

Institute for Social Science Research

Community Refugee Integration and Settlement Pilot (CRISP) Program Outcomes report

June 2025



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1. Introduction

The CRISP Evaluation Program Outcomes report, prepared for the Department of Home Affairs (the Department), presents a comprehensive overview of the collective results of the settlement and integration outcomes from the Community Refugee Integration and Settlement Pilot (CRISP) Evaluation.

The report includes the findings of all the cumulative data collected from participating CRISP refugees, and the matched Humanitarian Settlement Program (HSP) refugees, who arrived in Australia between 24 August 2022 to 29 March 2024, along with members of the Community Supporter Groups (CSGs) who supported CRISP refugees who arrived in that period.

The report serves as a complementary document to the 'CRISP and CSP evaluations: Integrated findings of Australian Community Settlement Programs' report, which synthesises findings from both the CRISP and Community Support Program (CSP) evaluations.

2. Background

2.1 Community Refugee Integration and Settlement Pilot

The CRISP is a settlement initiative launched by the Australian Government to support refugee category visa holders through community engagement. Through this pilot, CRISP refugees receive settlement support from trained Australian volunteers known as **Community Supporter Groups (CSGs)**, who provide comprehensive settlement assistance to refugees for the first 12 months. The CRISP aimed to test the feasibility and effectiveness of a community settlement model in Australia, ensuring optimal settlement outcomes for refugees.

The Department of Home Affairs (the Department) contracted **Community Refugee Sponsorship Australia (CRSA)**—an independent Australian charity dedicated to establishing programs that enable community sponsorship of refugees nationwide—to administer the pilot. Officially launched on 1 July 2022, following a collaborative co-design phase between the Department and CRSA, the first refugee household arrived in August 2022.

CRSA's responsibilities include promoting the pilot, mobilising and vetting volunteer groups, and providing training to ensure CSGs are well-equipped to support CRISP households. Additionally, CRSA offer ongoing ad hoc support to CSGs during the 12-month support period.

The CRISP supports refugees who were identified overseas by the United Nations High Commissioner for Refugees (UNHCR) as being in most urgent need of resettlement and who met Australia's humanitarian visa criteria. A select number of refugees who were granted their visa offshore and have **no known family links in Australia** are identified by the Department and offered the option to settle through the CRISP. Refugees selected for CRISP are then referred to CRSA by the Department, which facilitate the matching process with a suitable CSG. This process includes an online meeting between the CSG and the refugee household to ensure mutual satisfaction with the match.

Once CRISP households arrive in Australia, CSGs, which consist of 5 or more adult members, offer practical, hands-on assistance to refugee households for 12 months from their date of arrival. The support includes finding housing, accessing income support and Medicare, enrolling children in school, navigating health and other mainstream services, searching for employment, and linking with local community groups and programs. CRISP refugees are resettled in both urban and regional locations across Australia and are eligible for the same government support as other refugee visa holders, including Medicare, Centrelink, and access to education. Should the needs of CRISP households exceed the capacity of their CSG, or if the refugee household relocates, they can be referred to the Humanitarian Settlement Program (HSP) for additional support.

The pilot was initially set to run until 2025, but due to promising early outcomes identified through the 6-monthly evaluation Snapshot reports, the Government extended the program until June 2026. In February 2025, the Assistant Minister for Citizenship and Multicultural Affairs announced that CRISP would become a permanent feature of Australia's humanitarian migration program, with an initial target of supporting 200 refugees in 2026–2027. The final evaluation findings will inform the ongoing design and development of the program.

2.2 CRISP Evaluation

In 2022, the Department commissioned researchers from the Institute for Social Science Research (ISSR) at The University of Queensland (UQ), in collaboration with the Australian Institute of Family Studies (AIFS), to evaluate the effectiveness of the CRISP as a successful community-led settlement program that delivers optimal settlement outcomes for refugees.

The CRISP Evaluation Program Outcomes report presents the detailed findings of outcomes measured in the CRISP Evaluation.

3. CRISP Evaluation design

3.1 Methodology

The CRISP Evaluation aimed to test the effectiveness of the CRISP in achieving strong settlement and integration outcomes for refugees compared to other humanitarian entrants receiving services through the existing HSP pathway.

The CRISP Evaluation was guided by the **Key Evaluation Questions (KEQs)** and the intermediate outcomes (e.g., social connections, language acquisition, social and economic participation) presented in the co-designed **Program Logic** (see Figure A-2 in Appendix A).

The Evaluation followed a **developmental approach**—a flexible approach that enables adaptations based on the needs of the program and early evaluation findings. It employed a mixed-methods research design, integrating a **quasi-experimental (matched control)** and **pre-post design**, with **qualitative methods**. Broadly, the outcomes for CRISP refugees were compared to the outcomes of comparable or 'matched' HSP refugees at 2 timepoints i.e., timepoint 1 (**T1**) and timepoint 2 (**T2**). The CRISP and HSP refugee data were collected via surveys and in-depth interviews. In addition, data from CSGs were collected at 2 timepoints via surveys and focus groups.



Matched control

To examine whether the outcomes and/or experiences of the CRISP refugees were due to the program, rather than external factors or individual characteristics, a matched control group was used to compare outcomes for CRISP refugees to outcomes for HSP refugees.

Key characteristics of the CRISP households were used to identify HSP refugees which were: unlinked (no known family links in Australia); family type; and country of origin.



Pre-post

To explore changes over time, data were collected from CRISP and HSP refugees, and CSGs at 2 timepoints. Timepoint 1 data were collected approximately 1–3 months after refugees arrived in Australia, and timepoint 2 data were collected 10+ months after arrival.

3.2 Data sources and methods

Data were collected using mixed-methods and incorporated data from CRISP and the matched HSP refugees, and CSGs supporting the CRISP households. (See Appendix B for further details).



CRISP and HSP refugees

Two adults¹ from each CRISP and HSP household were invited to complete a **survey** over the telephone via **Computer Assisted Telephone Interview (CATI)** at timepoint 1. Only those who completed a T1 survey were invited to complete the T2 CATI survey.

Administrative data such as date of birth, citizenship, gender, and education, collected as part of the visa application process, were shared by the Department and handled in accordance with data protection laws and ethical requirements (see Appendix B). These socio-demographic information were linked to refugees' survey responses with consent, reducing the length of the survey and the burden placed on the refugees.

A select number of CRISP and HSP refugees, who expressed their interest via a question in the survey, were invited to participate in a semi-structured **in-depth interview** at timepoints 1 and 2. The in-depth interviews were conducted over the telephone by ISSR researchers, along with interpreters where necessary.



CSGs

All CSG members were invited to participate in an **online survey** at timepoint 1. As members of a CSG could change over the 12 months, all CSG members, regardless of whether they completed a T1 survey or not, were invited to complete the T2 online survey. For the Program Outcomes report, only those who completed the survey at both timepoints were included in the analyses (see Appendix B). CSGs who were supporting more than one household simultaneously were given the option to only respond to questions about one of the households they were supporting. However, efforts were made to ensure that at least one CSG member responded to questions about each CRISP household that the CSG was supporting.

Administrative data gathered by CRSA from CSGs through the application process (e.g., gender, age, education) were shared by CRSA and handled in accordance with data protection laws and ethical requirements (see Appendix B). These data were linked to CSG members' survey responses with consent, reducing the length of the survey and the burden placed on the CSG members.

A select number of CSGs who expressed their interest via a question in the survey, were invited to participate in a T1 and T2 **focus group**, each comprising members from the same CSG. CSGs who opted-in for the focus group, were selected to participate if the CRISP household they were supporting had opted-in and participated in the interview too.

¹ If it was a single adult household, only the one adult was invited to participate.

3.3 Sample

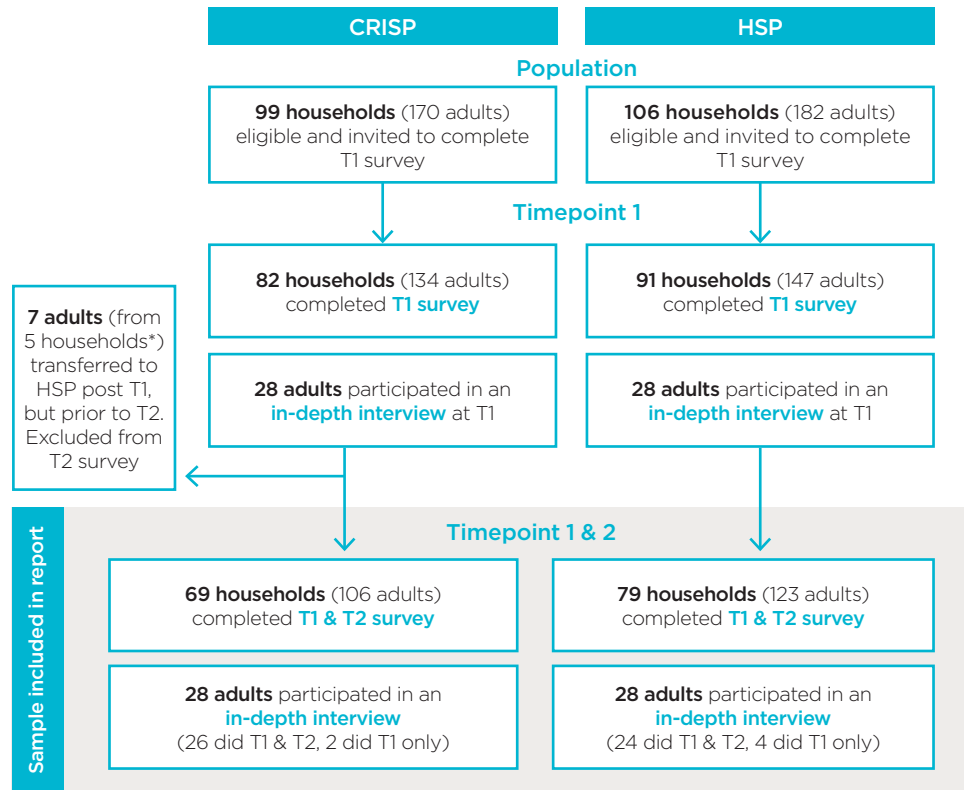
CRISP refugees who arrived between 24 August 2022 and 29 March 2024, and the selected HSP refugees (matched control group), were included in the CRISP Evaluation. In addition, CSG members supporting CRISP refugees who arrived during that period, were included.

CRISP and HSP refugees

Two adults from each CRISP and HSP household were invited to participate in the T1 survey. Only CRISP and HSP refugees who completed the T1 survey, were invited to complete the T2 survey. The Program Outcomes report includes those CRISP and HSP refugees **who completed both the T1 and T2 surveys**.

Figure 1 outlines the number of CRISP and HSP households and individual adults who: were eligible and invited to participate in the T1 survey (**population**); completed the T1 survey; and completed the T2 survey. It also presents the number of CRISP households that transferred to HSP after completing the T1 survey, but prior to the T2 survey, thus were not included in the Program Outcomes report data sample. Lastly, it presents the number of CRISP and HSP refugees who participated in an in-depth interview at T1 and/or T2. The **grey box** indicates the final sample that was included in the Program Outcomes report.

Figure 1. CRISP and HSP refugees' participation in evaluation and sample included in analyses

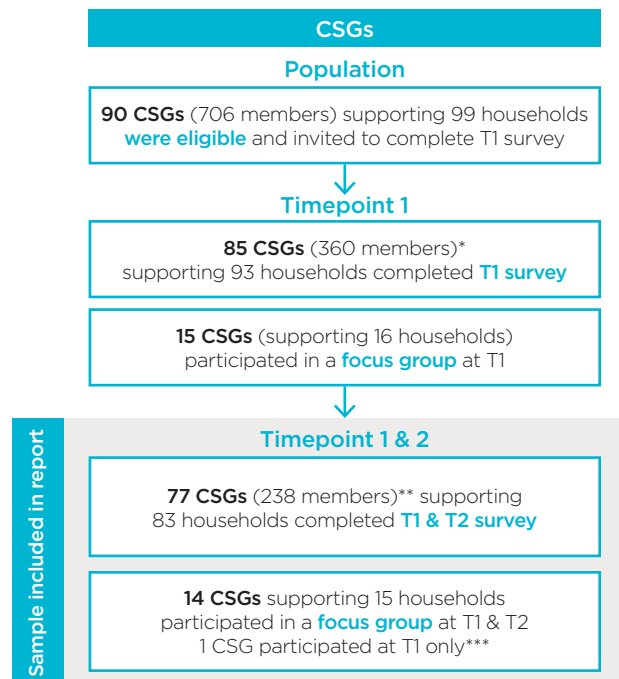


CSGs

All CSG members were eligible to participate in the T1 and T2 surveys. The Program Outcomes report includes data from CSG members who **completed both the T1 and T2 survey**.

Figure 2 outlines the number of CSGs, CSG members, and households¹ these groups were supporting who: were eligible and invited to complete the T1 survey (**population**); completed the T1 survey; and completed the T1 and T2 surveys. Lastly, it outlines the number of CSGs who participated in a T1 and/or T2 focus group. The **grey box** indicates the final sample included in the Program Outcomes report.

Figure 2. CSGs (and CSG members) participation in evaluation and sample included in analyses



*The number of CSG members represents the number of surveys completed, not the number of individual members, as those who supported more than one household were counted twice (or more). The number of unique CSG members at T1 was n=344. Of the 85 CSGs that completed a T1 survey, 6 groups completed the survey for 2 households, and one group completed it for 3 households.

**The number of unique CSG members who completed a T1 & T2 survey was n=228. Of the 77 CSGs that completed a T1 & T2 survey, 4 groups completed the surveys for 2 households, and one group completed them for 3 households.

***Data from the one CSG that only participated in a T1 focus group were also included in the report.

¹ CSGs could support more than one household, thus the number of CSGs and the number of CRISP households may differ.

3.4 Reporting and limitations

The Program Outcomes report is structured according to the KEGs and the associated intermediate outcomes that were measured. Each Program Outcome (PO) has an assigned number in the Program Logic (see Figure A-2 and Table A-1) and is referenced in the report e.g., PO 1. Headline findings synthesise both the quantitative (survey) and qualitative (interview/focus group) data to present triangulated results.

For survey results, **significant differences** are indicated with an asterisk (*). The results were considered significant if the probability of them occurring by chance was less than 5% ($p < 0.05$).¹

A strength of the CRISP Evaluation was the ability to measure the intermediate outcomes for CRISP refugees and CSGs over time (i.e., at 2 timepoints), and to compare CRISP outcomes to the outcomes of comparable or 'matched' HSP refugees to examine whether the outcomes and/or experiences of the CRISP refugees were due to the program, rather than external factors or individual characteristics. The qualitative data (in-depth interviews and focus groups) also provided rich insights into the experiences and perceptions of participants.

Another notable strength of the evaluation was the representation in the final sample which included 70% of the first 99 refugee households who arrived through the pilot, and representation from 80% of CSGs.

However, some key **limitations need to be taken into consideration** when reviewing the results.

Survey adaptations

The developmental approach enabled necessary adaptations to the surveys based on insights gained over the course of the Evaluation. As new questions were introduced partway through the data collection though, not all refugees were asked these questions. Thus, the number of responses for these questions are not of all CRISP and HSP refugees included in the Evaluation and need to be interpreted with caution. Throughout the report, **footnotes indicate where results are derived from these new questions**, as well as the corresponding number of CRISP and HSP refugee responses included in the analyses.

Representativeness of CSGs

The number of members in the CSGs varies. To address the potential for larger groups disproportionately influencing the results, statistical analyses were conducted at the group level where appropriate (e.g., calculating the group average) (see Appendix B). Despite this approach, some groups had fewer members who participated in the survey(s), meaning their **responses may not fully capture or represent the experiences of the entire group**.

Level of support

CSG members may take on various roles and responsibilities in supporting the CRISP household. As such, group-level analyses were conducted for the relevant survey questions to reflect support provided by any or all members of the group. However, as previously outlined, some groups had fewer survey respondents, thus **the level of support reported by CSGs may be underestimated**.

¹ Significance testing was conducted (where possible) to determine if any differences observed in the survey results were likely to occur again in similar situations, rather than due to chance. Small sample sizes have a reduced ability to detect statistically significant differences between groups though, thus significance testing was not conducted for all analyses.

4. Sample demographics



4.1 CRISP and HSP refugee demographics

Although HSP refugees invited to participate were selected based on the CRISP refugees' characteristics, it is important to assess whether the CRISP and HSP refugees who participated at both timepoints had similar characteristics. The results indicate that the HSP sample had similar demographic characteristics to the CRISP sample.

English proficiency—nil (pre-arrival)



Education level—more than 7 years of school



Age—18-29



Gender—Female



Family size—more than 4 family members



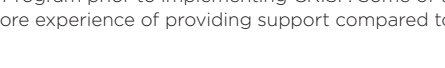
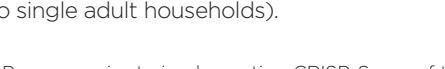
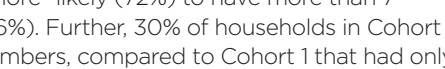
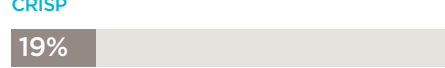
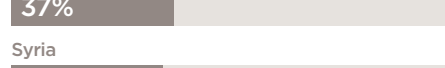
Children—any under 18 years



Young Children—under 6 years



Citizenship—most common countries



It is important to note that, as CRISP was a new program, the initial selection of refugee households (referred to as **Cohort 1**) focused on complete family units with less complex needs (e.g., health issues). In addition, CRISP households in Cohort 1 were generally supported by CSGs with prior experience in mentoring or supporting refugees. Following this phase, the program included any refugees fitting the broader criteria (**Cohort 2**) and new CSGs, marking the transition to full implementation.

Thirty-three percent of the CRISP refugees in the sample were from Cohort 1. Of those in the sample, CRISP refugees in Cohort 1 and 2 broadly had similar characteristics. However, CRISP refugees in Cohort 2 were more* likely (72%) to have more than 7 years of education compared to Cohort 1 (46%). Further, 30% of households in Cohort 2 were either a single adult or only had 2 members, compared to Cohort 1 that had only one household (5%) with 2 members (and no single adult households).



4.2 CSG demographics

The demographic information of the CSG survey sample includes members who completed surveys at both timepoints. While the CSG survey sample was broadly representative of the CSG population, slightly more members who were retired, responded.

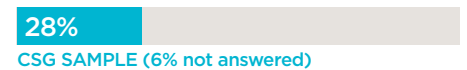
Employment status—retired



Location—Regional



Speak other languages—Yes



Gender—Female



Participated in CRSA Group Mentorship Program—Yes¹



¹ CRSA, who deliver CRISP, ran a Group Mentorship Program prior to implementing CRISP. Some of the community supporters from that program were recruited to participate in CRISP and would have more experience of providing support compared to new community supporters.

5. Headline findings summary

5.1 Key settlement outcomes for refugees 10–12 months after arrival



Stable housing

Of CRISP refugees:

92% were in **long-term housing** (89% HSP refugees).



Study participation

Of CRISP refugees:

16% had studied something other than **English** since arriving in Australia (12% HSP refugees).



Healthcare

Of CRISP refugees:

99% had accessed **healthcare services** (100% HSP refugees).



Social integration

Of CRISP refugees:

96% felt **welcome** in their local community (94% HSP refugees)

87% felt **part** of their local community (77% HSP refugees)

86% found it **easy to settle** in Australia (68% HSP refugees)*

71% found it **easy to make friends** with people in their local community who had a **different cultural background** to themselves (65% HSP refugees)

47% attended a **sporting or leisure activity** at least once in the previous 4 weeks with other people (32% HSP refugees).*



English language proficiency

Of CRISP refugees:

26% spoke **English** 'well' or 'very well' (19% HSP refugees)

97% studied **English** since arriving in Australia (83% HSP refugees)*

83% were **still studying English** (72% HSP refugees).*



Labour force participation

Of CRISP refugees:

24% had **worked** for pay in the previous 4 weeks (11% HSP refugees)*

26% had actively **looked for work** in the previous 4 weeks (27% HSP refugees)

43% participated in the **labour force** (worked or looked for work) (35% HSP refugees)

78% of those who were not working, **planned to work** in the next 12 months (75% HSP refugees).



