

Community Refugee Integration and Settlement Pilot (CRISP) Snapshot Report 4

September 2024



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1. Introduction

The Snapshot Reports present interim findings (every 6 months) from the Community Refugee Integration and Settlement Pilot (CRISP) evaluation. The reports serve as a mechanism for The Department of Home Affairs to monitor the implementation of CRISP, and present key findings and recommendations for ongoing improvement of the delivery of CRISP within the evaluation period.

Snapshot Report 4 presents the findings of data collected from CRISP refugees and selected Humanitarian Settlement Support (HSP) refugees who arrived in Australia between 8 December 2022 and 24 August 2023, along with members of the Community Settlement Groups (CSGs) who supported CRISP refugees who arrived in that period.

2. Methodology

The CRISP evaluation used a mixed-methods research design, integrating a quasi-experimental (matched control) and pre-post design, with qualitative methods.



Matched control—to examine whether the settlement 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. 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, all CRISP refugees, the matched HSP refugees, and CSG members were invited to **complete a survey** at 2 timepoints, i.e., T1 and T2.¹



In addition, a select number of CRISP and HSP refugees, and CSGs² who expressed their interest in the survey, were subsequently invited to participate in a **semi-structured in-depth interview** (refugees) or **focus group** (CSGs) at T1 and T2.

Throughout the report, headline findings draw on both the quantitative (survey) and qualitative (interview/focus group) data to present triangulated results.

¹ Timepoint 1 = data were collected approximately 1–3 months after refugees arrived in Australia. Timepoint 2 = data were collected 10+ months after refugees arrived in Australia.

² CSGs who opted-in for the focus group, were selected to participate if the CRISP household they were supporting opted-in for the interview too.

Snapshot 4 data inclusion



Arrival date: 8 December 2022–24 August 2023

CRISP refugees, and the selected HSP refugees (matched control group), who arrived between **8 Dec 2022–24 Aug 2023** were eligible for inclusion in Snapshot 4. In addition, members of the community supporter groups (CSG) supporting CRISP refugees who arrived during that period, were eligible for inclusion.



CRISP and HSP refugees

Two adults¹ 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. Snapshot 4 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 thus 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 who transferred to HSP after completing the T1 survey, but prior to the T2 survey, and thus were excluded from the Snapshot 4 data sample. Lastly, it presents the number of CRISP and HSP adults who participated in an in-depth (qualitative) interview at T1 and T2, included in Snapshot 4.



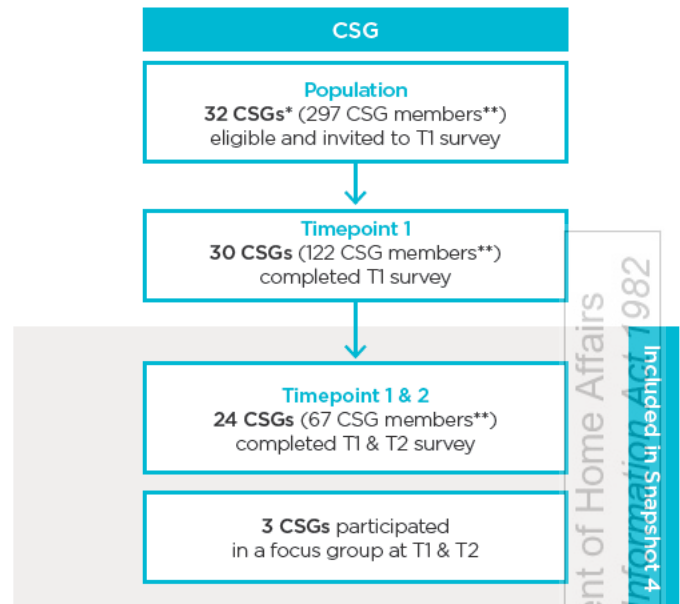
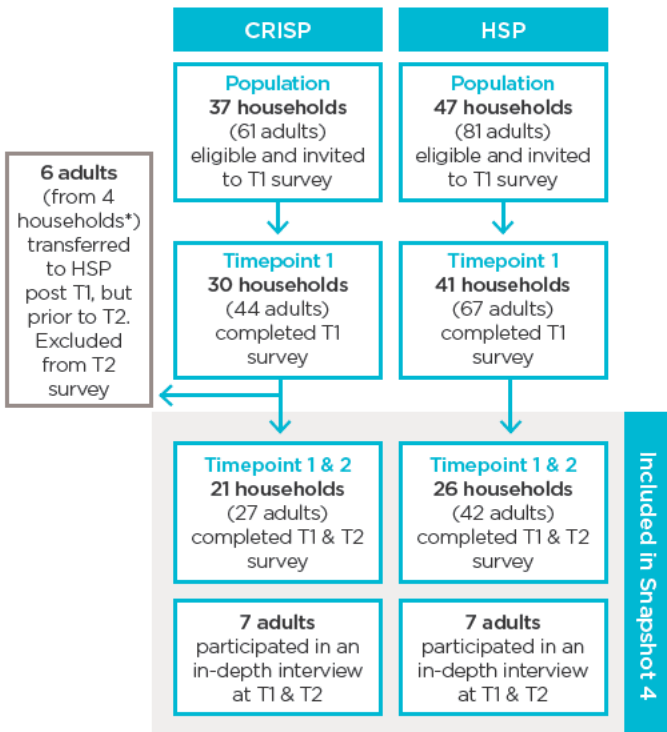
Community Supporter Groups (CSGs)

