of services or supports do you provide that aim to support parenting and positive relationships?

		Counselling	Advocacy	Education and skills	Other - Please specify	Case Management	Child-focused groups	Total
Who would you identify as the target client group(s) for your service?	Refugee and Humanitarians entrants	24 39.34%	45 73.77%	41 67.21%	23 37.70%	46 75.41%	22 36.07%	61 100.00%
	Permanent Residents	13 36.11%	26 72.22%	25 69.44%	18 50.00%	27 75.00%	15 41.67%	36 100.00%
	Other Family Visa Holders	10 37.04%	22 81.48%	20 74.07%	14 51.85%	22 81.48%	11 40.74%	27 100.00%
	Women at Risk	16 45.71%	29 82.86%	27 77.14%	15 42.86%	28 80.00%	17 48.57%	35 100.00%
	Children up to 12 years	14 46.67%	22 73.33%	24 80.00%	11 36.67%	23 76.67%	18 60.00%	30 100.00%
	Family Groups	14 42.42%	25 75.76%	26 78.79%	15 45.45%	27 81.82%	20 60.61%	33 100.00%
	Sole Parents	12 44.44%	23 85.19%	23 85.19%	14 51.85%	21 77.78%	14 51.85%	27 100.00%
	Other - Please specify	5 31.25%	10 62.50%	12 75.00%	13 81.25%	12 75.00%	6 37.50%	16 100.00%
	Young People up to 18 years	16 50.00%	24 75.00%	25 78.13%	14 43.75%	25 78.13%	17 53.13%	32 100.00%
	Parents	14 42.42%	26 78.79%	27 81.82%	15 45.45%	26 78.79%	17 51.52%	33 100.00%
Total		25 36.76%	47 69.12%	44 64.71%	26 38.24%	51 75.00%	24 35.29%	68 100.00%

CFC

What types of services or supports do you provide that aim to support parenting and positive relationships?

		Counselling	Advocacy	Education and skills	Other - Please specify	Case Management	Child-focused groups	Total
Who would you identify as the target client group(s) for your service?	Refugee and Humanitarians entrants	2 18.18%	5 45.45%	9 81.82%	3 27.27%	4 36.36%	8 72.73%	11 100.00%
	Permanent Residents	1 12.50%	5 62.50%	7 87.50%	2 25.00%	4 50.00%	6 75.00%	8 100.00%
	Other Family Visa Holders	0 0.00%	0 0.00%	1 50.00%	1 50.00%	0 0.00%	2 100.00%	2 100.00%
	Women at Risk	1 20.00%	3 60.00%	4 80.00%	2 40.00%	3 60.00%	4 80.00%	5 100.00%
	Children up to 12 years	3 23.08%	4 30.77%	10 76.92%	4 30.77%	4 30.77%	11 84.62%	13 100.00%
	Family Groups	2 20.00%	6 60.00%	8 80.00%	2 20.00%	6 60.00%	8 80.00%	10 100.00%
	Sole Parents	1 14.29%	4 57.14%	6 85.71%	2 28.57%	3 42.86%	5 71.43%	7 100.00%
	Other - Please specify	0 0.00%	1 50.00%	1 50.00%	0 0.00%	0 0.00%	2 100.00%	2 100.00%
	Young People up to 18 years	2 66.67%	3 100.00%	3 100.00%	1 33.33%	3 100.00%	2 66.67%	3 100.00%
	Parents	1 9.09%	6 54.55%	10 90.91%	3 27.27%	5 45.45%	9 81.82%	11 100.00%
Total		5 26.32%	8 42.11%	14 73.68%	5 26.32%	8 42.11%	13 68.42%	19 100.00%

Appendix G: Contact with other services

SMRS - Frequency of contact with other service types

Question	Never	Sometimes	Regular	Total Responses
School / other educational facility	0	14	27	41
Childcare	10	22	8	40
Youth group / organisation / program	7	10	21	38
Government administered Housing	5	19	15	39
Centrelink	3	16	20	39
Community health agency	1	16	22	39
Mental health agency	2	21	15	38
Disability agency	9	22	7	38
Family support agency	4	22	12	38
Police	5	19	14	38
Church / other place of worship	9	25	5	39
Service organisations (e.g. Apex, Rotary, Lions)	17	18	2	37
Arts organisation	13	22	0	35
Sport and recreational department	9	22	7	38
Business	16	16	1	33

CFC – Frequency of contact with other service types

Question	Never	Sometimes	Regular	Total Responses
School / other educational facility	0	3	6	9
Childcare	0	6	2	8
Youth group / organisation / program	1	5	2	8
Government administered Housing	2	3	2	7
Centrelink	0	3	4	7
Community health agency	0	2	6	8
Mental health agency	0	3	5	8
Disability agency	0	6	1	7
Family support agency	0	4	4	8
Police	0	4	2	6
Church / other place of worship	3	3	1	7
Service organisations (e.g. Apex, Rotary, Lions)	2	4	1	7
Arts organisation	1	6	0	7
Sport and recreational department	0	7	1	8
Business	3	2	1	6

SMRS Reasons for Contact

Service Type	Client referrals	Shared program activities	Agency networking	Integrated service delivery	Total Responses
School / other educational facility	28	29	20	20	97
Childcare	24	5	8	6	43
Youth group / organisation / program	20	24	23	16	83
Government administered Housing	28	4	16	6	54
Centrelink	29	11	19	11	70
Community health agency	32	17	24	13	86
Mental health agency	28	11	24	11	74
Disability agency	23	9	19	8	59
Family support agency	29	14	17	15	75
Police	23	16	23	8	70
Church / other place of worship	17	14	18	6	55
Service organisations (e.g. Apex, Rotary, Lions)	5	14	10	2	31
Arts organisation	7	16	6	3	32
Sport and recreational department	13	21	14	9	57
Business	7	10	10	2	29

CFC Reasons for Contact

Service type	Client referrals	Shared program activities	Agency networking	Integrated service delivery	Total responses
School / other educational facility	3	4	5	5	17
Childcare	3	3	4	2	12
Youth group / organisation / program	3	2	4	1	10
Government administered Housing	2	1	3	1	7
Centrelink	5	1	3	1	10
Community health agency	6	3	4	3	16
Mental health agency	4	2	2	3	11
Disability agency	4	1	2	0	7
Family support agency	5	2	3	3	13
Police	3	2	3	2	10
Church / other place of worship	1	1	3	1	6
Service organisations	1	2	2	1	6
Arts organisation	2	1	1	1	5
Sport and recreational department	2	4	2	2	10
Business	2	1	1	0	4