Self-sufficiency

Of CRISP refugees:

67% had a **driver licence (O, P or L)** (73% HSP refugees)

82% had some **confidence to use public transport** (94% HSP refugees)*

77% had some **confidence to get help in an emergency** (86% HSP refugees)

42% had some **confidence to apply for a job** (41% HSP refugees)

71% had some **confidence to access healthcare** (73% HSP refugees).

5.2 CSG measures 10-12 months after arrival

Of the CSG members:



49%

were willing to **support additional refugee households in the future**



82%

felt a stronger **sense of community**



83%

would **recommend CRISP** to other community members



76%

found supporting the refugee household **challenging**



76%

had made **friends with the refugee household** they supported



46%

found supporting the refugee household **emotionally draining.**

6. How appropriate was the training and support provided by CRSA to CSG members (KEQ 7)



Most CSG members **rated the initial training they received from CRSA highly**, as did those who engaged with the available ongoing training (PO 37).¹ However, some CSGs relied on the bespoke support provided by CRSA instead, indicating a preference for personalised assistance

Of those who attended training, CSG members continued to rate CRSA's **training sessions** as 'good' or 'excellent'.²



16% did not take advantage of the ongoing sessions.

In the **focus groups**, the CSGs were generally impressed with the initial mandatory training sessions and found the settlement handbook to be very useful, especially the lists of tasks and checklists, the scenarios, and activities that identified the skills and strengths of the group. However, even those who found the training helpful noted that the training was, on occasion, too high level, did not delve into some of the complexities of service systems (e.g., bureaucracy of Centrelink and other government systems), and did not prepare CSGs for managing family trauma. In addition, CSGs felt that

the training underestimated the time commitment to complete certain tasks, meaning that CSGs felt unprepared for how much they needed to do. CSGs in Cohort 2 recognised that they needed additional support from the initial training, possibly reflecting the greater complexity of needs among refugee households and less experienced CSGs in Cohort 2.

In the timepoint 2 focus groups, CSGs reported little (e.g., attended one online session) to no engagement in the available ongoing training sessions. Some felt that the training was not relevant or too high level, whereas other CSG members explained how the ongoing training was easily overlooked because it was not compulsory and CSG members had busy schedules. CSGs who had limited engagement with the online training still felt that CRSA was only 'a phone call away' if they required support. Indeed, many of the CSGs who did not engage in ongoing training, chose one-on-one conversations with CRSA instead to address their specific issues related to settling the households they were supporting.

¹ PO = Program Outcome. Refers to the outcome (and its associated number) identified for the CRISP Evaluation and outlined in the Program Logic. See Appendix A.

² Percentages are of those for whom it was applicable. At T2, n=37 CSG members responded 'not applicable'.



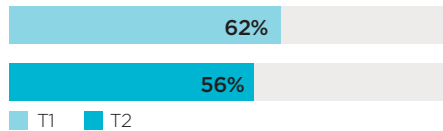
Most CSGs **still needed support from CRSA** at timepoint 2, and more than one-half continued to find the **support they needed always available and useful**. CSGs also needed additional support not provided by CRSA e.g., from ethnic advisors and/or other community organisations

Most CSG groups continued to require **'some' or 'a lot'** of **support from CRSA**.

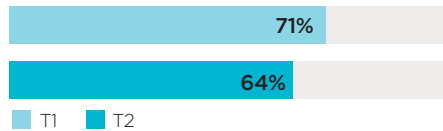


Of the CSG members who needed support, many continued to report that:

the **support they required** from CRSA was **'always' available**¹



the **support provided** by CRSA was **'always' useful**.²



The remaining CSG members predominantly reported that the support was available and useful **'some of the time'**.

In the **focus groups**, many CSGs reported needing additional support beyond the support provided by CRSA. For example, CSGs lacked the cultural training or knowledge they needed to support the refugee household, and relied on ethnic advisors to navigate the cultural barriers (e.g., ethnic conflict among refugee families and different cultural approaches to finance and employment) they encountered in helping the refugee households to settle in Australia.

Other CSGs described how they did not have the professional skills needed to navigate the interpersonal conflict and trauma experienced by members of the refugee household they supported, leaving them feeling ill-equipped to navigate these personal issues. CSGs felt that this sort of support was better suited to professional caseworkers. One CSG referred their household to an appropriate community organisation to provide the support the family needed. A small number of CSGs relied on a professional psychologist in their group to help manage the trauma experienced by the household, but felt that a typical CSG without a professional psychologist in their group would not be well-equipped.

¹ Only 6 CSG members (3%) said 'no' (at T1 and T2). The remainder responded 'some of the time'.

² Only 2 CSG members (1%) at T1 and 1 person (1%) at T2 said 'no'. The remainder responded 'some of the time'.

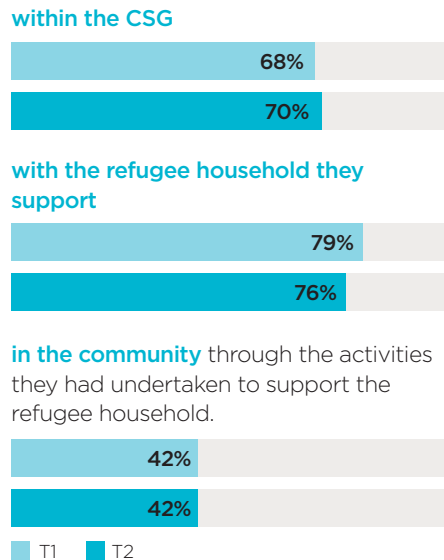
7. What impact did participating in CRISP have on the CSG members (KEQ 8)



Participating in CRISP **increased CSG members' social networks** (PO 43) by building new connections and friendships within their group, creating bonds with the refugee households, and for some, building networks in the wider community

Many CSG members experienced **new social connections** through their involvement in CRISP.

CSG members had made new friends:



Most CSG members continued to **experience a stronger sense of community** through their involvement in CRISP.



In the **open-ended question in the CSG survey**, many CSG members described the importance of developing the relationship with their refugee household through regularly spending time together socially, such as celebrating birthdays and achievements. In the **focus groups**, CSGs described how they actively strived to ensure their friendship with the refugee household endured after the program ended. This often took the form of periodic phone calls and

messages to check in with the household members. For some CSGs, this continued involvement with the refugee household after the program ended meant, in practice, that the CSG members were continuing to provide various levels of support after the formal end of their CRISP participation. For example, providing a rental bond, acting as a reference for a private rental application, and helping the household navigate the labour market. Not all CSGs wanted to provide support after the program ended and hoped that their continuing relationship with the household would instead be for social reasons rather than providing help.

Though CSGs described the experience as generally positive, some did note that their friendship with the refugee household did not match their initial expectations. For example, one CSG described how CRISP was advertised as establishing deep friendships between the CSG and refugee household, whereas in their experience of CRISP, it felt more like a job than a deep friendship. Among CSGs who had not developed friendships with the refugees, they described their relationships as transactional, focussing on settlement tasks or one-way friendships where CSG members acted as friends and knew intimate and personal details about the refugees, but did not feel the friendship was reciprocated.

Irrespective of whether they developed friendships with the refugee household members, CSGs described how participating in CRISP had strengthened their own friendships within their group, developed relationships with CSGs in the region, and broadened their social networks in the community. CSGs described both drawing on pre-existing social networks and creating new social connections in the community because they participated in CRISP.



Participating in CRISP **increased CSG members' understanding and awareness regarding key aspects of settlement, migration, and societal integration of refugees (e.g., opportunities, challenges, and support required to settle)** (PO 41)

For most CSG members, participating in CRISP increased their **understanding ('a little' or 'a lot')** of the settlement landscape, including the:

local networks that CSGs can access to provide additional support to refugees (e.g., voluntary services, free/low-cost events)



settlement/migration services available



positive contributions refugees can make to a local community



social integration opportunities available for refugees



educational pathways and opportunities for refugees



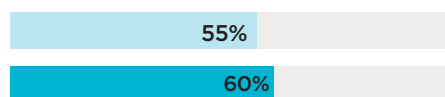
role of multiculturalism in Australian society



impact of immigration on Australian society

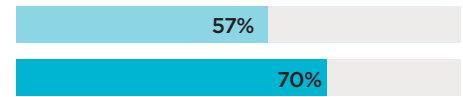


level of racism or negative stereotypes that refugees encounter.



■ T1 ■ T2

CSG members' understanding of the **job opportunities for refugees** increased* over time.



In the **focus groups**, CSGs described how their involvement in CRISP exposed the broader community to new cultures, breaking down cultural barriers, debunking stereotypes about refugees, and educating the community about the hardships they experienced before arriving in Australia. CSGs described exposure to new cultures (e.g., multiculturalism) as mutually beneficial. CSGs and the community interacted with refugee households, and refugee households had opportunities to develop networks, such as eating dinner or visiting with people born in Australia—an opportunity that refugees settled through other programs may not readily have access to. Other examples of positive changes in local communities as a result of CRISP, included the designation of their city as a 'Refugee Welcome Zone' and the incorporation of ethnic foods on the menu of a local restaurant.

CSGs also described how their involvement in CRISP highlighted major gaps in access to settlement support. CSGs explained that, while there is a perception that settlement support reached all refugees, many refugees missed out on settlement support services that were not geographically dispersed. For example, refugee health programs offering extensive support are often concentrated in specific regions within a state, making access to these services logistically difficult for refugee households living outside these regions. Other examples included limited access in some locations to specialist schools with language hubs for new arrivals and medical specialists for refugees with chronic conditions.

Some CSGs were surprised by some of the negative community responses to refugee households. CSGs described the naivety of community members who made surprised remarks when refugee households did not fit stereotypical images of being poor or having lived in refugee camps. Typically, CSGs observed a polarised response from the community, either enthusiasm, or cynicism or disinterest. Despite the enthusiasm within the group, several CSG members were met with disinterested or negative responses in their local communities that included low turnout in fundraising events to numerous negative online comments in a post advertising free services to refugees.



Participating in CRISP **increased CSG members' understanding of refugees' experiences,** and awareness of the essential requirements for successful settlement (PO 42)

Participating in CRISP increased CSG members understanding ('a little' or 'a lot') of refugees' experiences, including the:

specific needs of refugees based on their background (e.g., race, religion)



basic needs of refugees settling in Australia



experience of refugees who come to Australia



challenges faced by refugees with a low level of English proficiency.



T1 T2

In the **focus groups**, CSGs described that they gained a better understanding of refugees' diversity and prior experiences. In particular, the trauma experienced by refugees prior to arrival and that this can continue to affect them in Australia. Further, CSGs increased their understanding and awareness of the ethnic diversity and hierarchies within countries—even when refugees shared the same national origin—and how these continued to shape and impact refugees' networks and friendships in Australia. CSGs acknowledged the complexities of settling in a new country. In the Australian context, this included a realisation of how challenging it was for refugees to live on the financial support they received, especially in the current financial climate with the high cost of housing, food, and other basic essentials.



CSG members felt they had the **skills, experience, and confidence** to provide settlement support independently (PO 39), and broadly felt their group worked well together

Most CSG members continued to 'agree' or 'strongly agree' that:

their group had the **skills and experience** to support the refugee household



they were personally **prepared for most of the demands** in providing support to the refugee household.



T1 T2

In the **open-ended question in the CSG survey**, CSGs reported that effective communication, dividing up the workload, and allocating tasks that aligned with each members' strengths helped their group function effectively.

CSGs in the **focus groups** recognised that their initial experience of settling the household was a period of adjustment and learning, trialling what worked and what did not, and troubleshooting problems along the way. Likewise, in the initial settling-in period, CSGs mostly drew on pre-existing skills and experience to navigate systems and support the households. For some, this included their broader work experience (e.g., in health or previous work and volunteering experiences in refugee settlement or international development) and life experience (e.g., navigating school enrolment for their own children).

At timepoint 2, CSGs reported that they felt confident to provide settlement support, including that they had established networks of support in the community, such as, having contacts at banks and at Centrelink, as well as with foreign language-speaking doctors.

CSG members consistently expressed **confidence** in their **ability to cope with difficult tasks or problems**¹ while supporting the refugee household across both timepoints.



On average, CSG members consistently felt positive about **their groups' dynamics**,³ including valuing the input from everyone in the group, enjoying working together, and being committed to providing the support they agreed to provide.



T1 T2

¹ Index of 6 survey questions related to CSGs self-efficacy to support CRISP refugees on a scale of 1-5, 1='Not true at all' to 5='Completely true'. Questions include e.g., 'I can remain calm when facing difficulties in providing support to the refugee household because I can rely on my abilities'.

² 'M' refers to the Mean or average.

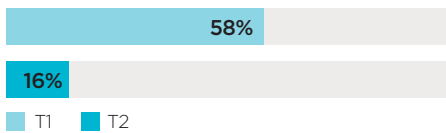
³ Index of 4 questions on a scale of 1-5, 1='Strongly disagree' to 5='Strongly agree'. Questions including e.g., 'I enjoy working with the members of our group', 'All members of our group get along'.



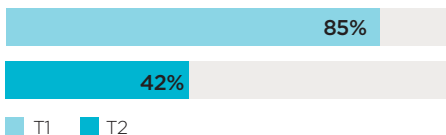
Although CSG members continued to find the experience

of supporting the refugee household **rewarding**, and had significantly **reduced the frequency and level of support** by timepoint 2, they still noted the **challenges of providing support** and found it **less enjoyable** over time. Further, some CSG members were reluctant to support additional households in the near future

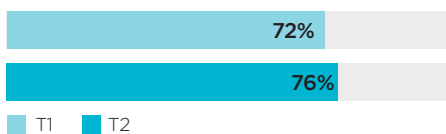
CSG members reduced **the number of hours of support** over time, with fewer* CSG members providing **more than 5 hours of support per week**, in the previous 4 weeks.



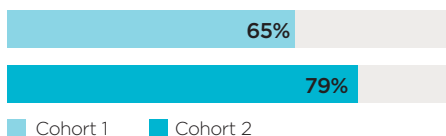
The **frequency of support** provided by CSG members reduced over time, with fewer* members having personally seen/talked to the refugee household members **to provide resources or support at least once a week** in the previous 4 weeks.



About three-quarters of CSG members continued to find supporting the refugee household **challenging**.¹



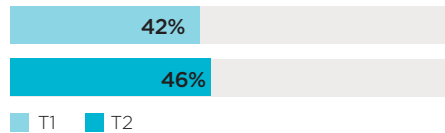
CSG members from Cohort 2 were more* likely to find supporting the refugee household **challenging** at timepoint 2, compared to Cohort 1.



The percentage of CSG members who felt that supporting the household **had not been challenging**, did not change over time.



Almost one-half of CSG members still found supporting the refugee household **emotionally draining** at timepoint 2.



In the **open-ended question in the CSG survey**, CSGs reported a myriad of challenges that they had faced. These challenges included language barriers and, in some instances, illiteracy, which were particularly acute for communicating and building relationships with the household. Low levels of English, coupled sometimes with a lack of technical skills, increased difficulties accessing complex government systems to obtain essential services. In addition, almost one in 5 (17%) of CSG members responded in the survey that they were 'not able to help the refugee household at times due to language barriers'. Another challenge reported in the open-ended responses was the unexpected amount of time and effort needed to accompany, and often drive, the refugee household members to medical appointments. Strained interpersonal relationships related to conflicting opinions were mentioned, including between the CSG and the refugee household, within the refugee household, and within the CSG. Housing was another commonly cited challenge, in terms of securing as well as supporting refugee households who move far from their original settlement location and where the CSG members are based. Other challenges CSG members cited were that some refugees seemed disengaged, lacked initiative, or had, what the CSGs termed, 'unrealistic' expectations regarding available funds, housing, or timeframes. The personal circumstances of some CSGs seemingly also impacted their capacity to cope with the demands, including their age, health, employment status, and their own family commitments.

Most CSG members continued to **'agree' or 'strongly agree'** that supporting the refugee household had:

been **rewarding**



provided them with a sense of **purpose**



provided them with a **sense of achievement**.

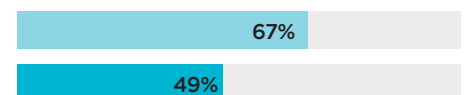


Fewer* CSG members **'agreed' or 'strongly agreed'** that supporting the refugee household had been **enjoyable** over time.



The percentage of CSG members **willing to support additional households** decreased* over time.

Yes—would support additional households

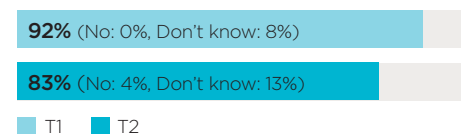


No—would not support additional households



The remainder responded 'don't know'.

Fewer* CSG members **would recommend CRISP** to other community members at timepoint 2.



¹ There were no significant differences between female (79%) and male (69%) CSG members regarding whether they found supporting the household challenging.

In the **focus groups** at timepoint 1, CSGs reported feeling satisfied about their participation in the program. This stemmed from learning about and valuing other people’s cultures and languages, building new friendships with the CRISP households and in their CSGs, and having an impact on people’s lives. However, over time this satisfaction seemed to wane and many CSGs were feeling fatigued and needed a break from supporting a refugee household. For some CSGs, this level of fatigue was so overwhelming that the members did not want to support another household. Many CSGs referred to their experience in the program as ‘intense’ and how the time commitment of providing support through CRISP often conflicted with their own family and personal responsibilities. Even among CSGs who were open to supporting another refugee household, they needed some time to debrief or mentally prepare to support another household.

The level of support provided by CSGs 10–12 months post-arrival was more manageable and less frequent. Additionally, many CSGs expressed greater confidence and preparedness now that they had been through the process. However, some refugee households were still relying on a lot of support from community organisations and other support services (e.g., settlement support organisations, family violence, and emergency accommodation services). Further, several CSGs continued to provide support after the program had formally ended and this ranged from conducting weekly check-ins to see if there was a form or job application that required support or one-off requests like securing a new housing arrangement, planning a special life event, or securing travel documents. In turn, many CSGs were not considering supporting any new households while they were still providing this ongoing support.

Other points of stress and deterrents to supporting additional refugee households were the onerous tasks of fundraising and securing housing.

CSGs who were considering supporting another refugee household reflected that they would draw on their experience of supporting the first refugee household to inform who they may be best placed to support in the future, and thus their approach to the matching process. For instance, several CSGs had informed CRSA that their preference would be to support nuclear and/or smaller families, if they were to support another refugee household—stemming from the belief that it would be more manageable, especially in securing housing, as several CSGs discussed the challenges of securing permanent housing for large families. Additionally, supporting a smaller household could reduce the time spent on time-intensive administrative tasks (e.g., registering for Centrelink, Medicare, establishing bank accounts).

8. How appropriate was the support provided by the CSG members¹ to meet the needs of the refugees? (KEQ 6)



Overall, CRISP refugees received support for **more settlement activities** and were more likely to be **satisfied with the support** they received, compared to HSP

Since arriving in Australia, CRISP refugees received support for, on **average**, more* **settlement activities**,² compared to HSP refugees who received support from their HSP caseworker.

Overall, CRISP refugees were on average, more* **satisfied**³ with the help they received from their CSG compared to HSP who received support from their HSP caseworker.



¹ Throughout the report, support received from CSGs for CRISP refugees is compared to support received from HSP caseworkers for HSP refugees.

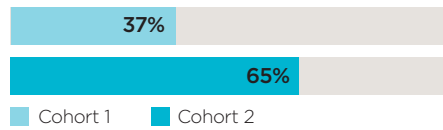
² Index of 12 survey items that incorporates a range of settlement activities that are relevant to all refugees, e.g., support to secure long-term accommodation. It excludes questions not relevant to all refugees, e.g., getting support to enrol children in school.