Snapshot 4 includes 24 unique CSGs (67 CSG survey responses) who supported 27 CRISP households;² where at least one member of the CSG completed the survey at both timepoints. Members of the 2 CSGs who supported 2 households, completed surveys for both households they were supporting. Members from the CSG supporting 3 households completed the survey for 2 of the households they were supporting.

Figure 2 outlines the number of CSGs (and CSG members) who were eligible³ and invited to complete the T1 survey (population). It also indicates the number of CSGs (and CSG members) who completed the T1 survey and completed the T2 survey. Only those who completed both T1 and T2 were included in Snapshot 4. Lastly, it outlines the number of CSGs who participated in a focus group (qualitative) at T1 and T2.

Figure 1. Eligible population and final sample included in Snapshot 4—number of households and refugees

Figure 2. Eligible population and final sample data included in Snapshot 4—Community Supporter Groups



*Three CSGs were supporting 2 households, and one CSG was supporting 3 households

**The number of CSG members represents the number of surveys that could have been completed (population) or were completed (T1 & T2), not unique CSG members, as those who supported more than one household were counted twice (or more). The number of unique CSGs were: n=259 in the Snapshot 4 population; n=116 completed T1 survey; n=63 completed a T1 and T2 survey.

*This includes 2 adults from 2 households, 1 adult from a single adult household, and one of the 2 adults from a 2-adult household (the second adult remained in CRISP).

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

²For some CSGs included in the sample (i.e., completed both surveys), members from the CRISP household did not complete a survey at both timepoints. Similarly, for some CRISP households included in the sample, no members of their CSG completed a survey at both timepoints.

³CSG members were eligible for inclusion in Snapshot 4 if the CRISP household they were supporting arrived between 8 December 2022 and 24 August 2023; and the CRISP household did not transfer to HSP prior to T1 survey.



CRISP and HSP refugees sample demographics

The demographic characteristics of the CRISP refugees who completed surveys at both timepoints were compared to HSP refugees who completed surveys at both timepoints. More HSP refugees reported lower levels of educational attainment and had children under the age of 18 years compared to CRISP refugees (based on data collected prior to arriving in Australia).

English proficiency—'Nil'



Gender—Female



Location—Regional



Education level—Less than 7 years



Age—18–34



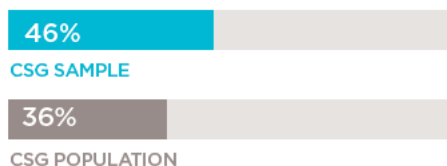
Children under 18—Yes



CSG demographics

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 and female respectively, responded.

Employment status—Retired



Gender—Female



Location—Regional



Participated in CRSA Group Mentorship Program—Yes²



Speak other languages—Yes



¹ - refers to 'approximately'.

² Community Refugee Sponsorship Australia (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.

3.1. Key settlement outcomes 10-12 months after arrival



Stable housing

Of CRISP refugees:

85% were in **long-term housing** (81% HSP refugees).