³ Index of 12 survey items on a scale of 1. 'Dissatisfied' to 3. 'Satisfied'.



CRISP refugees were more likely to receive support to access **essential services** (PO 18) (e.g., Medicare, banks, doctors) and **everyday essentials** (e.g., groceries, clothing, smart phones) (PO 33) from the CSG, compared to HSP. However, there were a few CRISP and HSP refugees who were concerned about accessing services or everyday essentials in the future

At timepoint 2, CRISP refugees from Cohort 2 were more* likely to have **'a lot' of confidence** to **access essential services**, compared to Cohort 1.



Most CRISP and HSP refugees continued to **receive support** from their CSG/HSP caseworker to **book and/or attend a doctor or medical appointment** if they needed it.



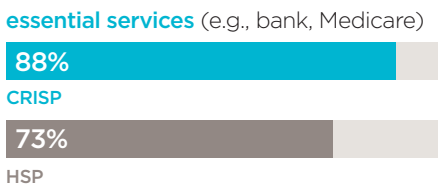
Two-thirds of CRISP and HSP refugees had **'a lot' of confidence** to **book and/or attend a doctor or medical appointment** without the help of others at timepoint 2.



The type and intensity of the support provided by CSGs to CRISP refugees evolved over time according to the changing needs of the CRISP households. Initially, the outlay of work was intensive, with CSGs focusing on immediate settlement needs, such as establishing Centrelink, Medicare, banking etc. Over time, the time commitment lessened for CSGs, and the type of support shifted to seeking out social opportunities or finding employment. CRISP refugees were aware that the formal support from CSGs would end after 12 months, and they were prepared to manage on their own. However, several still required support to access essential services at timepoint 2. This included financial support (e.g., accessing Centrelink payments, managing utility bills and services, opening bank accounts), gaining transport independence (e.g., accessing driving lessons, obtaining their driver licence, or purchasing a car), transferring schools for their children, and sponsoring other family members overseas to join them in Australia. In addition, many CRISP refugees felt they required support to find new housing and some were concerned they may not be able to furnish the house with everyday essentials when they needed to move. Some CRISP refugees were starting to seek support from other service providers, such as non-profit organisations, but a few refugee households were feeling helpless and did not know where to turn for support now that the support from CRISP had/was coming to an end.

Though most HSP refugees were supported to access essential services, many complained about the limited support they received from HSP caseworkers over the program period. A few described friendly and efficient communication and support from their HSP caseworker, however, many reported that they ended up doing things themselves due to a lack of support and instead relied on community members and friends for support. Some HSP refugees acknowledged that the limited support was due to the HSP caseworker being extremely busy and some language barriers. There was also an example of an HSP household who was encouraged by the HSP caseworker to be more independent, which made them fearful of asking for the support they needed.

Compared to HSP, CRISP refugees were more* likely to have **received support** from their CSG since arriving in Australia to access:



everyday essentials (e.g., groceries, clothing, smart phones), compared to HSP.



More than one-half of CRISP and HSP refugees reported having **'a lot' of confidence** to **access essential services** without the help of others at timepoint 2.



Both CRISP and HSP refugees described being able to access most of the everyday essentials they needed over the period in which they had settled in Australia, in the **in-depth interviews**. CRISP refugees reported receiving support from their CSGs to access essential services (e.g., banking, Centrelink, TAFE enrolment, health services) over the 12-month program period. Several CRISP refugees also commented that they were happy to find the accommodation furnished when arriving in Australia, though did note limited involvement in decisions about their household goods.

Overall, most CRISP refugees in the in-depth interviews were satisfied with the support they received. There was, however, one instance where a CRISP refugee reported that their CSG, being newly established and inexperienced, lacked knowledge of the services and supports available for the refugee household, nor how to access these, leaving the CRISP refugee uncertain about what they could expect to receive.



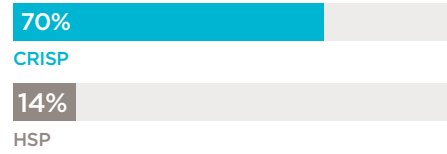
Most CRISP and HSP refugees were in **long-term accommodation** at timepoint 2 (PO 2B), however, CRISP refugees secured this accommodation more quickly than HSP. Many CRISP and HSP refugees **lacked the confidence** to apply for accommodation independently and were concerned about being able to afford high (and increasing) rental costs in the future

Most CRISP and HSP refugees were **in long-term accommodation** by timepoint 2.

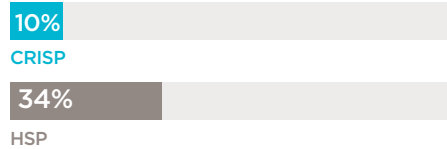


Of those in long-term accommodation at timepoint 2, most CRISP refugees were able to **secure long-term accommodation more* quickly** than HSP.

One week or less



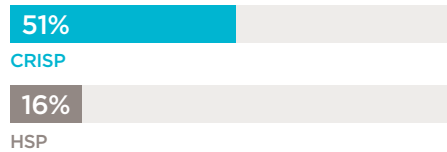
2 weeks to 1 month



2-6 months



Compared to HSP, more* CRISP refugees had **been in the same accommodation since arriving** in Australia.



Of the 9 CRISP and 14 HSP refugees in short-term accommodation at timepoint 2, the most common reasons were: their lease agreements were for 6 months or less; their applications for long-term accommodation had been unsuccessful; or there was limited long-term accommodation in their area and/or it was too expensive.

Most CRISP and HSP refugees **received support to secure accommodation** since arriving in Australia.



Compared to HSP, more* CRISP refugees received help to obtain **furniture or appliances** from their CSG.



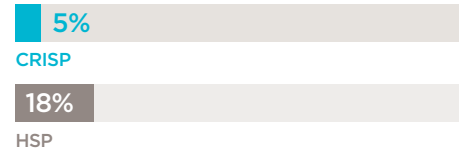
CRISP and HSP refugees predominantly received **support to find accommodation** from their **CSG/HSP caseworker** respectively.

CRISP refugees were more* likely to receive support to find accommodation from their CSG, compared to HSP. While HSP refugees were more* likely to receive help from **friends**, compared to CRISP. HSP refugees were also more* likely to report not having received any help to secure accommodation.

CSG/HSP caseworker helped to secure accommodation



Family or friends helped to secure accommodation



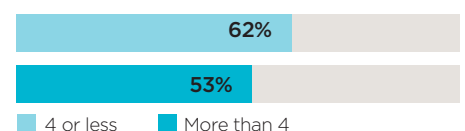
Nobody helped to secure accommodation



Compared to HSP, CRISP refugees were more* likely to be **'satisfied'** with their current accommodation in terms of **price they paid for rent**. However, far fewer CRISP and HSP refugees were satisfied with price compared to the other aspects of housing.



CRISP refugees with larger households (more than 4 members) were less* likely to be **'satisfied'** with the **price of their rent**, compared to those with smaller households (4 or less).



The majority of CRISP and HSP refugees were similarly **'satisfied'** with the:

safety of the home



safety of the neighbourhood



closeness to public transport



suitability for family



closeness to shops



condition



closeness to workplace.



Almost two-thirds of CRISP and HSP refugees had **'no' confidence** in their ability **to apply for long-term accommodation** without help from others.



CRISP refugees with larger households (more than 4 members) were more* likely to have **'no' confidence to apply for long-term accommodation** (80%) compared to those with smaller households (4 or less) (53%).

In the **in-depth interviews**, several CRISP refugees described a period in temporary accommodation before moving to more stable long-term housing—some stayed in multiple temporary accommodations which was challenging. While most were happy with the temporary arrangements, for 2 CRISP refugees who were single, the lack of autonomy to choose who they lived with was especially challenging. By timepoint 2, most CRISP refugees were happy with the accommodation they were living in and described being involved in the decisions and choices, however, the high cost of housing reduced the choices available to them. For example, one CRISP household chose to work for a landlord in exchange for accommodation, which may have made them vulnerable to exploitation. This arrangement did not work out and the household sought support from the CSG to move again to temporary accommodation until they found another home. Some CRISP refugees expressed a desire to move in the future, for example, one family felt isolated where they lived in a regional area and wanted to be closer to more people. However, some were worried about securing affordable accommodation in the future and maintaining their increasing rental payments and household expenses.

At timepoint 1, several CSGs in the **focus groups** described temporarily accommodating households in their own homes while they assisted them to find a longer-term arrangement. CSGs consistently reflected on the challenge of securing long-term stable accommodation for CRISP households due to the limited number of rental properties available on the market, the high cost of rentals, larger families that exceeded the number of bedrooms available, and landlords' preference for

rental history and employment/income. CSGs described advocating on behalf of the CRISP households to secure stable housing in the first few months of their arrival, contacting and liaising with the real estate agents on behalf of the CRISP households, reaching out to their personal networks, and in one case even approaching a local Member of Parliament to endorse their tenancy applications. CSGs supported the CRISP households by taking them to view properties, filling applications, acting as the referee or guarantor on applications, and paying the bond. At timepoint 2, where several CRISP households had successfully moved to another house, some CSGs reflected that they had more luck given their newly acquired rental history. While some CSGs gained a sense of which landlords and estate agents would accept applications from newly arrived refugee households over time, one CSG expressed a need for more support from CRSA in this regard. However, they cautioned that resentment from the wider community might occur if it became known that CRISP households were receiving preferential treatment for housing.

HSP refugees were provided with temporary hotel accommodation while they searched for more long-term and stable housing. The length of time in temporary accommodation varied and HSP refugees had mixed reviews about the support they received to access more long-term housing. For some, the process was smooth, and they were given genuine choice about where they would live. Some were shown how to look for properties online and go to inspections themselves. However, others talked about being 'forced' (e.g., told to choose one of the options offered or no further assistance would be provided) into housing they did not consider appropriate (e.g., a share house). By timepoint 2, many HSP refugees described being happy once in long-term accommodation, with several seeking to renew their initial lease. Some HSP refugee households had already moved to a second house or were in the process of looking for an alternative property, either because the lease was running out and was not going to be renewed by the landlord, or because they preferred to live in a different area. For example, some wanted to live in an area where they had the opportunity to meet more people of the same ethnicity. Searching for the next property was extremely challenging, although some were still receiving support from their HSP caseworker with the paperwork.



Almost all CRISP and all HSP refugees with school-aged children had **enrolled their children in school**. Though, CRISP refugees were more likely to have received help from their CSG compared to HSP, many in both groups lacked the confidence to find a school and/or formal childcare independently

Just over two-thirds of CRISP and HSP refugees **had children under 18 years of age**.



Almost all CRISP and all HSP refugees, who needed to, had enrolled **their child/children in school** since arriving in Australia.



Of those who needed support, CRISP refugees were more* likely to have received help from their CSG to **enrol their child/children in school**, compared to HSP.



Almost two-thirds of CRISP and HSP refugees had **no confidence** to **find a school** for their children without the help of others.



Of those who had at least one child under 6 years and for whom it was applicable, CRISP refugees were more* likely to have **used formal childcare** in the previous 4 weeks, compared to HSP.



The remainder **'had not needed'** to use formal childcare.

Of those who had at least one child under 6 years, a similar percentage of CRISP and HSP refugees had **no confidence** to **find formal childcare**.



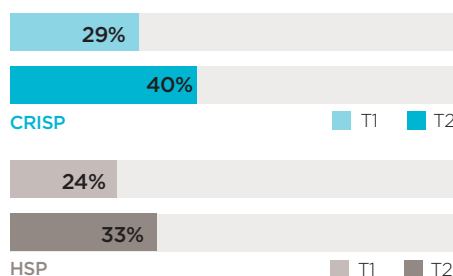
9. To what extent did CRISP support the English language acquisition of refugees, compared to HSP? (KEQ 3)



English language proficiency improved somewhat for both CRISP and HSP

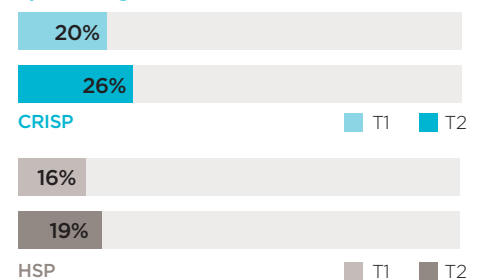
refugees over time (PO 26), and many felt they could understand and speak English well enough to undertake daily tasks at timepoint 2. However, support from interpreters was still required for more formal activities (PO 27)

Overall, about two-fifths of CRISP and one-third of HSP refugees perceived their **English language proficiency** as good (i.e., ability to understand, speak, read, and write English **'well'** or **'very well'**) at timepoint 2, however, there was a slight increase over time.

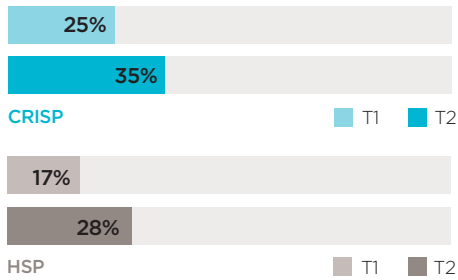


Examining the English proficiency components separately, the findings show that a comparably low percentage of CRISP and HSP refugees perceived they could (**'well'** or **'very well'**):

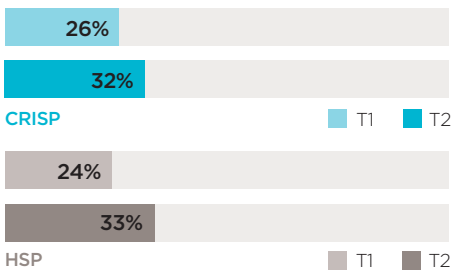
Speak English



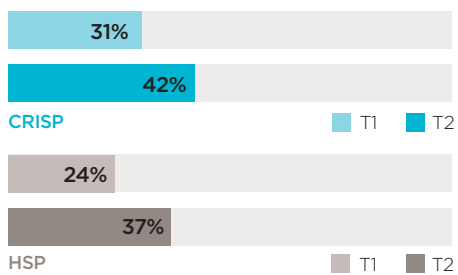
understand spoken English¹



write in English



read English.¹



At timepoint 2, many CRISP and HSP refugees reported being able (**'a little' or 'very well'**) to do the following without the help of a translator:

ask for directions in English



understand TV programs, videos, or radio programs in English



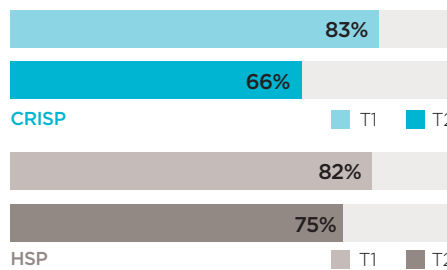
read instructions on a document or application form in English (e.g., job application or Centrelink form)



write a letter or email to someone in English.



Reliance on **at least some² assistance from interpreters** (outside the home) was still required for both CRISP and HSP refugees at timepoint 2. While this decreased for both groups over time, the decrease was more* pronounced for CRISP refugees.



Of those who required assistance, a greater percentage of CRISP refugees responded that they **'always' received interpreting assistance** when they needed it at timepoint 2, compared to HSP.



In the **in-depth interviews**, CRISP and HSP refugees recognised that their English language proficiency level had improved somewhat in the past 12 months. However, since arriving in Australia, they faced the dual challenge of navigating a new country while struggling with limited English skills. Most of the CRISP refugees described being able to complete everyday tasks, such as shopping, without the need for an interpreter. However, for more complex tasks such as banking, medical visits, or official appointments, many CRISP refugees still relied on interpreters for translation support. Though access to interpreters, particularly in rural or less diverse communities, or the lack of interpreters in certain languages was a barrier. Interestingly, some felt that this forced them to adapt to their new environment and improve their English skill more quickly.

Many CRISP refugees relied on translation apps like Google Translate to navigate day-to-day communication and some with children often relied on younger family members for translation, with children as young as 10 years old acting as intermediaries in daily interactions.

Comparing the experiences of CRISP and HSP refugees revealed both similarities and differences. HSP refugees, like their CRISP counterparts, had shown improvement in their English proficiency over the course of the year. However, they often faced more significant challenges related to balancing work and childcare, and learning English. Furthermore, HSP refugees tended to prioritise employment over attending English classes, which was in contrast to CRISP refugees who tended to prioritise learning English over work in the early stages, aiming to reach a higher level of proficiency before entering the workforce.

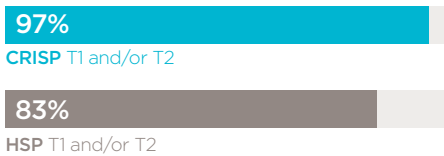
¹ The percentage of HSP refugees who reported that they could understand or read English 'well' or 'very well' respectively, increased significantly over time.

² Includes those who responded they require interpreting support 'some of the time,' 'most of the time', and 'all the time'.



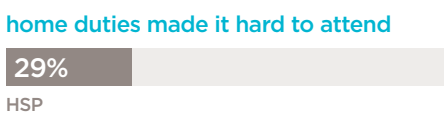
CRISP refugees were more likely to have **studied English** since arriving in Australia (PO 26) and fewer reported barriers to attending English classes, compared to HSP

Compared to HSP, CRISP refugees were more* likely to have **studied English** since arriving in Australia.



Of the 3 CRISP refugees who had **not studied English**, one already spoke English fluently and had studied English prior to arriving in Australia, one female reported that caring responsibilities made it hard, and one had not found a class they could attend.

Of the HSP (n=21) refugees who had **not studied English**, the most common reasons were:



Slightly more female HSP refugees cited caring responsibilities as a barrier to studying English (54%), compared to male HSP refugees (38%).

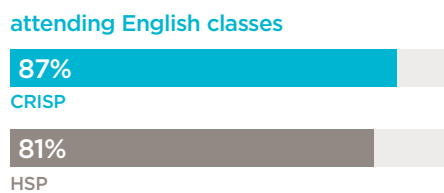
CRISP refugees were more* likely to **still be studying English** 10-12 months after arriving in Australia, compared to HSP.



CRISP and HSP refugees who needed it, **received support to register** for English classes from their CSG/HSP caseworker, respectively.



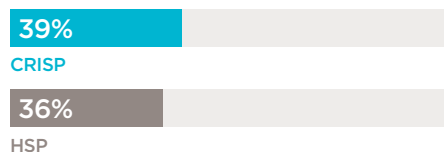
CRISP and HSP refugees predominantly **practiced their English** by:



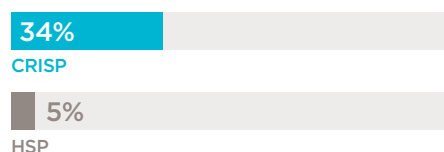
watch video content in English (e.g. TV, YouTube)



speaking with friends and family.



CRISP refugees were more* likely to practice their English by **speaking with the CSG** compared to HSP speaking with their HSP caseworker.



At timepoint 2, some¹ CRISP and HSP refugees were asked questions about the English classes they attended.

Of those who had attended classes, a greater percentage (though not significant) of CRISP refugees reported that they had:

attended classes for more than 6 months



not missed any classes.



Less than one-half of the CRISP and HSP refugees studying English reported that, in a typical month, they spent **16 hours or more attending English classes.**



As previously noted, though CRISP refugees reported improvements in their English proficiency in the **in-depth interviews**, many still struggled with limited English skills and acknowledged that their current level of proficiency was not yet sufficient to access better employment opportunities. This may explain why many CRISP refugees prioritised studying English during their first year in Australia, with some continuing to study English at more advanced levels, such as Certificate III.

HSP refugees on the other hand, prioritised working and found it hard to find time to attend English classes. In addition, caring responsibilities were a barrier for some female HSP refugees accessing English classes. For HSP, 7 of the 13 women not accessing English classes was because of caring responsibilities. For CRISP, only one woman wasn't accessing English classes and that was because of caring responsibilities. It is not known from the available data whether access to formal childcare was a barrier to studying English, nor the reasons HSP refugees in particular, were less likely to use formal childcare. Age of the children, personal and cultural preferences, or availability of childcare could have been factors.