Healthcare

Of CRISP refugees:

96% accessed **healthcare services** (100% HSP refugees).



English language proficiency

Of CRISP refugees:

37% **speak English** 'well' or 'very well' (19% HSP refugees).

96% **studied English** since arriving in Australia (76% HSP refugees).

85% were **still studying English** (62% HSP refugees).



Study participation

Of CRISP refugees:

19% **studied something other than English** since arriving in Australia (9% HSP refugees).



Labour force participation

Of CRISP refugees:

37% had **worked** for pay in the previous 4 weeks (5% HSP refugees).

47% had actively **looked for work** in the previous 4 weeks (25% HSP refugees).

67% participated in the **labour force** (worked or looked for work) (29% HSP refugees).



Social integration

Of CRISP refugees:

93% **felt welcome** in their local community (95% HSP refugees).

78% **felt part** of their local community (81% HSP refugees).

70% found it **easy to settle** in Australia (69% HSP refugees).

70% found it **easy to make friends** with people in their local community who had a **different cultural background** to themselves (67% HSP refugees).

48% **attended a sporting or leisure activity** at least once in the previous 4 weeks with other people (36% HSP refugees).



Self-sufficiency

Of CRISP refugees:

67% had a **driver licence (O, P or L)** (62% HSP refugees).

93% had some **confidence to use public transport** (90% HSP refugees).

96% had some **confidence to get help in an emergency** (79% HSP refugees).

52% had some **confidence to apply for a job** (43% HSP refugees).

78% had some **confidence to access healthcare** (69% HSP refugees).

3.2. CSG measures 10-12 months after arrival



52% were willing to **support additional refugee households in the future.**



78% felt a stronger **sense of community.**



79% **would recommend CRISP** to other community members.



72% found supporting the refugee household **challenging.**



72% had **made friends** with the refugee household they support.



52% found supporting the refugee household **emotionally draining.**

4. How appropriate was the training and support provided by CRSA to CSG members? (KEQ 7¹)



Most CSGs continued to **rate the training they received from CRSA highly** (PL outcome² 37), though some relied on bespoke support provided by CRSA

CSG members continued to rate CRSA's **training sessions** as 'good' or 'excellent'.³



In the **focus groups**, CSG members reported that they did not engage in the ongoing/online training sessions CRSA offered because the initial training was too general, therefore the ongoing sessions were not prioritised. Instead, CSGs chose one-on-one conversations with CRSA to address their specific issues related to settling the households they were supporting.



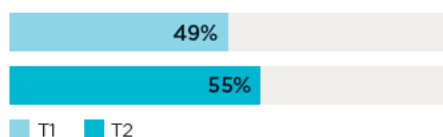
Most CSGs **still needed support from CRSA** at timepoint 2, and **more than half continued to find the support they needed always available and useful**. CSGs also needed additional support not provided by CRSA e.g., from ethnic advisors and/or other community organisations

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

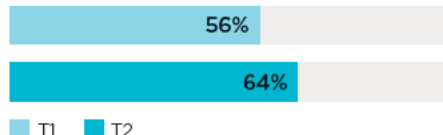


Of the CSG members who needed support, there was a slight increase over time in the percentage who reported that:

the **support they required** from CRSA was 'always' available.⁴



the **support provided** by CRSA was 'always' useful.⁵



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

In the **focus groups**, all CSGs reported needing additional support beyond the support provided by CRSA. For example, CSGs lacked the cultural training they needed to provide the support the refugee family needed 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. CSGs indicated that this sort of support was better suited to professional caseworkers. This left CSGs feeling ill-prepared to navigate these personal issues. One CSG referred the household to an appropriate community organisation to provide the support the family needed.

¹ KEQ refers to Key Evaluation Question.

² PL outcome refers to the outcome (and its associated placement number) depicted in the Program Logic (PL) developed for the CRISP evaluation.

³ Percentages are of those for whom it was applicable. At T2, n=10 CSG members responded 'not applicable'.

⁴ Only 2 people said 'no' (at T1 and T2 respectively). The remainder said 'some of the time'.

⁵ Only 1 person (2%) said 'no' at T1. No one said 'no' at T2. The remainder all responded 'some of the time'.

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

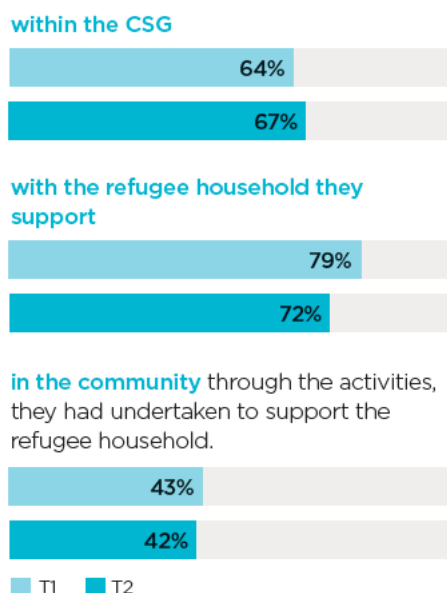


Participating in CRISP **increased CSG members' social networks**

(PL outcome 43) by building new connections and friendships within their group, creating bonds with the refugee households, and the wider community

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

CSG members had made new friends:



More than three-quarters of CSG members continued to **experience a stronger sense of community** through their involvement in CRISP.



In the **focus groups**, CSGs described how they actively strived to ensure their friendship with the refugee household endured after the program ended and this often took the form of periodic phone calls and messages to check in with the family 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.

Though CSGs described the experience as generally positive, they did note that their friendship with the refugee household did not match their initial expectations. For example, one CSG described how the CRISP program was advertised as establishing deep friendships between the CSG and the refugee household, whereas in their experience of the CRISP program, it felt more like a job than a deep friendship.

In addition to developing friendships with the refugee family members, CSGs described how participating in CRISP had strengthened their own friendships within their group 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 of their participation in CRISP.



Participating in CRISP continued to **increase 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)

(PL outcome 41)

For most CSG members, participation in CRISP continued to **increase 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



educational pathways and opportunities for refugees



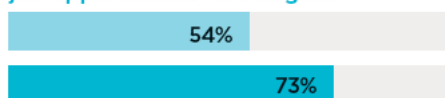
social integration opportunities available for refugees



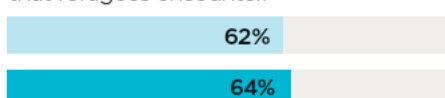
role of multiculturalism on Australian society



job opportunities for refugees



level of racism or negative stereotypes that refugees encounter.



■ T1 ■ T2

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 faced prior to arriving in Australia. CSGs described exposure to new cultures (e.g., multiculturalism) as mutually beneficial. That is, CSGs and the community were able to interact with refugee families, and refugee households had opportunities to develop networks (such as eat dinner with, or visit) with people born in Australia—an opportunity that refugees settled through programs other than CRISP may not readily have access to.

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, comprehensive refugee health programs are often concentrated in specific regions within a state, making access to these services logistically difficult for refugee households living outside these regions. Another example included limited access in some locations to specialist schools with language hubs for new arrivals.

Some CSGs were surprised by some of the negative community responses to the refugee families. CSGs discussed how some community members were surprised when the refugee families 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. One CSG explained that despite the enthusiasm within their CSG, during fundraising, they were surprised by what they perceived as a lack of interest from their local community. Despite reaching out to hundreds of community members, only 3 responded to their fundraising requests.

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

(PL outcome 42)

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

basic needs of refugees settling in Australia



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



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 how they gained a better understanding of refugees' diversity and prior experiences. Several CSGs described their new understanding of how ethnic differences—even when refugees shared the same national origin—affected their resettlement.



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

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

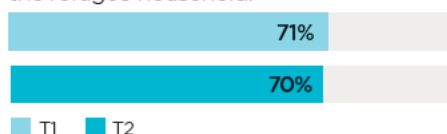


Most CSGs continued to '**agree**' or '**strongly agree**' that:

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

On average, CSG members consistently felt positive about **their groups' dynamics**, including that their group valued the input from everyone in the group, enjoyed working together, worked well together, and were committed to providing the support they agreed to provide.²



CSGs reported in the **focus groups** that they felt confident to provide settlement support at timepoint 2 and expressed greater preparation and confidence to support the settlement of a new family now that they had been through the process. They discussed how the networks that they had established (e.g., contacts at banks and at Centrelink as well as foreign language speaking doctors) would be useful when supporting a new household. Interestingly, several CSGs discussed how they used the experience of the first refugee household that they supported to be more selective when nominating a second household to support. In fact, several CSGs explicitly told CRSA that if they were to sponsor a second refugee household, their preference was to sponsor nuclear families or smaller families.