¹ The new questions were included in the survey partway through fieldwork thus not asked of all refugees. CRISP n=64 and HSP n=67.

10. To what extent did CRISP support the social integration of refugees, compared to HSP? (KEQ 1)



Both CRISP and HSP refugees reported that their **cultural identity**

was respected and valued.

However, a few CSGs recounted witnessing instances of racial prejudice toward the refugees (PO 14)

Most CRISP and HSP refugees reported that their culture was **valued by others in the local community.**



In the **in-depth interviews**, CRISP and HSP refugees at timepoint 1 and 2 described feeling welcome and accepted in their communities especially when comparing to the treatment they had experienced overseas. HSP refugees rarely discussed any difficulties with cultural differences, although a few had reflected that their ethnic background was perhaps negatively influencing their employment and housing opportunities.

In contrast, CSGs recounted several instances of what they perceived to be racial prejudice toward CRISP refugees in the community. For example, where community members had withdrawn their offer of support after learning the refugee household's country of origin, perceiving that they were not truly in need. In another instance, a community member directed an exclusionary

xenophobic remark at the CRISP refugee, implying they were unwelcome in Australia—the CSG noted that the refugee did not notice the comment though.

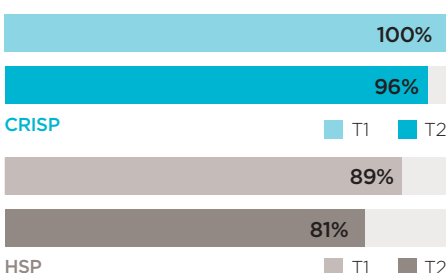
The focus groups with CSGs also revealed a small number of examples where individuals within the groups may have implicit biases and paternalistic views towards refugees. For example, one CSG recounted that one of their members was critical that the CRISP household was sending money back to their country of origin. In another instance, one CRISP refugee perceived that their CSG did not 'like' their religion, and had encouraged them to engage with the CSG's religion instead. These examples highlight that while CSGs can shield CRISP refugees from prejudicial attitudes, racist comments, and discrimination, they are not themselves immune from unconscious biases.



Both CRISP and HSP refugees were more likely to draw

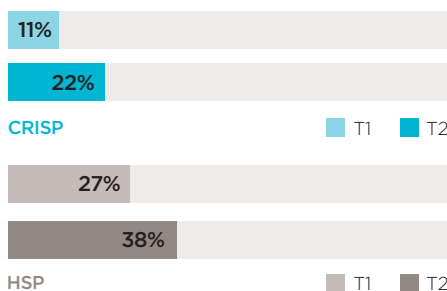
on support from their CSGs/HSP caseworkers than on their co-ethnic community as **support networks** (PO 15)

Both CRISP and HSP refugees predominantly felt that, if they needed help in their day-to-day life (e.g., looking after children or taking them to the doctor), they **could ask for help** from from their **CSG/HSP caseworker**. However, CRISP refugees were more* likely to feel they could ask for help from their CSG, compared to HSP.

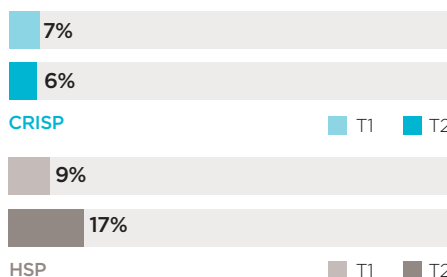


Compared to CRISP, HSP refugees were more* likely to feel they **could ask for help** from:

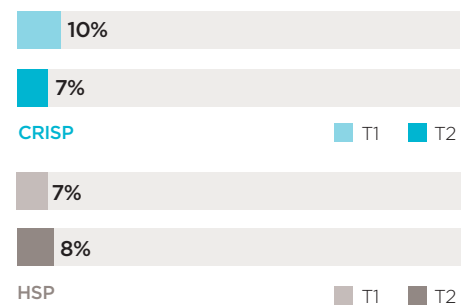
friends or people they know in their **cultural community**



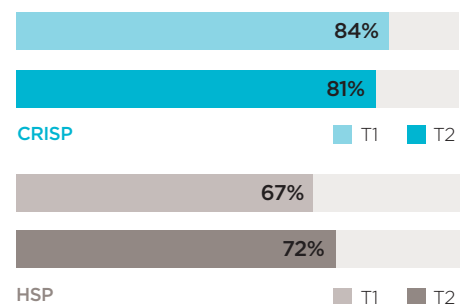
friends or people they know in their **religious community.**



Few CRISP and HSP refugees felt they **could ask for help** from friends or people they know **outside their cultural and religious community** (which likely excludes CSG members).



At timepoint 1, CRISP refugees were more* likely to **'agree'** that it was **easy to get help from people in their local community** than HSP refugees. However, at timepoint 2 the difference had decreased and was no longer significant.



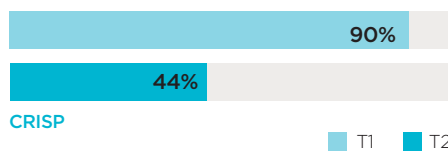
At timepoint 2, some CRISP refugees reported in the **in-depth interviews** that they had support networks outside of the CSG members, such as friends they made through church or through contacts from their CSG's extended networks. They could call on these wider support networks for support such as, driving them where they needed to go. However, a few CRISP refugees reported that they had no, or very limited support networks outside of the CSG. In contrast, HSP refugees reported seeking support from their existing friendship networks, or from new friends that they had met in their neighbourhoods or via ethnic communities. The HSP refugees described how they could call on these networks for support with finding work, learning to drive, and driving them to places they needed to go. Some said they relied on these networks for support either because their HSP caseworkers were unresponsive, busy, or because this was their preference.



Some CRISP refugees' **relationships with their CSGs waned** after the 12-month period, as the formal program support came to an end

(PO 16)

The percentage of CRISP refugees who reported that they had **spent time with their CSG socially 'at least once a week'** in the previous 4 weeks, such as sharing a meal or going to the park, decreased* over time.



The CSGs in the **focus groups** described varying levels of connection with the households that they supported. At the beginning of the relationship, CSGs described socialising with the CRISP household regularly, such as visiting each other's houses, attending social events together, BBQs, family retreats, football matches, and visiting Australian landmarks together. However, by timepoint 2, the frequency of these social interactions appeared to decrease with some CSGs attributing the change to their own busy lives.

Some CSGs described having close friendships with the CRISP household or adopting a family-type roles in their lives, referring to themselves as the 'Australian mum' or 'Grandma' to the children of the refugee household. A couple of CSGs viewed and described the relationship in parent/child terms, where they spoke of the household members as their children whom they were supporting to grow into adulthood.

Conversely, a few CSGs reflected that, while they believed the household considered them friends, the relationship was not entirely reciprocal as the refugees may not have the capacity at this stage. They noted that the CRISP households did not engage in ways that demonstrated a mutual friendship, such as inquiring about the CSG members' families or sharing personal history.

Despite these varied experiences, most CSGs at timepoint 2 described that there would be an ongoing relationship beyond the official period of the program.

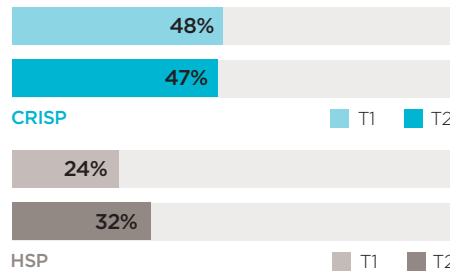
Likewise, in the **in-depth interviews**, CRISP refugees referred to the CSGs as family, friends, and teachers. However, the extent to which the CRISP refugees socialised with the CSG members seemed to taper off over time and their interactions with the CSGs became more transactional at the later stage of the program. Despite this shift, the CRISP refugees expressed satisfaction with their relationship with their CSGs, with many describing it as flexible and supportive, and lifelong. For other CRISP refugees though, their relationship with the CSGs seemed to cease after the CRISP program had finished, with very limited ongoing contact.

In contrast, the HSP refugees described a transactional relationship with their HSP caseworker that had ended 12-months post arrival. While most HSP refugees valued the support they received from their HSP caseworker, a few had experienced multiple caseworkers over the course of the program and one HSP refugee described their HSP caseworker as lacking sensitivity to refugees' situation.



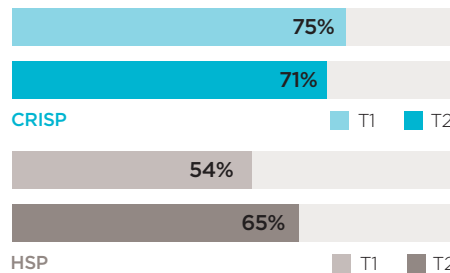
CRISP and HSP refugees increased their **social networks** through interactions with their CSG, leisure activities with a wide range of friendship groups, and participation in local sport (PO 17)

At both timepoints, CRISP refugees were more* likely to have **attended a sporting or leisure activity at least once** in the previous 4 weeks with other people, compared to HSP.



Note: It is possible this question may undercount casual meetings with friends.

Compared to HSP, CRISP refugees were more* likely to find it **easy to make friends with people in their local community with different backgrounds** to them at timepoint 1. However, by timepoint 2, their experience was similar.

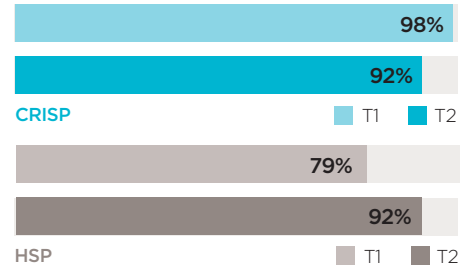


Most CRISP and HSP refugees reported feeling **welcome in their local community**.

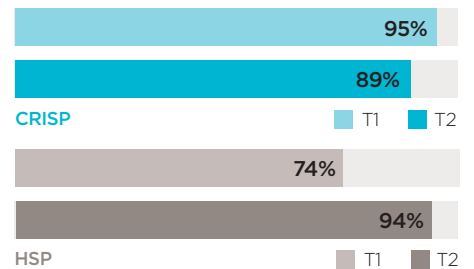


The perception of their children's settlement improved* over time for HSP refugees and decreased slightly for CRISP refugees. However, at timepoint 2, most CRISP and HSP refugees **'agreed'** that their **children:**

found it **easy to settle** into school



found it **easy to make friends** at school.



In **focus groups**, a few CSGs provided some context to the slight decline, describing that young refugees had encountered bullying at school by someone from a different ethnic group and harassment in public transit which could lead them to feel it was harder to make friends at timepoint 2.

In the **in-depth interviews**, by timepoint 2, the extent and types of social networks that the CRISP and HSP refugees described varied. Some had active social lives with people they had met in their neighbourhoods, via ethnic communities, and (for CRISP refugees) through the CSGs networks, or through various activities such as TAFE classes, work, their child's school, church, volunteering activities.

There were however, some CRISP and HSP refugees who reported feeling disconnected and lonely, with few to no friendships. This, some refugees described, was due to marital breakdown, child caring responsibilities, the English language barrier, or living in a remote area with few people to connect with, which made it difficult for some refugees to develop strong friendships in their first year in Australia.



Compared to HSP, CRISP refugees had a higher **sense of belonging** (PO 19), felt part of their community, and found it easier to settle in Australia. Most CRISP and HSP refugees felt **connected to and trusting of their local community**

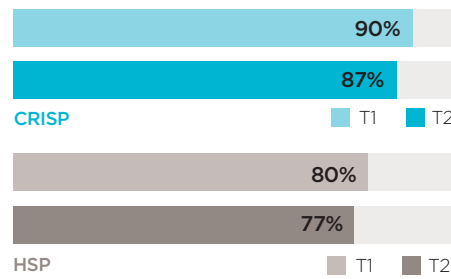
(PO 11)

On average, CRISP refugees reported a higher* **sense of belonging**¹ compared to HSP refugees at both timepoints. However, there was a slight decrease in the average sense of belonging over time among CRISP refugees, whereas HSP refugees' sense of belonging was similar over time.

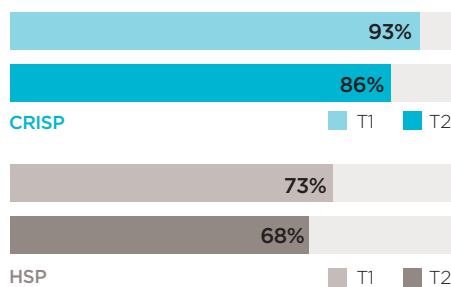


It is also worth noting that at timepoint 2, HSP refugees were more* likely (68%) to feel negative (**'disagreed'**) about at least one aspect of belonging, compared to 37% of CRISP refugees.

A greater percentage of CRISP refugees felt **part of their local community**, compared to HSP refugees.

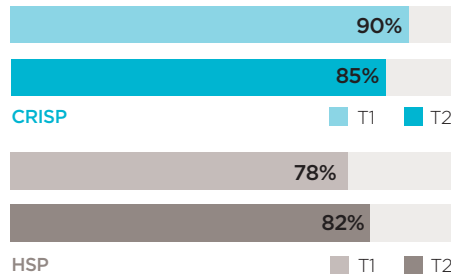


Compared to HSP, CRISP refugees were more* likely to report that it had been **easy to settle in Australia**.

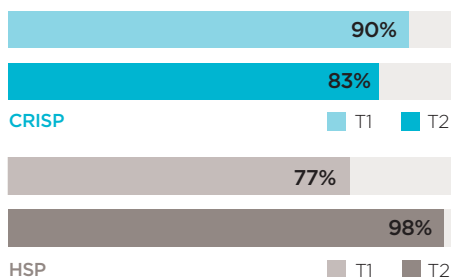


CRISP and HSP refugees similarly felt:

connected to people in Australia



that they could **trust others** in their local community.



In the **in-depth interviews** at timepoint 1, CRISP and HSP refugees felt a strong sense of welcome. They described feeling free, safe, able to live how they wanted, welcomed, comfortable, and like they were home. There was a sense of appreciation that Australia was a multicultural country, that no one cared about skin colour, and they could wear their hijab anywhere without experiencing bullying or harassment. CSGs at timepoint 1 also described instances where members of the community had offered to support the CRISP refugees and were extremely accepting and welcoming. These sentiments were expressed again at timepoint 2. Furthermore, connections to communities were strong for some CRISP and HSP refugees at timepoint 2, with examples of attending church, volunteering, raising money for a local theatre, going to museums, pubs, using the local park, having picnics, and participating in local sport—although for some, not owning a car to get to matches and the costs involved were barriers to playing local sport.

There were also a few examples where CRISP and HSP refugees described circumstances that made them feel less connected or comfortable. For example, one CRISP refugee felt obligated to attend church by their CSG, despite this making them feel uncomfortable, and 2 CRISP refugees described feeling insecure in their homes and communities due to conflict and tension in their personal relationships.

¹ Index of 8 survey questions that measure sense of belonging, for example, 'feeling welcome in the local community' and 'feeling part of the local community'. Measured on a scale: 1='Disagree'; 2='Neither'; 3='Agree'.

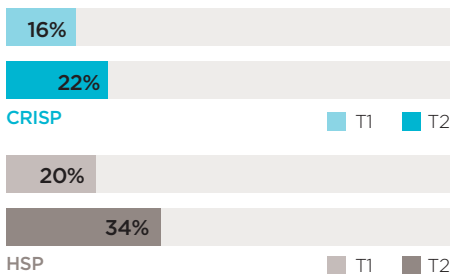


Many CRISP and HSP refugees had moderate or high

levels of self-reported psychological distress

or mental ill health, and this increased over time (PO 12). Moreover, there was also an increase, particularly, for HSP refugees, in physical or emotional health concerns interfering with their work (including house work)

Compared to CRISP, a larger percentage of HSP refugees reported that their physical or emotional health concerns had interfered with their normal work (including e.g., housework) in the previous 4 weeks at timepoint 2, and this increased* over time for HSP.

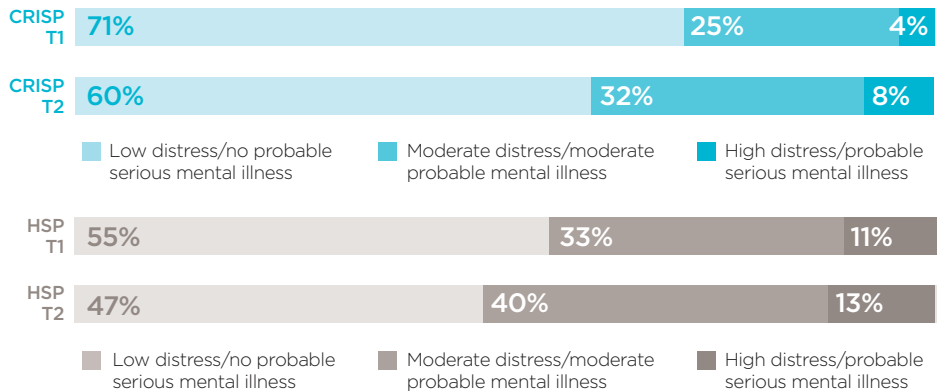


In the in-depth interviews at timepoint 1, several CRISP and HSP refugees described feeling anxious about not knowing English, caring for sick relatives, and worrying about their families overseas. Most described being offered emotional support services and several HSP refugees said they had taken them up. At timepoint 2 the interviews revealed similar mixed levels of social or emotional wellbeing among CRISP and HSP

On average, levels of self-reported psychological distress¹ among CRISP and HSP refugees were similar at timepoint 2.



At timepoint 1, HSP refugees were more* likely to have moderate or high mental distress,² compared to CRISP. However, at timepoint 2, a large proportion of CRISP and HSP refugees (40% and 53% respectively) were considered as having moderate or high mental distress, signalling the need for mental health support.



refugees. However, while most of Cohort 1 CRISP refugees did not describe any challenges with their emotional wellbeing, among Cohort 2 refugees there seemed to be a few more CRISP and HSP refugees who reported struggling with loneliness, stress, grief, anxiety about the future, trauma, feelings of hopelessness and helplessness, and deep concern about their relatives and friends who remained overseas. A few HSP and CRISP refugees in Cohort 2, described finding it easier each day and were happier and more secure.

Most of the CRISP and HSP refugees interviewed at timepoint 2 had access to emotional support services, such as counsellors and psychologists who were offered via support services, CSGs, or HSP caseworkers. Some chose to access these supports and others said they did not need to or were choosing to manage their mental health on their own.

CSGs confirmed that they had offered CRISP refugees psychological support services. However, even in cases where family members were exhibiting an intense trauma response to past

events, and current trauma because of separation from their family overseas, the CSG members often struggled to get CRISP refugees to engage with psychological support services.

CSG members felt ill-equipped to manage the trauma many families exhibited. Having a CSG member who was a professional psychologist, helped equip the group to better respond to the CRISP families' emotional needs, however, they needed more information and training related to managing trauma.

Generally, CSGs built in debriefing within their group to provide emotional support to its members, but occasionally members needed to seek emotional support outside the CSG. For example, when a CRISP household disclosed a difficult situation, they did not want the rest of the CSG to know about it. CSGs also reflected that the experience of vicarious trauma might impact the sustainability of CRISP due to CSG burn out. These examples point to the potential need for ensuring additional emotional supports and training for CSGs are put in place.

¹ Used K6 scale (see Kessler, R.C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.L., Walters, E.E., & Zaslavsky, A.M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychol Medicine*, 32(6), 959-76. doi: 10.1017/s0033291702006074. PMID: 12214795)

Used AU Trinary cut-off scores (see Biddle, N., Gray, M., & Rehill, P. (2022). *Mental health and wellbeing during the COVID-19 period in Australia*. ANU Centre for Social Research and Methods. <https://csr.m.cass.anu.edu.au/research/publications/mental-health-and-wellbeing-during-covid-19-period-australia>)

² Refugees with a sum score of 11-18 are categorised as experiencing moderate psychological distress. These refugees are likely to be struggling with mental distress and in need of mental health support but are not at risk of clinical levels of mental health problems like those in the more serious category (scores of 19 or more). See Prochaska, J., Sung, H-Y., Max, W., Shi, Y., & Ong, M. (2012). Validity study of the K6 scales as a measure of moderate mental distress based on mental health treatment need and utilization." *International Journal of Methods in Psychiatric Research*, 21(2): 88-97

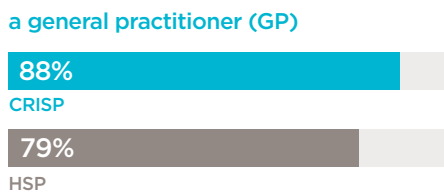


Almost all CRISP and HSP refugees had **accessed healthcare services** and most had a positive experience of using these services

All HSP and nearly all CRISP refugees had **accessed healthcare** since arriving in Australia (T1 and/or T2), having attended a medical appointment or presented at a hospital. One CRISP refugee reported that they had not needed to access healthcare since arriving in Australia.



At timepoint 2, CRISP and HSP refugees similarly found it **easy to access:**



hospitals



other health professionals (e.g., specialists, dentists, psychologists).



Overall, CRISP and HSP refugees had a positive **experience of accessing and using healthcare services**.¹



Specifically, most CRISP and HSP refugees at timepoint 2 **'agreed'** that they:



understood everything the health professionals said



received the help needed.



In the timepoint 1 **in-depth interviews**, most CRISP and HSP refugees reported that CSGs and HSP caseworkers were instrumental for their access to healthcare—helping with appointments, interpretation, and introducing preventative care. However, they also faced challenges: long wait times for doctors and dentists, emergency care delays, high out-of-pocket costs (e.g. vitamins and specialist care), and the need to travel for bulk-billing services. While immunisations and check-ups were eventually accessed, one CRISP household experienced delays, with CSG support described as reactive. An HSP household reported needing duplicate vaccinations due to missing overseas records.

CSGs also described intensive involvement in healthcare access at timepoint 1 and similar challenges: Medicare delays, long waits for specialists, and limited access to same-language providers—though some CSGs were able to identify GPs who spoke the households' languages. Dental access was inconsistent with one group citing emergency dental care was free, while another found it inaccessible. Complex health needs added pressure, often with retired CSG members stepping in to meet the heavy demand. CSGs also spent time educating services about CRISP, facilitating access to counselling, and supporting cultural adjustment (e.g. around family gender roles and routines), which sometimes improved family wellbeing.

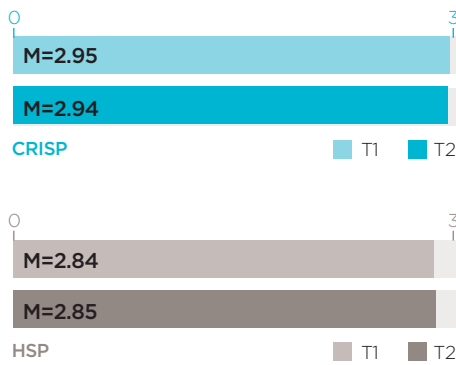
At timepoint 2, CRISP and HSP refugees reported continued access to healthcare and were managing ongoing conditions with medication. Many had same-language doctors and were booking their own appointments, showing growing independence. CSGs also noted households used tools like HotDocs, though they continued to assist some CRISP households with attending appointments and covering costs like ambulance insurance. One CRISP refugee, for example, had a broken bone which was assessed indirectly by a specialist via the CSG member who was a doctor. CSGs reported persistent barriers at timepoint 2 and noted that many providers still lacked awareness of CRISP. A few CRISP and HSP refugees described continuing to struggle with navigating Medicare due to complex paperwork and unclear processes.

¹ Experience of healthcare services used an Index of 5 survey items including how easy it is to book appointments, feeling confident to attend the appointments, having access to an interpreter, understanding everything the health professional said, and having received the help they needed. On a scale from 1-'Disagree' to 3 'Agree'.



Both CRISP and HSP refugees reported feeling **optimistic about their future** (PO 13)

Compared to HSP, CRISP refugees were more* likely to feel **optimistic¹ about their and their family's future** at both timepoints.



At timepoint 2, most CRISP and HSP refugees were **hopeful** about their and their family's future in terms of their:

life in Australia



employment and job stability



housing.



At timepoint 2, CRISP refugees were more* likely to feel **hopeful** about their and their family's future **financial situation.**



Of those CRISP and HSP refugees with children, over 97% felt **hopeful** about their **children's future** at both timepoints.

At timepoint 1 CRISP and HSP refugees had very similar goals and aspirations in the **in-depth interviews**. Most were prioritising learning English, which they hoped would enable them to find a job or begin further study or training. Some also planned to acquire a driver license and purchase a car, and others hoped to establish more permanent housing for them and their families in the future. At timepoint 2, these aspirations for their future had not changed and while some progress had been made towards these goals, most were still learning English. Despite this, most CRISP and HSP refugees who participated in the in-depth interviews seemed optimistic about their future at timepoint 2, though some uncertainty remained. Concerns for the future included housing instability, short-term finances, career and entrepreneurship prospects, opportunities for family reunification, and—for one CRISP refugee—visa status (if they were to move to another country). For a few CRISP refugees, now that the program was ending or had ended, some of these concerns were amplified as they were unsure about how they would easily access future housing, essential services, or everyday essentials without the formal support of the CSGs.

¹ Index of 5 survey items on a scale of 1-3: 1='Hopeless'; 2='Neither'; 3='Hopeful'. For example, 'Your life in Australia' or 'Your financial situation'.

11. To what extent did CRISP support the economic integration of refugees, compared to HSP? (KEQ 2)



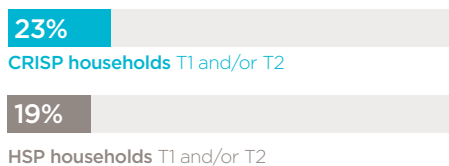
Few CRISP and HSP refugees had studied (excluding English) or had done on-the-job training to improve their **job readiness** (PO 21). Most CRISP and HSP refugees aspired to either study or work for pay in the next 12 months

A few CRISP and HSP refugees had done **job training or studied** something other than English since arriving in Australia to increase their job readiness.



Of the CRISP refugees who had done on-the-job training or study, 10 had/were completing a short course and 7 had/were completing a certificate course. HSP refugees were similar with 5 completing a certificate/diploma and 5 a short course.

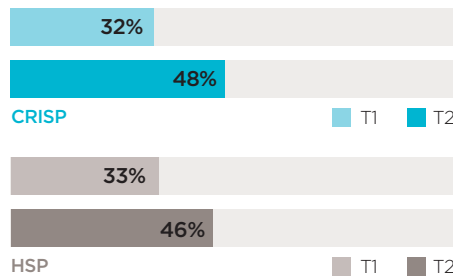
About two-fifths of CRISP and HSP refugee **households** had at least one of the 2 adults¹ in their households who had **done job training or studied** something other than English since arriving in Australia.



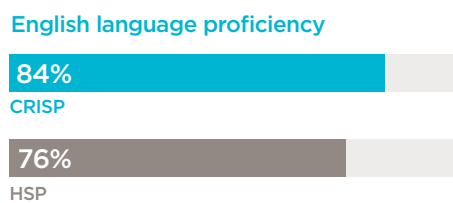
Almost three-quarters of CRISP and two-thirds of HSP refugees **intended to study** something other than English in the next 12 months.



Both CRISP and HSP refugees improved* their **confidence** ('a little' or 'a lot') to **access information for study or training** without the help of others over time.



The most common **barriers** for CRISP and HSP refugees to undertake study/job training, were:



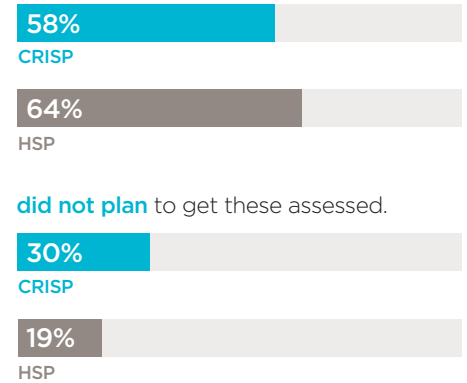
CRISP refugees were more likely* to **hold a post-school qualification** that could/needed to be recognised in Australia, compared to HSP.²



At timepoint 2, of those with post-school qualifications that could be recognised in Australia refugees:³



were **in the process of, or intended to** have them assessed



About three-quarters of CRISP and HSP refugees **planned to work** in a paid job in the next 12 months.



Despite the challenges, CRISP and HSP refugees reported notable adaptability and flexibility to their new financial and employment circumstances in the **in-depth interviews**.

Some CRISP refugees successfully pursued educational pathways that were not aligned with their prior experience. For instance, a refugee (without any cooking experience) began studying cooking at TAFE with the hope of transitioning into a career as a chef. Or in one unique case, a CRISP refugee received a financial gift from their CSG group, which helped him obtain a car, enabling him to secure employment as a ride-share driver.

Comparatively, HSP refugees encountered similar barriers but had slightly different coping mechanisms. Many HSP refugees benefited from stronger community ties, which helped them navigate the job market. Additionally, the role of HSP caseworkers was pronounced, particularly in assisting with employment searches and document translation.

¹ Household data is based on the data from the 2 main applicants and does not take into account other adults in the household who may be working. For single-adults households, the one adult's data were used. About one-quarter of CRISP (23%) and HSP (27%) households had more than 2 adult members

² Includes those who already had their qualifications assessed and recognised.

³ Two CRISP and 2 HSP refugees had applied to have their qualifications recognised, but these were not approved.



Compared to HSP, CRISP refugees (and households) were more likely to have **participated in the labour force** 10–12 months after arriving in Australia (PO 24) and received support from their CSG to find employment. Of those who had worked since arriving in Australia, CRISP refugees had been employed for longer, compared to HSP

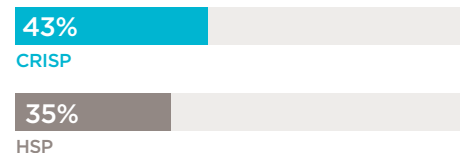
CRISP refugees were more* likely to have **worked for pay** in the previous 4 weeks, compared to HSP.



Of those not working, approximately one-quarter of CRISP and HSP refugees had **looked for work** in the previous 4 weeks.

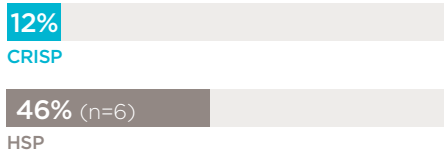


More than one-third of CRISP and HSP refugees had **participated in the labour force**¹ (i.e., worked or looked for work) in the previous 4 weeks.



Of the refugees who had worked in the previous 4 weeks (as at T2) (n=25 CRISP; n=13 HSP)

Although fewer HSP refugees had worked in the previous 4 weeks compared to CRISP, of those who had worked, HSP refugees were more* likely to have **worked 35 hours** or more per week, the equivalent of working full time.



Further, more HSP refugees (n=6) were employed full time, compared to CRISP (n=3).

The **types of occupations** that CRISP refugees self-reported as **free text in the survey**, were predominantly lower-skilled or entry level jobs, and included for example, food service workers (chef assistant, pizza maker, kitchen support), cleaners, labourers and drivers. The types of employment HSP refugees self-reported were similar, for example, cleaners, hospitality workers, and labourers.

Most CRISP refugees who were employed **found their employment** via their CSG or family and friends, while HSP refugees found their employment predominantly through family and friends, and the Internet or social media.

CSG/HSP caseworker



Family and friends²



An employment agency

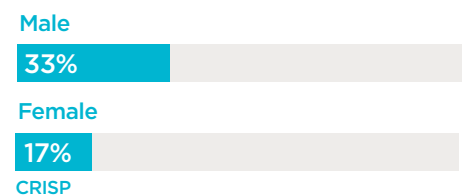


Internet or social media

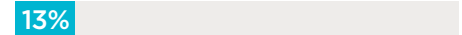


Analyses of the demographic characteristics of the CRISP and HSP refugees who had worked (compared to those who had not worked) indicated that some groups were more likely than others to have been employed. Amongst CRISP refugees, those **without children** in their household and those with **higher English proficiency** overall, were more* likely to have been employed.

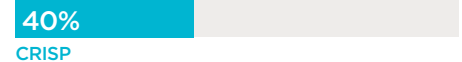
Percentage of CRISP refugees working:



English proficiency—'Not at all / not well'



English proficiency—'Well / very well'



For the HSP refugees, males (19%) were more* likely to have been employed than females (4%).

¹ Includes refugees reporting that they had worked or looked for work in the previous 4 weeks.

² This excludes CSGs who may be considered as friends.

Worked since arriving in Australia (as at T2) (n= 66 CRISP and n=78 HSP responded)¹

At timepoint 2, some refugees were asked whether they had worked for pay **since arriving in Australia**, even if they were not currently employed.

Of those who were asked, CRISP refugees were more* likely than HSP refugees to report having done any **paid work since arriving in Australia**.



Of the refugees who had done any paid work since arriving in Australia, CRISP refugees were more* likely to have been in employment for longer, compared to HSP. The **total amount of time** they reported being paid for work was:

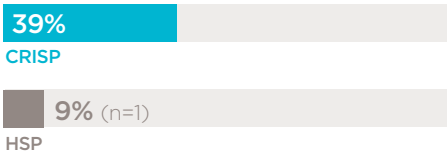
4 weeks or less



1-2 months



3-6 months.



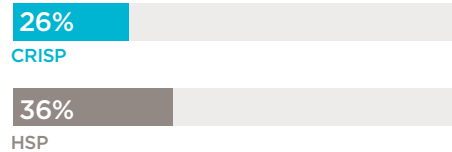
Four (17%) CRISP refugees (no HSP) had worked for pay for **7-12 months**.

At timepoint 2, some refugees were also asked about the **type of paid or unpaid work** they had done since arriving in Australia. Of the refugees who were asked these questions,² the most frequent responses were:

occasional or temporary casual work (e.g., working as a painter or in construction for a few days)



regular casual work (e.g., working regular shifts in a shop or a restaurant)



volunteering (e.g., helped at a community or religious organisation, or charity).



Three (13%) CRISP refugees (and no HSP) had done **permanent or ongoing work** (e.g., working full or part time as a nurse).

Compared to HSP, CRISP refugees were more likely to report that at least one **other adult** over the age of 18 who had migrated with them³ **had worked for pay since arriving in Australia**.



At timepoint 2, some refugees were also asked whether the **other adults** (over 18 years) who migrated with them had done any **paid or unpaid work** since arriving in Australia.⁴

Paid work (e.g., permanent, casual, self-employed)



Unpaid work (e.g., volunteering or helping in a family or friend's business)



¹ New questions were added to the survey to explore: whether the survey respondent had done any work since arriving in Australia; whether anyone in the household (adult over 18 years) had done any work since arriving in Australia; and the type of paid or unpaid work they/other adults in the household may have done. As these questions were added partway through fieldwork, not all refugees were asked these new questions. 66 CRISP and 78 HSP refugees were asked the new questions.

² Results for type of paid work are only of those who were asked the new questions and had reported having done paid work since arriving in Australia (CRISP n=23, HSP n=11). Results for type of unpaid work are of all who were asked the new questions (CRISP n=66; HSP n=78).

³ Data are from the new questions in the survey, which asked respondents whether any adult (18 years or older) who migrated with them, had worked for pay since arriving in Australia. That is, it includes all adults, not only the 2 main applicants surveyed. Results include those who reported that no other adults migrated with them.

⁴ Respondents from 46 CRISP households and 55 HSP households were asked these questions. Given that more than one adult provided a response from some households, potentially relating to the same working adults, only one response from each household was used to calculate the percentages.

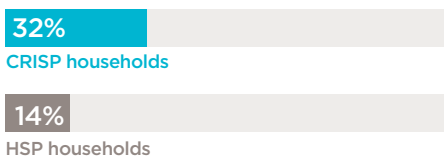
Overall, compared to HSP, CRISP refugees were more* likely to be in **employment, education, or training** (not including English language classes) 10–12 months after arriving in Australia.



Including English language classes, most CRISP and HSP refugees were in **employment, education, or training** at timepoint 2.



Compared to HSP, CRISP refugee **households** were more* likely to report that at least one of the 2 adults¹ in their household had **worked for pay** in the previous 4 weeks.



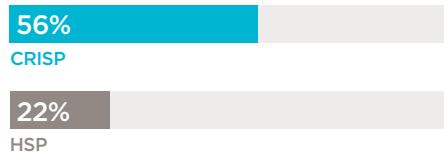
In most CRISP and HSP **households**, at least one of the 2 adults¹ had **worked or planned to work** in a paid job in the next 12 months.



Approximately two-fifths of CRISP and HSP refugees felt confident (**'a little' or 'a lot'**) to **apply for a job without help** from other people.



CRISP refugees were more* likely to report **receiving help** from their CSG (compared to HSP receiving help from their HSP caseworker) to **apply for jobs or education opportunities**.



The remainder did not receive help. Only one CRISP refugee said they 'did not need' help.

In the timepoint 2 **in-depth interviews**, a few CRISP and HSP refugees had obtained employment. For many though, limited English proficiency was a barrier to working, as such many were instead prioritising English studies, unless they had health problems or parenting responsibilities that prevented them from doing so. In addition, a few HSP refugees and one CRISP refugee were pursuing vocational training at TAFE, such as hairdressing, or carpentry, alongside their English studies.

Of the CRISP refugees in the in-depth interviews who managed to secure employment, many did so through the social networks and/or support of their

CSGs, or through recommendations from members of their ethnic communities. These informal networks served as an alternative job-search channel, particularly for those who lacked the English skills to navigate the formal employment process. These jobs were often in small businesses, such as working as a barista in café, stocking merchandise in local shops, or, in one case, a ride-share driver after receiving a financial gift from the CSG which enabled them to purchase a car. Volunteering also emerged as a significant pathway for gaining work experience and integrating into the Australian labour market. Several CRISP refugees viewed unpaid work as a stepping stone to future employment, even though none were able to transition from volunteer roles to paid positions at the time of the interview.

For the few HSP refugees who had secured employment, they typically found these jobs with the support from the HSP case worker and/or through contacts within their ethnic communities.

For both CRISP and HSP refugees, those who had acquired sufficient English skills were more likely to be employed, while those who struggled with English continued to prioritise improving their English. Further, men were more likely to be employed. Whereas women, particularly mothers, struggled to balance parenting responsibilities and English classes or employment, with some mothers expressing difficulty in securing employment during school hours or evening shifts.

¹ Household data is based on the data from the 2 main applicants and does not take into account other adults in the household who may be working. For single-adults households, the one adult's data were used. 23% of CRISP and 27% of HSP households had more than 2 adult members.



Both CRISP and HSP refugees experienced **barriers to work**, including English language proficiency, lack of necessary skills or work experience (PO 24). Study (including English) and home or caring duties were the most commonly cited reasons for not looking for work

For CRISP and HSP refugees who had **not worked nor looked for work**, the most frequently cited reasons for this were:

studying (including studying English)



home duties or childcare



own injury or illness.



The lack of recognition of prior qualifications continued to pose a major challenge. Many CRISP and HSP refugees with university-level education from their home countries found it difficult to have their credentials recognised in Australia. In some cases, they lacked the necessary documentation, while in others, their qualifications did not meet Australian accreditation standards. As a result, many were forced to consider alternative career paths or to work in jobs below their skill level.