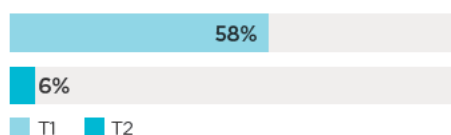
¹ Index of 6 survey questions related to CSGs self-efficacy to support CRISP refugees on a scale of 1. 'Not true at all' to 5. 'Completely true'. Questions include e.g., 'I can remain calm when facing difficulties in providing support to the refugee household because I can rely on my abilities'.

² Index of 4 survey questions on a scale of 1. 'Strongly disagree' to 5. 'Strongly agree' including for example, 'I enjoy working with the members of our group', 'All members of our group get along'.

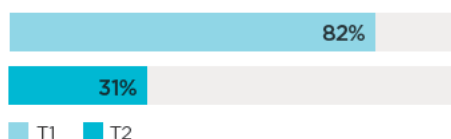


Although CSG members had significantly **reduced the frequency and level of support** at timepoint 2, they still noted the **challenges of providing support** and found it **less enjoyable over time**. Further, some CSG members were reluctant to support additional households in the near future

CSG members significantly reduced **the number of hours of support** between the 2 timepoints, with fewer CSG members providing **more than 5 hours of support per week** in the previous 4 weeks.



The **frequency of support** reported by CSG members reduced significantly between the 2 timepoints, with fewer members **having personally seen/talked to the refugee** household members to provide resources or support **about once a week**.



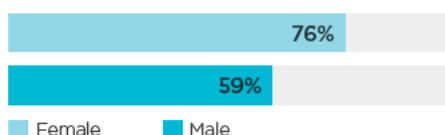
Almost three-quarters of CSG members continued to report that supporting the refugee household was **challenging at timepoint 2**, though this decreased over time.



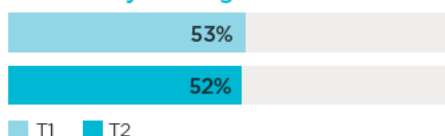
The percentage of CSG members who felt that it **had not been challenging**, increased over time.



Female CSG members found supporting the refugee household more challenging than male CSG members at timepoint 2.



More than half of CSG members still found supporting the refugee household **emotionally draining**.



CSGs reported a myriad of challenges that they had faced, in the **open-ended question** in the **CSG survey**. These challenges included, language barriers, and in some instances illiteracy, were particularly acute, both for communicating with the refugee household as well as supporting them to access essential services. This was mirrored in the survey results, with 24% of CSG members reporting that they were not able to help the refugee household at times, due to the language barrier. Another challenge reported in the open-ended responses was the amount of time and effort particularly to drive refugee families to, for example, appointments. Strained interpersonal relationships were also mentioned, including between the CSG and the refugee family, within the refugee family, and within the CSG. The personal circumstances of some CSGs reportedly also impacted their capacity to cope with the demands, including their age, health, employment status, and their own family commitments.

There was a slight decrease over time in the percentage of CSG members who **'agreed' or 'strongly agreed'** that supporting the refugee household had:

provided them with a **sense of purpose**



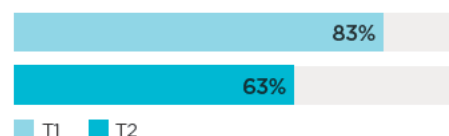
provided them with a **sense of achievement**



been **rewarding**.

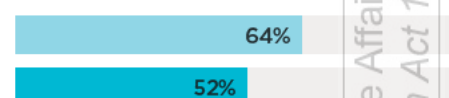


Significantly¹ fewer CSG members **'agreed' or 'strongly agreed'** that supporting the refugee household had been **enjoyable** over time.



The percentage of CSG members **not willing** ('no') to **support additional households** increased over time.