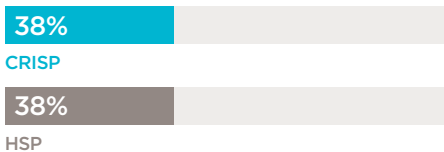
Geographical location also played a role in shaping employment outcomes. CRISP refugees residing in regional areas faced additional difficulties in securing work, as job opportunities were more limited and concentrated primarily in service industries. Some refugees considered relocating to major cities in search of better employment prospects. For instance, one CRISP refugee who initially settled in a regional city explored the possibility of moving to a state capital to pursue a career as a flight attendant after realising that their profession lacked opportunities in their regional location.

CRISP and HSP refugees reported a range of **barriers to getting paid work**, (regardless of whether they had worked or not) including:

English language proficiency



lack of Australian work experience



lack of necessary qualifications



not having the necessary skills.



Several CRISP and HSP refugees noted in the **in-depth interviews** that their work plans were being put on hold because of other obligations like English language courses, childcare, home duties, or physical injuries.

Many CRISP refugees identified English language proficiency as the primary obstacle to securing employment. As a result, many opted to prioritise language studies before actively seeking work and focused on attending TAFE courses.

Some CRISP refugees expressed aspirations of starting their own businesses, often based on previous experience in fields such as tailoring, mechanics, or contracting. However, the process of establishing a business in a new country presented significant challenges, particularly due to a lack of initial capital, accreditation requirements, and unfamiliarity with Australian regulations. In the meantime, CRISP refugees were generally open to accepting any form of available employment, with some securing jobs in hospitality, cleaning, and kitchen work (mostly jobs that do not require English proficiency).

Overall, the first 12 months of settlement for CRISP refugees indicate a trajectory of gradual adaptation, with many still facing significant hurdles in employment and financial independence. While some had successfully transitioned into the workforce or educational programs, others remain in a prolonged state of uncertainty, particularly those with childcare responsibilities or with a low level of English. The findings highlight the need for continued support in language acquisition and professional recognition to enhance employment outcomes for CRISP refugees in their second year of settlement.

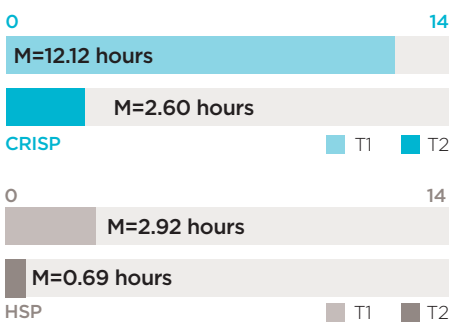
12. To what extent did CRISP improve the self-sufficiency of refugees, compared to HSP? (KEQ 4)



The number of **hours and frequency of receiving support** from

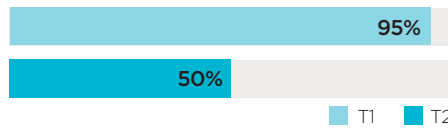
CSG/HSP caseworkers decreased over time (PO 32). However, CRISP refugees were still receiving more hours of support compared to HSP

The **average number of hours of support per week** that CRISP and HSP refugees received from their CSG/HSP caseworker in the previous 4 weeks, decreased over time. Though CRISP refugees were still receiving more* hours of support than HSP at timepoint 2.



CRISP refugees had seen or talked to their CSG to receive support, **less frequently*** over time.

More than once a week or more



Not in the last 4 weeks



More than half of CSG members reported that the refugee household:

spent less time **engaging with their group**



needed **less support** from their group.



In the **in-depth interviews and focus groups**, most CRISP refugees and CSG members reported a large reduction in the amount of support the CSG provided over time. For example, one CRISP

refugee described at timepoint 2, that the CSG members were less proactive and pre-emptive of the family's needs, instead they encouraged the CRISP household to proactively ask the CSG for what they need. At timepoint 2, most CSGs described ongoing relationships with the CRISP refugees ranging in frequency of visits from once a week to once a fortnight, however all were aware that the formal program supports would end at 12 months; most said they would continue to be there for the household beyond this though, especially because of the emotional investment and relationships that had been built throughout the program. Some CRISP refugees who said that their needs had tapered off towards the end of the program, still raised concern for future CRISP refugees who they felt would need support beyond 12 months of resettling. They advised that the program should provide support for longer than 12 months.

Similar to CRISP refugees, some HSP refugees no longer accessed support from their HSP caseworker at timepoint 2. However, a few said they still needed and received support with, for example, managing taxes, work-related matters, or to secure a business loan to start a business, to book medical appointments, to move house, or to seek general advice.

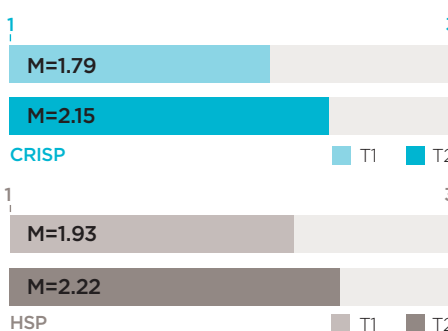


Most CRISP and HSP refugees had developed the

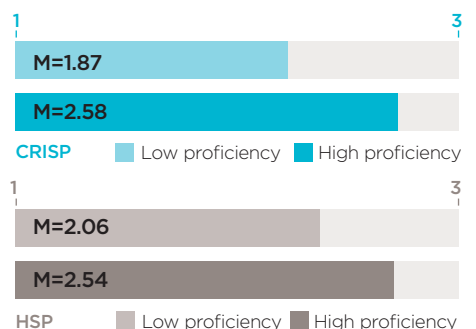
confidence to navigate systems independently (PO 20)

over time. However many still lacked the confidence to apply for accommodation or a job at timepoint 2. The level of English language proficiency may have impacted refugees' confidence to be self-sufficient

On average, both CRISP and HSP refugees increased* their **confidence** to do a **range of tasks independently**¹ over time.



At timepoint 2, CRISP and HSP refugees who were **more proficient in English**¹ were, on average, more* **confident** to do a **range of tasks independently**, compared to those less proficient in English.

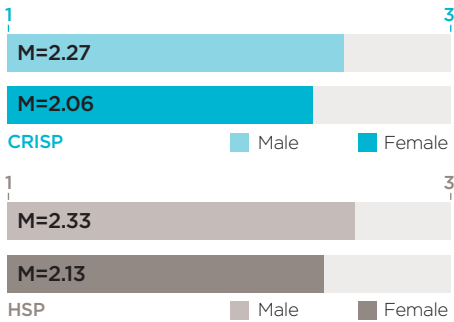


¹ Using an index of 8 survey items. Refugees were asked to rate their level of confidence to do tasks independently on a scale of 1-3: 1='no confidence'; 2='a little confidence'; 3='a lot of confidence'. For example, 'Apply for jobs' or 'Apply for accommodation'.

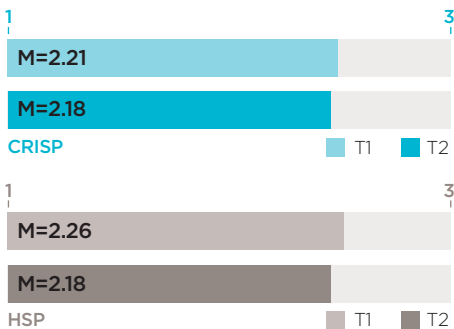
² High English proficiency refers to understand, speak, read, write English 'well' or 'very well'. Low English proficiency refers to understand, speak, read, write English 'not well' or 'not at all'.

38% of CSGs reported that the refugee household **was not able to communicate without using an interpreter** or translation app and 61% felt that English language proficiency was a **barrier to being self-sufficient**, respectively.

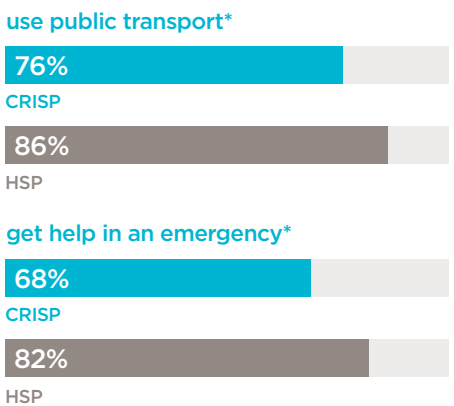
At timepoint 2, **male refugees** were on average, more **confident** to do a **range of tasks independently**, compared to female refugees. This was more* pronounced for HSP refugees.



CRISP and HSP refugees had similar levels of **digital literacy**,¹ however, digital literacy declined slightly for both groups over time.



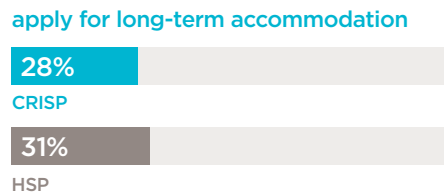
The activities that the **largest** percentage of CRISP refugees reported having **'a lot' of confidence** to perform independently at timepoint 2, were to:



access healthcare or see a GP.



The activities that the **smallest** percentage of CRISP refugees reported **'a lot' of confidence** to perform independently at timepoint 2, were to:



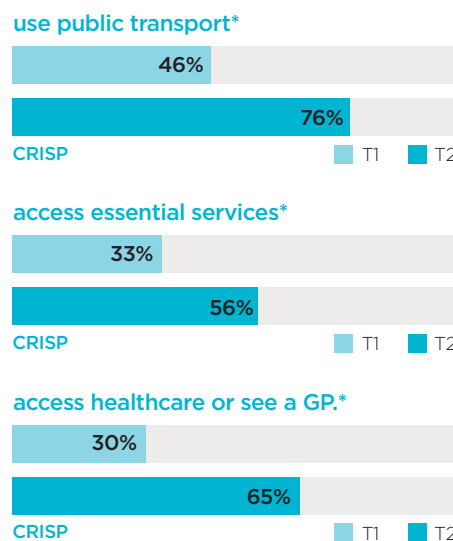
apply for a job



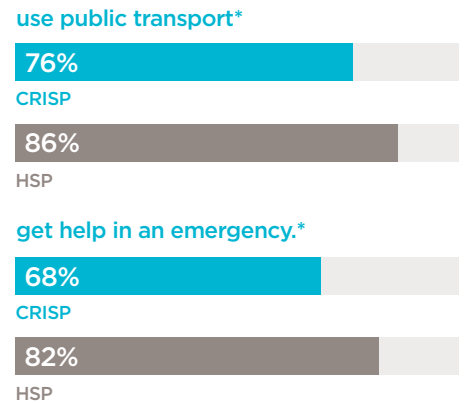
access information for study and training.



The activities that had the **largest change in levels of confidence ('a lot')** over time for CRISP refugees were to:



The activities with the **greatest difference** in levels of confidence (**'a lot'**) between CRISP and HSP refugees at timepoint 2 were to:



A large percentage of CSG members (71%) felt the household they supported **were able to access services on their own** without assistance.

The timepoint 2 **in-depth interviews** highlighted that in many cases CRISP and HSP refugees could not attend and book healthcare appointments independently of their CSGs or HSP caseworkers. However, their developing English language skills still served as a barrier to self-sufficiency at timepoint 2. In the **online survey, CSG members** also commonly cited a lack of English as well as difficulties managing finances and budgeting as barriers to self-sufficiency for CRISP refugees. Both CRISP and HSP refugees still experienced some challenges navigating Centrelink and Medicare (provided by Services Australia) because of the amount of paperwork involved and confusing rules and processes. Additionally, when new matters arose that the CRISP refugees had not yet experienced before, CSGs described stepping in with some more intensive support, for example, 2 CSGs described one family's Centrelink account had been hacked and another household had experienced a banking error towards the end of the program.

¹ Using an index of 4 survey items. Refugees were asked to rate their level of confidence to do tasks independently on a scale of 1-3: 1='no confidence'; 2='a little confidence'; 3='a lot of confidence'. For example, 'Use the internet to access essential services (e.g., banking, Medicare, Centrelink)' or 'Use technology for education or employment (e.g., apply for a job, use a computer at work, study online)'.



The majority of CRISP and HSP refugees had **access to transport**, either through using public transport or obtaining their Australian driver licence (PO 30). However, men were often prioritised to receive support to drive first before the women in the household

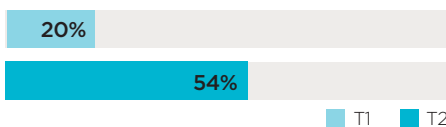
As previously reported, a large majority of CRISP refugees were **confident ('a lot')** to **use public transport** independently at timepoint 2 however more* HSP refugees were confident compared to CRISP refugees.



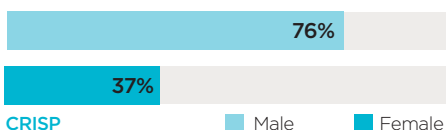
There was no notable change in the percentage of CRISP refugees who **received help** from their CSG to **use public transport** over time.



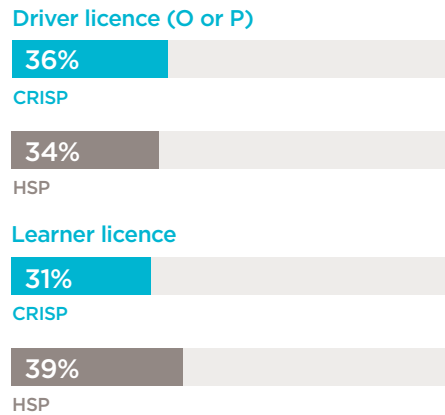
There was an increase* in the percentage of CRISP refugees who **received help** with **learning to drive** from the CSG, over time.



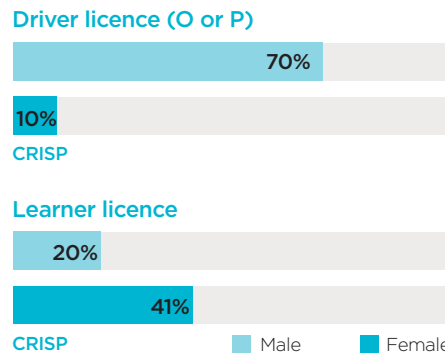
Male CRISP refugees were more* likely to report that they **received help** from their CSG with **learning to drive** if needed, than female CRISP refugees, at timepoint 2.



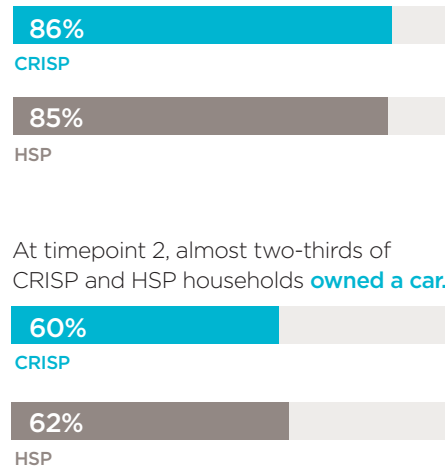
About two-thirds of CRISP and HSP refugees had **obtained an Australian driver or learner licence** 10-12 months after arriving in Australia.



Male CRISP refugees were more* likely to report they had obtained an **Australian driver' licence (O or P)** at timepoint 2, compared to female CRISP refugees who were more likely to have no licence or only a learner's licence.



Most CRISP and HSP refugees reported that they or someone in their household **had a current Australian driver licence**, at timepoint 2.



At timepoint 2, almost two-thirds of CRISP and HSP households **owned a car**.



In the timepoint 1 **in-depth interviews**, most CRISP and HSP refugees had accessed public transport, though many had aspirations for gaining their driver licence and purchasing a car given the challenges with public transport such as, long commute times and unreliable services. While many had made progress with driving by timepoint 2, more refugee women reported that they had not yet begun driving lessons. Whereas men seemed to be prioritised as the main drivers in their households. For example, an HSP refugee said that she hadn't taken lessons yet because she was pregnant, and her husband was doing them instead. This gender inequity would likely have rippling implications for the progress and independence of women in the refugee households, for example, one CRISP refugee described that sometimes she could not attend her English classes because her husband was too tired to drive her.

Some CRISP refugees described receiving support from the CSG to help them apply for the licence, practice driving, organise and purchase lessons and the driving test, and in some cases purchase the car. However, cost and understanding the process was a major barrier for other CRISP households to acquire driving lessons, a driver licence, and access to a car, especially because some CRISP refugees had noted a lack of support from their CSG with driving despite asking for help.

It was evident from the CSG **focus groups** that there was some inequity in the support provided across the CRISP households and individuals within the households for organising and paying for driving lessons, tests, a car, and subsequent car repairs. Some CSGs acknowledged that it was an important milestone that would facilitate greater independence for the household and would also reduce the burden on the CSGs to provide transport for the household. However, some CSGs decided against supporting the CRISP refugees with driving lessons and tests for different reasons. Some said that the English language barrier would prevent the CRISP refugees from succeeding, some noted the costs of driving would be prohibitive, and one CSG cited that the demands of learning to drive might be too much given the trauma that the CRISP refugee had experienced. In the **online CSG survey**, CSG members noted lack of driving or inability to access a car as key barriers for CRISP refugees in achieving self-sufficiency and integration.

One CSG at timepoint 2, reflected that, over the course of the program, the group had been divided about whether they should spend their raised funds to support the CRISP household with driving and decided to put it to a vote whereby the majority chose not to support them in this endeavour.

Despite some CSGs reluctance to support CRISP households with driving, some CRISP refugees who had not received support from CSGs had still made progress in this regard by timepoint 2. For example, one CRISP refugee had purchased a car from a

member of her ethnic community and was paying for it in instalments, another CRISP refugee had acquired his licence and bought a car for the family despite the CSG actively discouraging him not to. However, some CRISP households who had not received support had been unable to make progress on their own by timepoint 2.

Most HSP refugees had also made progress towards driving over the first 12 months. While finances prevented one household from purchasing a car, others were either applying for their licence, taking lessons, or had purchased

a vehicle by timepoint 2. Some HSP refugees cited support from their HSP caseworker in the form of providing information on the process and helping with the paperwork such as, translating an international licence. However, some HSP refugees complained they had not received support from their HSP caseworkers towards driving and so were able to access support from friends or neighbours instead, who had provided advice on how to get a licence. Others were unable to make progress and were still using public transport at timepoint 2, which was not always reliable or feasible to reach some destinations.



A few CRISP and HSP refugees had developed the capacity (skills and confidence) to exercise **choice and control** (PO 31)

There was evidence from the **in-depth interviews** and **focus groups** that, despite CSGs and other organisations still providing support and guidance, CRISP refugees were demonstrating their capacity to exercise choice and control throughout the course of the program. While CSGs were aware of the need to facilitate the agency of CRISP refugees, there were some examples and reflections from CSGs in the focus groups that demonstrated how some tended towards 'doing for' rather than 'with' the CRISP households, and, in some ways, sought to influence the choices of the CRISP refugees that they supported. For example, advising that they not attempt their driving test at a particular time, or should not purchase a particular product. While the approaches

to fostering agency varied across the CSGs, one CSG acknowledged that there was some variation within the group with some members preferring a much more 'hands on' role than others. That said, the CRISP refugees still exercised their agency and made decisions for themselves, sometimes going against the advice of the CSG. Like CRISP refugees, HSP refugees also described having the ability to exercise choice and control over their lives. However, for some, a lack of finances impeded choice and control, and limited English language skills also meant that, for example, one HSP refugee did not always feel able to communicate her choices.

13. What was the commitment and capability of regional¹ communities to provide settlement outcomes for CRISP refugees? (KEQ 12)



CRISP refugees in regional areas **received adequate**

informal and formal support (PO 34) from their CSG



Of the **69 CRISP households**

33% were located in regional areas (20% HSP households)

67% were located in major cities (80% HSP households)

Formal support

CRISP refugees in regional areas and major cities similarly reported that they received support to:

access **essential services**



find **long-term accommodation**



book and/or attend a doctor or medical appointments



use public transport



learn to drive



apply for suitable jobs or education opportunities



register for English classes.



CRISP refugees in regional areas and major cities who needed it, similarly reported **'always'** receiving **interpreting assistance.**



The remainder received assistance 'some of the time'.

Informal support

Compared to CRISP refugees in major cities, CRISP refugees in regional areas were more* likely to find it **easy to make friends** with people in their local area who had difference cultural backgrounds to themselves.



CRISP refugees in regional areas and major cities similarly reported that they: found it **easy to get help** from people in their local community



received support from their CSG to **connect with others** in their local community.



The majority of CSG members in regional areas and major cities reported they had made **friends with the refugee household** since participating in CRISP.



Most CSGs in regional areas and major cities reported that at least one member **helped the refugee household to connect with others** in their local community since arriving in Australia.



Since their arrival to Australia, the overall experience of CRISP refugees in regional areas evolved. In the **in-depth interviews** CRISP refugees in regional areas reported that, while, initially, they found the lack of amenities, like public lighting or the prevalence of local wildlife, to be unsettling, they began to appreciate the safety, quiet, and sense of community that regional living offered.

¹ The sample only contains people in major cities or inner/outer regional. Regional areas refers to those in inner and outer regional.

Despite these benefits, CRISP refugees in regional areas still faced obstacles. Some of the main challenges were the lack of specialised services in regional areas, such as access to major hospitals with specialist services and support for children with special learning needs. This was particularly problematic for households who required ongoing medical care or specialised services that were unavailable locally. Long distances to essential services, compounded by limited transport options, continued to be a point of frustration for many. In some cases, refugees had to travel great distances, sometimes to larger cities, just to access medical specialists or cultural products that were essential to their daily lives. Similarly, while most CRISP refugees in regional areas were able to access English language classes, some reported challenges with being able to attend regularly due to travel times to these locations.

Employment opportunities, specifically jobs aligned with refugees' skills and/or aspirations was another challenge for many CRISP refugees in regional areas. While refugees in both major cities and regional areas reported limited English proficiency as the primary barrier to accessing better job opportunities, the

absence of suitable local employment pathways led some households to contemplate relocating to larger cities. Despite sending out resumes and attending interviews, many found that job opportunities were concentrated in larger urban centres, requiring long-distance travel or complete relocation.

The absence of a well-established ethnic community also exacerbated the sense of isolation, as refugees found it difficult to connect with people from similar cultural backgrounds. This lack of shared language and cultural familiarity made it more challenging for refugees to integrate socially and feel truly part of their community.

Nonetheless, after completing the CRISP program, most households in regional areas chose to stay, despite these challenges. This suggests that, for all the difficulties, many refugees found a satisfactory quality of life in these areas. They adapted to the slower pace, improved their English skills, and gradually became part of the local community.

The **focus groups** with the CSGs located in regional areas revealed an overall positive settlement experience similar to that expressed by CRISP refugees.

CSGs highlighted that support from regional communities in Australia offers many advantages for refugees, as these communities have people with time, energy, connections, and resources who are eager to help. Additionally, the lifestyle contributes to reducing the risk of mental health crises and stress-related illnesses.

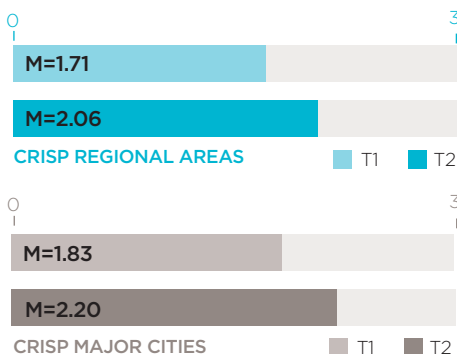
However, according to CSGs, not all households were equally suited to life in regional areas. Households with severe health conditions or those who relied heavily on ethnic communities for social support often found regional areas difficult to navigate. Similarly, refugees with no English proficiency struggled more in these settings due to the limited availability of interpreters and multilingual services.

Overall, CRISP refugees demonstrated adaptability to settle in regional areas. The ongoing support from CSGs and the gradual improvement in language and social integration have been key factors in enabling refugees to adapt to their new surroundings, although the long-term sustainability of such arrangements remains a subject for further consideration.

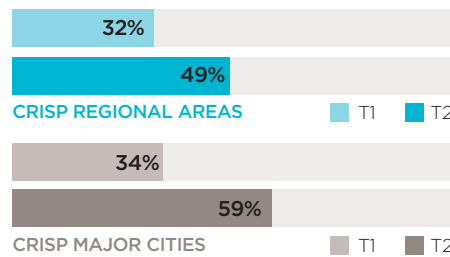


Overall, CRISP refugees in regional areas and major cities increased their **confidence to navigate systems** and be self-sufficient over time

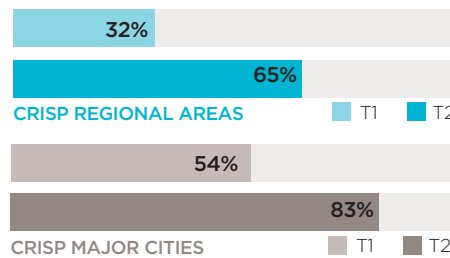
On average, CRISP refugees in regional areas and major cities had similar levels of confidence to do a range of tasks independently,¹ and this increased* for both groups over time.



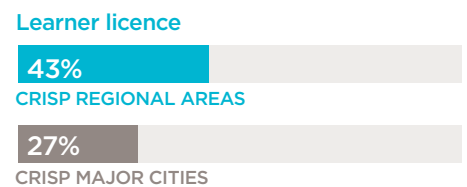
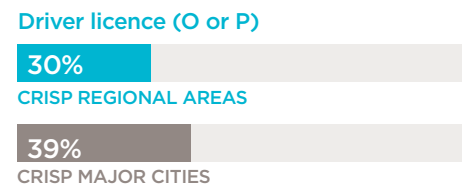
CRISP refugees in regional areas and major cities felt similarly **confident ('a lot')** to **access essential services** at timepoint 2. This increased* for those in major cities over time.



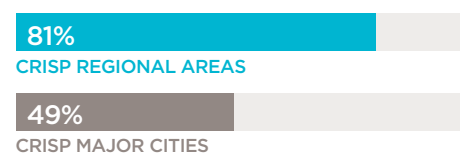
A greater percentage of CRISP refugees in major cities felt **confident ('a lot')** to **use public transport**, but this improved* for both groups over time.



At timepoint 2, a similar percentage of CRISP refugees in regional areas and major cities had an Australian **driver licence**.



CRISP refugees in regional areas were more* likely to report that someone in the household **owned a car**.



¹ Using an index of 8 survey items. Refugees were asked to rate their level of confidence to do tasks independently on a scale of 1-3: 1='no confidence'; 2='a little confidence'; 3='a lot of confidence'. For example, 'Apply for jobs' or 'Apply for accommodation'.



Overall, CRISP refugees in regional areas and major cities had a **positive experience of using and accessing healthcare.**

However, a greater percentage of refugees in regional areas found it difficult to access other health professionals, such as specialists, compared to those in major cities

Overall, CRISP refugees in regional areas had a similar **experience accessing and using healthcare.**¹



At timepoint 2, CRISP refugees in regional areas and major cities similarly **'agreed'** that they:

felt **confident to attend their appointment** or hospital



found it **easy to book an appointment** or go to hospital



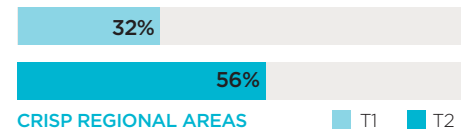
understood everything the health professional said



received the help they needed.



At timepoint 2, a greater percentage of CRISP refugees in major cities had **'a lot' of confidence to access healthcare or see a GP independently** compared to CRISP refugees in regional areas. This increased* for those in major cities over time, whereas there was no significant change for those in regional areas.



At timepoint 2, a similar percentage of CRISP refugees in regional areas and major cities found it **'difficult'** to access:

general practitioners



hospitals.



Compared to CRISP refugees in major cities, a greater percentage of CRISP refugees in regional areas found it **'difficult'** to **access other health professionals** (e.g., specialists, dentists, psychologists), at timepoint 2.

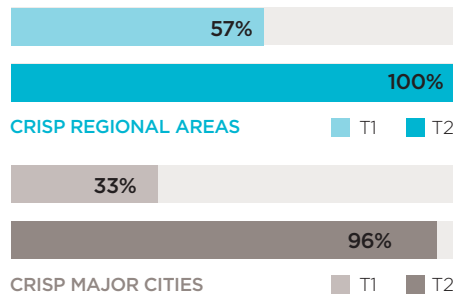


¹ Experience of healthcare services used an Index of 5 survey items including how easy it is to book appointments, feeling confident to attend the appointments, having access to an interpreter, understanding everything the health professional said, and having received the help they needed. On a scale from 1-'Disagree' to 3 'Agree'.



CRISP refugees in regional areas started **attending English language classes** sooner and attended for longer, however spent fewer hours per week attending classes, compared to those in major cities

CRISP refugees in regional areas were more* likely to have **studied English** at timepoint 1, compared to those in major cities. However, there was no difference by timepoint 2.



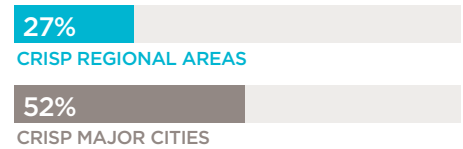
Eighty percent of CRISP refugees in major cities and 89% of CRISP refugees in regional areas were still studying English at timepoint 2.

At timepoint 2, some¹ CRISP refugees were asked questions about the English classes they attended.

A greater percentage of CRISP refugees in regional areas had attended **English language classes** for **more than 6 months**, compared to those in major cities.



A greater percentage of CRISP refugees in major cities attended English language classes for **16 hours or more in a typical week**, compared to those in regional areas.¹



CRISP refugees in regional areas were more likely to have **participated in the labour force** 10-12 months after arriving in Australia, compared to those in major cities. However, of those in regional areas who were working, none were working the equivalent of full time, and were predominantly in casual or temporary employment

Of those not working, a similar percentage of CRISP refugees in regional areas and major cities had **actively looked for work** in the previous 4 weeks.



CRISP refugees in regional areas were more* likely to have **participated in the labour force** (worked or looked for work) in the previous 4 weeks, compared to those in major cities.



Of those who had worked, all (100%, n=17) CRISP refugees in regional areas had worked **less than 35 hours per week**, compared to 63% (n=5) of those in major cities.

At timepoint 2, some¹ CRISP refugees were asked questions about any work they had done since arriving in Australia. CRISP refugees in regional areas were more* likely to have **worked since arriving in Australia**, compared to those in major cities.²



Of those who had worked, the **type of employment** CRISP refugees in regional areas had done since arriving in Australia, was predominantly:³

occasional or temporary casual work (e.g., working as a painter in construction for a few days)



regular casual work (e.g., working in regular shifts in a shop or restaurant.



At timepoint 2, CRISP refugees in regional areas were more* likely to have **worked for pay** in the previous 4 weeks, compared to those in major cities.²



¹ Results are of those who were asked the new questions related to attending English language classes, whether they had done any work since arriving in Australia, and the type of paid or unpaid work they had done at timepoint 2: n=22 CRISP regional areas; n=42 CRISP major cities.

² At timepoint 2, more HSP refugees in major cities (n=12, 12%) had worked for pay in the previous 4 weeks compared to those in regional areas (n=1, 4%). However, the difference was not significant. Of the HSP refugees who were asked the new questions¹ (n=14 regional areas; n=64 major cities), there was no significant difference between the percentage who had worked for pay since arriving in Australia in major cities (n=9, 14%) and regional areas (n=2, 14%).

³ CRISP refugees in major cities who had worked since arriving in Australia predominantly had occasional or temporary casual employment 44% (n=4).



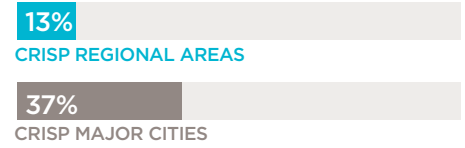
English language proficiency was the primary **barrier to work** for both groups, but more profoundly so for CRISP refugees in regional areas. Whereas for those in major cities, lack of qualifications or Australian experience was more significant

Despite having similar levels of English language proficiency,¹ CRISP refugees in regional areas were more* likely to report that their **level of English proficiency** was a **barrier to work**, compared to those in major cities.



Compared to CRISP refugees in regional areas, those in major cities were more* likely to report the following **barriers to work**:²

lack of necessary qualifications

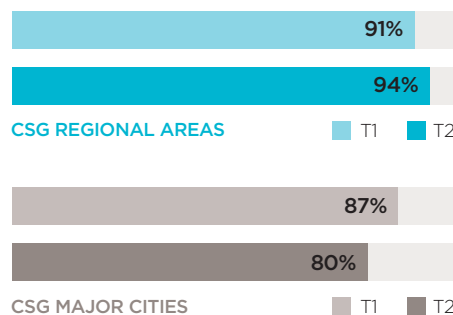


lack of Australian work experience.



CSGs in regional areas were more likely to agree that they had the **skills and experience** to support the refugee household, and fewer found supporting the refugee household **challenging**, compared to CSGs in major cities

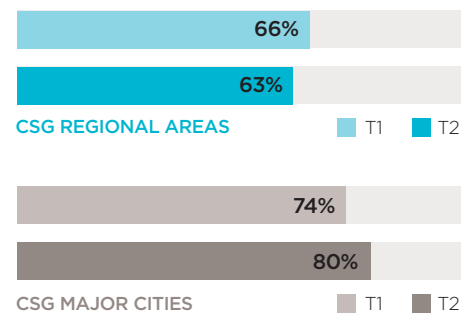
While CSG members in regional areas and major cities felt similarly at timepoint 1, CSG members in regional locations were more* likely to **'agree' or 'strongly agree'** that their group had **the skills and experience** to support the refugee household at timepoint 2, compared to those in major cities.



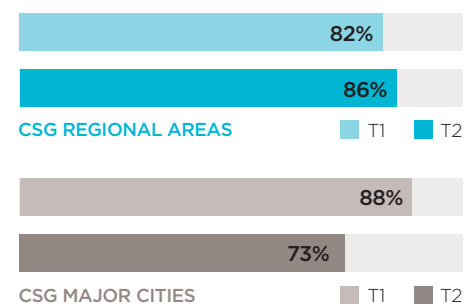
Most CSG members in regional areas and major cities continued to **'agree' or 'strongly agree'** that they were able to **meet the needs of the refugee household**.



CSG members in regional areas were less* likely to **'agree' or 'strongly agree'** that supporting the CRISP household had been **challenging** at timepoint 2, compared to those in major cities.



CSG members in regional areas continued to **'agree' or 'strongly agree'** that supporting the CRISP household had **been enjoyable**, compared to CSG members in major cities, where the percentage decreased* over time.



¹ There was no significant difference between CRISP refugees in regional areas and those in major cities with regard to their English proficiency (understand, speak, read, write English 'well' or 'very well').

² There was no significant difference between CRISP refugees in regional areas and those in major cities with regard to their years of education.

Appendices

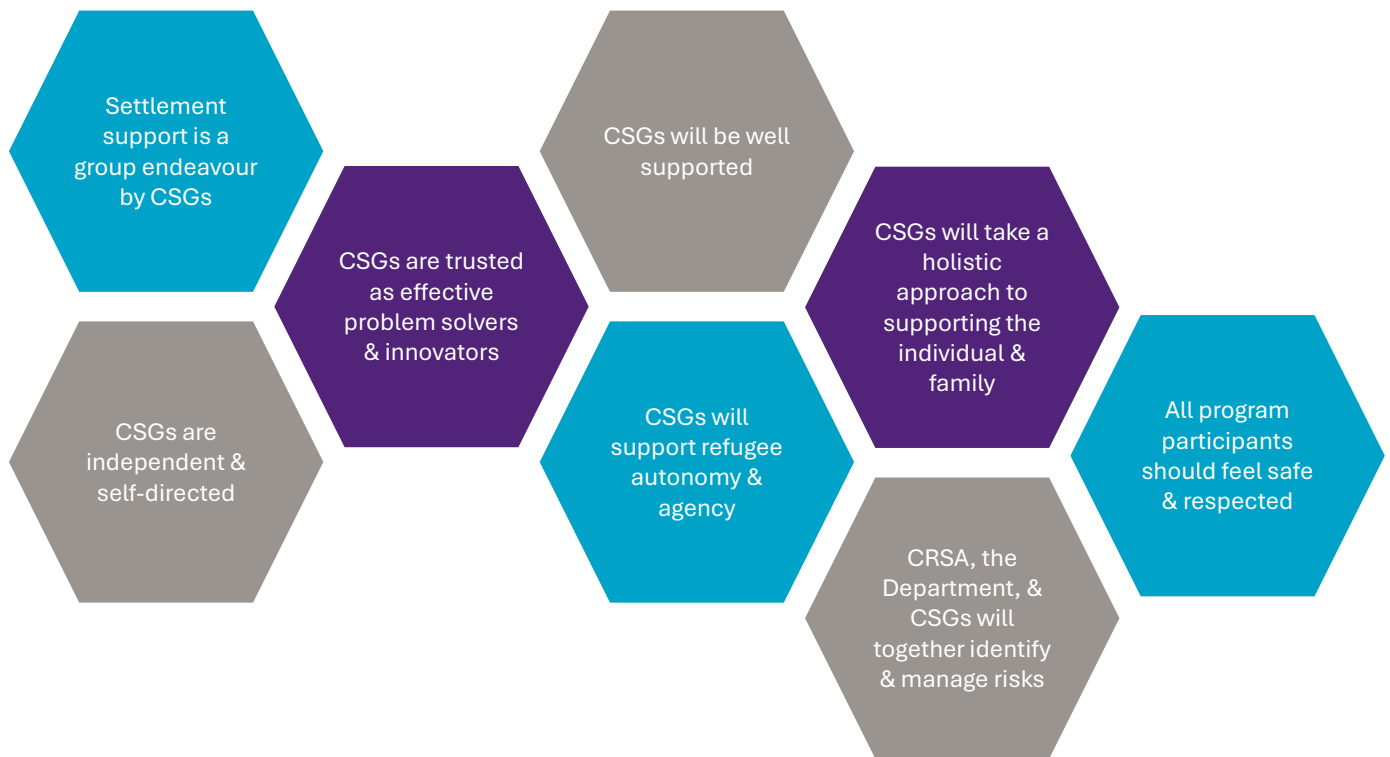
Appendix A—Program and Evaluation design

A-1 Program design

The CRISP was co-designed by the Department of Home Affairs (the Department) and Community Refugee Sponsorship Australia (CRSA). The process included co-design workshops attended by key stakeholders from the Department, CRSA, and where relevant, researchers from the Institute of Social Science Research (ISSR), at The University of Queensland (UQ) and a Child Safety expert to collaboratively plan and develop the CRISP. Drawing on the extensive subject matter expertise of attendees and knowledge of community sponsorship models around the world, the process included developing the Theory of Change, the structural framework, and measures of success for CRISP.

The co-design was underpinned by a set of core design principles that guided the approach to the development, implementation, and ways of working of the CRISP. Figure A-1 summarises these design principles.

Figure A-1 CRISP key design principles



A-2 Evaluation design

In 2022, the Department commissioned researchers from ISSR, UQ, in collaboration with AIFS, to evaluate CRISP, which included co-developing the Evaluation Framework and Plan. The Framework included the co-developed Theory of Change which outlines how the activities of a program will contribute to changes that are expected to occur for those engaged in the program. The Program Logic (Figure A-2) is a visual representation of the Theory of Change and illustrates the sequence of events (and intermediate outcomes) required to achieve the program’s outcomes and goal. The Program Logic served as the architecture for the Evaluation, informing the development of meaningful evaluation questions, and the outcomes that need to be assessed to determine the effectiveness of the program (i.e., did it meet its goals).

Figure A-2 presents the co-developed Program Logic, which visualises the underlying theories, Inputs, Activities and Outputs, Process outcomes, Intermediate outcomes (12 months), Longer-term outcomes (5+ years), and Aspirations. Table A-1 presents the KEQs and associated program outcomes included in the CRISP Evaluation Program Outcomes report.

Figure A-2 CRISP Program Logic

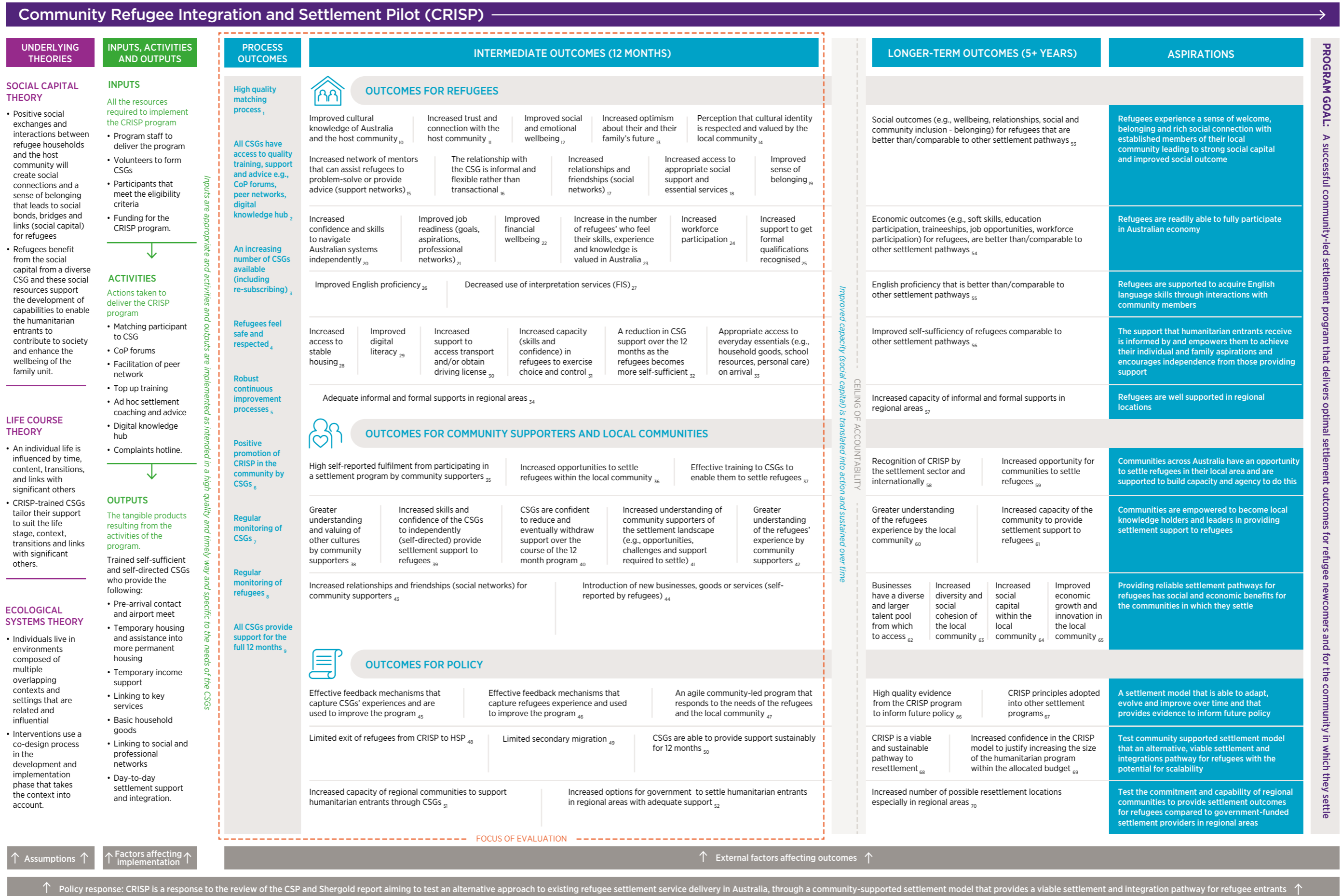


Table A-1 Key Evaluation Questions and associated Program Outcomes

Key Evaluation Question (KEQ)	PO#	Program Outcome
How appropriate was the training and or support provided by CRSA to the CSGs? (KEQ 7)	37	Effective training to CSGs to enable them to settle refugees
What impact did participating in CRISP have on the CSG members? (KEQ 8)	35	High self-reported fulfilment from participating in a settlement program by CSGs
	38	Greater understanding & valuing of other cultures by CSGs
	43	Increased relationships & friendships (social networks) for CSGs
	41	Increased understanding of CSGs of the settlement landscape (e.g., opportunities, challenges and support required to settle)
	42	Greater understanding of the refugees' experience by CSGs
	39	Increased skills & confidence of the CSGs to independently (self-directed) provide settlement support to refugees
How appropriate was the support provided by CSGs to meet the needs of the refugees? (KEQ 6)	33	Appropriate access to everyday essentials (e.g., household goods, school resources, personal care) on arrival.
	18	Increased access to appropriate social support and essential services
	28	Increased access to stable housing
	30	Increased support to access transport and/or obtain driving licence
To what extent did CRISP support the social integration of refugees, compared to HSP? (KEQ 1)	17	Increased relationships and friendships (social networks)
	15	Increased network of mentors that can assist refugees to problem-solve or provide advice (support networks)
	16	The relationship with the CSG is informal and flexible rather than transactional
	14	Perception that cultural identity is respected and valued by the local community
	19	Improved sense of belonging
	11	Increased trust and connection with the host community
	12	Improved social and emotional wellbeing
	13	Increased optimism about their and their family's future
To what extent did CRISP support the economic integration of refugees, compared to HSP? (KEQ 2)	21	Improved job readiness (goals, aspirations, professional networks)
	24	Increased workforce participation
To what extent did CRISP support the English language acquisition of refugees, compared to HSP? (KEQ 3)	26	Improved functional English proficiency
	27	Decreased use of interpretation services (TIS)
To what extent did CRISP improve the self-sufficiency of refugees, compared to HSP? (KEQ 4)	32	A reduction in CSG support over the 12 months as the refugee becomes more self-sufficient
	20	Increased confidence and skills to navigate Australian systems independently
	31	Increased capacity (skills & confidence) to exercise choice & control
	30	Increased support to access transport and/or obtain driving licence
What was the commitment and capability of regional communities to provide settlement outcomes for CRISP refugees? (KEQ 12)	51	Increased capacity of regional communities to support refugees through CSGs
	34	Adequate informal and formal supports in regional areas

Appendix B—Additional methodology

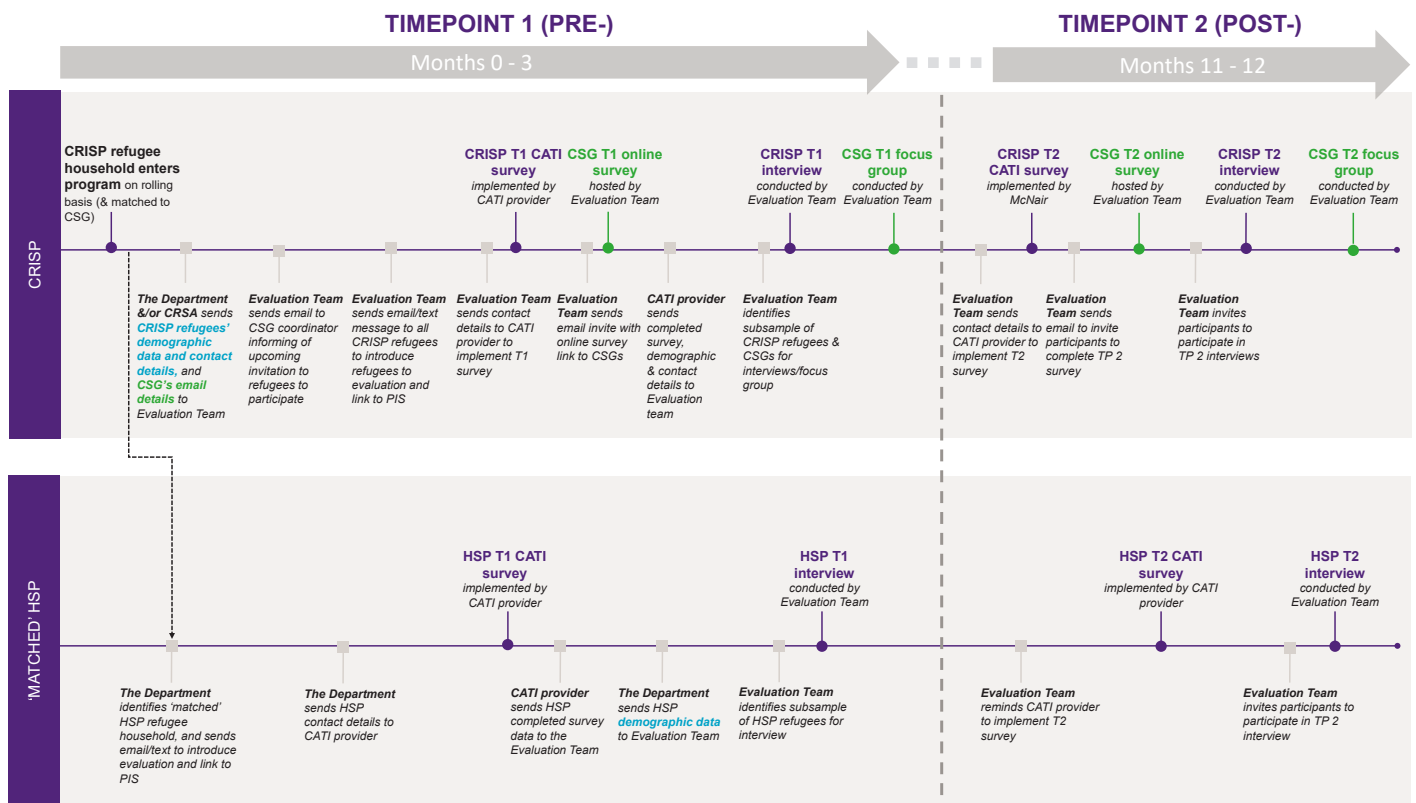
B-1 Ethics

The CRISP evaluation underwent an ethics review by The University of Queensland’s Human Research Ethics Committee and received approval (Ref ID 2022/HE001057).

B-2 Methods

Data were collected using mixed-methods and incorporated data from CRISP and the matched HSP refugees, and the CSGs supporting the CRISP households. Data were collected on a rolling basis, as CRISP and HSP households arrived in Australia. Figure B-1 summarises the data collection process for the CRISP Evaluation.

Figure B-1 CRISP Evaluation data collection process



B-2-1 CRISP and HSP refugee survey

Sampling, recruitment, and implementation

Two adults from each CRISP household that arrived between 24 August 2022 and 29 March 2024 were sampled by the Department to participate in the Evaluation to ensure a balance of genders and perspectives. If there was only one adult in the household though, that one adult was selected. The selected CRISP refugees’ contact details were then securely shared with ISSR.¹

Based on the CRISP households who had confirmed travel dates to arrive in Australia, the Department selected HSP households with similar characteristics to the CRISP household (e.g., no known family links in Australia, family size, country of origin, English proficiency) and who arrived within 3 months of the matched CRISP household.

The selected CRISP and HSP adults were sent an email and/or text by ISSR or the Department respectively, introducing refugees to the CRISP Evaluation. The email/text also included a link to a Participant Information Sheet (PIS) available in multiple languages in written and audio form and hosted on a dedicated evaluation website. ISSR and the Department then securely shared the contact details of the selected CRISP and HSP adults respectively, to the CATI provider, who in turn contacted refugees to complete the CATI survey.

¹ CRISP participants were provided with a Fact Sheet and Consent form in their preferred language by the Department upon enrolment into CRISP which outlines what data will be collected, used, stored by the Department, who it will be shared with, and for what purpose. This includes that information will be shared with the Evaluation Team for the purpose of evaluation

At the start of the CATI survey, participants were asked to confirm they had read the information sheet and to provide consent to participate in the survey, and to have their administrative information (demographic data), provided by the Department, linked to their survey responses.

Those who completed the T1 survey were recontacted by the external CATI provider to complete the T2 survey.

Survey questions

The CRISP and HSP refugee survey was designed to understand refugees' experiences of settling in Australia, including to measure the settlement or program outcomes identified for the Evaluation, over time.

The CRISP Evaluation followed a developmental approach, which allowed adaptations to be made to the data collection tools as new insights were gained over the course of the Evaluation. As such, new questions were added to the surveys over the course of fieldwork.

The T2 survey mirrored the T1 survey, however, new questions were introduced partway through the T2 fieldwork related to 1) any paid work refugees had done since arriving in Australia, and 2) additional questions about English language classes refugees attended. Throughout the report, footnotes indicate where results were derived from the new survey questions, as well as the corresponding number of CRISP and HSP responses included in the analyses.

Survey analyses

At the end of fieldwork, the survey data were linked to the administrative (demographic) data and cleaned by removing those who only completed a T1 survey.

Bivariate analyses were conducted to examine differences between CRISP and HSP refugees' survey responses, and between T1 and T2. Additional bivariate analyses were conducted to examine if 2 independent categorical variables were related, for example, gender and obtaining a driver licence. The threshold for statistical significance was a p value of less than 0.05 ($p < 0.05$). However, where the sample size was less than $n=30$, for example, questions that were not asked of all entrants, significance testing was not conducted due to the potential for unreliable results.

Indices were derived to create an overall measure based on a series of questions or statements included in the survey that were measuring a similar construct (e.g., sense of belonging). An Index was derived by calculating the average of the non-missing responses for each participant within the group of questions.

B-2-2 CRISP and HSP refugee in-depth interviews

The T1 survey included a question asking whether refugees would be interested in taking part in an in-depth interview. The Evaluation aimed to select 28 CRISP and 28 HSP refugees from those who provided consent to be followed up with for an interview. Where a household included 2 adults, and both provided consent, both adults from the household were invited to take part to ensure a balance of genders and perspectives. In addition, drawing on the survey and administrative data, refugees were selected to ensure variation in the qualitative sample and to provide more in-depth explanation to observed patterns in the survey data.

Selected refugees were contacted by ISSR researchers, with assistance from an interpreter if needed, and invited to participate in the in-depth interview at a time convenient to them. Refugees were sent PIS and Consent form to review prior to the interview, and verbal consent was again sought at the start of the interview. Refugees were asked whether they had a gender preference for their interviewer, which was accommodated.

Interviews were conducted at 2 timepoints, shortly after the respective T1 or T2 survey was completed. Interviewers were approximately 60-90 minutes in duration and followed a semi-structured guide broadly covering the following topics:

- settlement needs and goals
- social, cultural, and economic integration
- access to services and support
- services and support received.

The nature of in-depth interviews means that interviewers, while exploring these broad topics, could ask follow-up questions relevant to the discussion, thus each interview is unique. Refugees were also made aware that they did not need to share anything they did not want to.

Refugees were provided a \$40 gift card as remuneration for taking part in each interview. Audio-recordings from the in-depth interviews were transcribed, and all identifiable information removed. The qualitative data were analysed using the Framework Approach to thematic analysis. Coding frameworks were developed to ensure consistency among the coders. Data were analysed thematically, guided by the KEQs and program outcomes. A classification sheet was used to organise the data for example, the interview timepoint, program type (CRISP or HSP), and other attributes of the refugees.

B-2-3 CSG survey

Recruitment and survey

All CSG members who supported CRISP households that arrived between 24 August 2022 and 29 March 2024 were invited to participate in an online survey, and 2 timepoints.

CSG members were each sent a unique link to the online survey, which included a PIS that outlined the purpose of the Evaluation and details about participating in the survey. At the start of the survey, CSG members were asked to indicate their consent to participate in the Evaluation, which included having their administrative information (demographic data), provided by CRSA, linked to their survey responses. All CSG members were sent a unique link to complete the T2 online survey.

The survey was designed to understand CSG members' experiences of participating in CRISP, including providing support to the refugee household and the program outcomes identified for the Evaluation, over time.

Survey analyses

At the end of fieldwork, the survey data were linked to the administrative (demographic) data and cleaned by removing those who only completed a T1 survey. Although all CSG members were able to complete the T2 survey, regardless of whether they completed the T1 survey, for the purposes of the Program Outcomes report, only those who completed surveys at both timepoints were included. This was to enable pre-post analyses (or to analyse changes over time) on the individual level. Additional inferential statistics were conducted for the final 'CRISP and CSP evaluations: Integrated findings of Australian Community Settlement Programs' report, which drew on all the data.

Bivariate analyses were conducted to examine differences between T1 and T2 and to examine if 2 independent categorical variables were related, for example, location and CSG members' experience of providing support. The threshold for statistical significance was a p value of less than 0.05 ($p < 0.05$).

Data were analysed on the individual and group level where relevant. For example, where questions were measuring CSG members' personal experiences (e.g., satisfaction with the training), data were analysed at the individual level. Where questions related to, for example providing support to the refugee household, group level analyses were conducted to address the potential for larger groups disproportionately influencing the results and to capture support provided by any of the CSG members to the refugee household. For the latter, if any CSG member within a particular group indicated that they had provided support for a particular settlement activity (e.g., learning to drive), it was determined that the CSG had provided support.

Indices were derived to create an overall measure based on a series of questions or statements included in the survey that were measuring a similar construct (e.g., Group dynamics). An Index was derived by calculating the average of the non-missing responses for each participant within the group of questions.

B-2-4 CSG focus groups

The T1 survey included a question asking whether CSG members would be interested in taking part in focus group. The Evaluation aimed to recruit 14 CSGs from those who provided consent to be contacted for a focus group, and where refugees from the CRISP household they were supporting had also been selected to participate in an in-depth interview.

Focus groups were conducted at 2 timepoints, shortly after the respective T1 or T2 survey was completed. These were conducted over Zoom/Teams at a time convenient to the CSG. CSGs were provided a \$100 gift card (one per group) as remuneration for taking part in each focus group. Interviews were approximately 60-90 minutes in duration and followed a semi-structured guide, covering a broad array of topics such as:

- experience and motivation to support refugees
- training and support from CRSA
- support provided to refugee household
- impact of participating in CRISP
- challenges and opportunities.

Audio-recordings from the focus groups were transcribed, and all identifiable information removed. The qualitative data were analysed using the Framework Approach to thematic analysis. Coding frameworks were developed to ensure consistency among the coders. Data were analysed thematically, guided by the evaluation questions and program outcomes. A classification sheet was used to organise the data along attributes of the CSGs, e.g., location, group size.



The evaluation was undertaken by the Institute for Social Science Research, at The University of Queensland, in collaboration with the Australian Institute for Family Studies

Citation: Povey, J., Burger, S-A., San Martin Porter, M., Marshall, D., Lee, R., Young, C., Lattz, M., Kennedy, E., Nuttall, G., Baxter, J., Reddel, T., & Edwards, B. (2025). *Community Refugee Integration and Settlement Pilot (CRISP) Evaluation Program Outcomes report*. Institute for Social Science Research, University of Queensland: Brisbane

Acknowledgements

The Evaluation Team thanks all those who assisted in the preparation of this Report, including staff members of the Australian Department of Home Affairs and McNair yellowSquares. We would also like to thank the CRISP and HSP refugees, and CSG members who took the time to speak with us and share their rich and thoughtful feedback. We also acknowledge the contributions of the following colleagues who contributed their time and expertise to various aspects of the evaluation: Dr Karlee O'Donnell, Dr Kristen Powers, Dr Jennifer Maturi, Noor Yousef, Dr John van Kooy, Dr Pilar Rioseco, Sophie Austerberry, Dr Asma Zulfiqar, Katie Carr, A/Prof Gerhard Hoffstaedter, Dr Martin O'Flaherty, Dr Nikita Sharma, Dr Iryna Kolesnikova, Saeed Jaydarifard, Elahe Nikooharf Salehi, Melindy Bellotti, Stephanie Cook, and Dr Fran Donoso Rivas.

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