Yes—would support additional households



No—would not support additional households

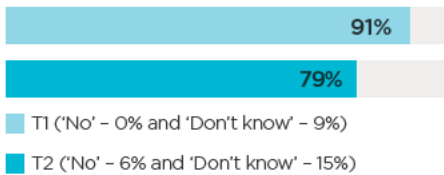


The remainder responded 'don't know'.

¹ A p-value of <0.05 was adopted as a threshold for significant results.

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



In the **focus groups**, CSGs described their involvement in CRISP as rewarding because it exposed them to new cultures and languages. CSGs also described the level of support required at 10-12 months post-arrival as more manageable and less frequent. However, some refugee households were reportedly still relying

on a lot of support from community organisations and other support services (e.g., settlement support organisations, family violence, 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.

Many CSGs expressed fatigue from supporting the refugee household and for some this was

so overwhelming that the members did not want to sponsor another family. One CSG described their experience in the program as 'intense' and how they felt that they needed one person dedicated to each family member to provide the support required. To illustrate, the CSG described spending several hours every week meeting with the family solely to provide support on financial planning, which was a huge commitment in addition to the other support required. Even among CSGs who were open to supporting another family, they felt they needed some time to debrief or mentally prepare to support another family. Another point of stress and deterrent to sponsoring additional refugee families was the onerous task of fundraising.

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



CRISP refugees **received appropriate support** from their CSG to **access essential services** (e.g., Centrelink, banks, doctors) over the 10-12 month period since arriving in Australia

(PL outcome 18).

However, many **still required support** to access essential services after the program ended

All CRISP refugees had **received** CSG help **to access essential services** at some point over the 10-12 month period.



(of those who received help at T1 and/or T2)

All CRISP refugees **received** CSG help **to book and/or attend a doctor or medical appointment** at some point over the 10-12 month period.



(of those who received help at T1 and/or T2)

Of the CRISP refugees who had received CSG help to access essential services or to book/attend a medical appointment, all (100%) **were satisfied** with the help they had received.

In the **in-depth interviews**, CRISP refugees reported receiving support from their CSG to access essential services over the 12-month program period. Most CRISP refugees were aware that formal support from CSGs ended at 12 months and they were prepared to manage on their own with things like accessing doctor's appointments. However, several CRISP refugees still required some support to access essential services at the timepoint 2 interview. The type of support they still needed included accessing Centrelink payments, accessing driving lessons, obtaining their driver licence, purchasing a car, managing utility bills and services where the accounts were previously registered to CSG members, managing bank accounts

that CSG members still had access to, transferring schools for children, finding employment, sponsoring other family members overseas to join them in Australia, and looking for new housing. Some CRISP refugees explained that their needs were either being met by other service providers, such as non-profit organisations, but others explained that their needs were not being met and they did not know where to turn for support now that the support from CRISP had ended.

In contrast, most HSP refugees interviewed complained about the limited support they received from caseworkers over the 10-12 month period. One HSP refugee explained that the limited support was due to language barriers because the caseworker only communicated to them in English. There was also an example of an HSP refugee family who described being heavily reliant on their caseworker at the beginning. However, the caseworker encouraged them to be more independent, which meant that they were afraid to ask for support to access essential services when they needed it. Instead they sought help from community nurses—who attended the home to check the health of the family—to book the appointments that they needed with healthcare providers.

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Both CRISP and HSP refugees received the appropriate support from CSGs or caseworkers to **access everyday essentials**

(PL outcome 33).

However, some CRISP refugees were **worried about** how they would access essential items and furniture in the future, now that the CRISP program had ended

Most CRISP refugees reported they had **received** CSG help **to get essential items, and furniture or appliances** since arriving (89% respectively).

Most were **satisfied** with the help they received to get:

essential items



furniture or appliances.



In the **in-depth interviews**, 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. CRISP refugees described being able to access support from CSGs for everyday essentials when they first arrived, but most were no longer receiving support for things like lifts to church and shopping because the CRISP program had ended. A CRISP refugee described that, while she had received support from the CSG to acquire furniture for her first home, now that they were no longer supporting her, she was concerned she would not be able to afford to buy the essential items she would need for her future home if she needed to move. One HSP refugee commented that his ethnic community's food options were expensive in Australia, and given his lack of employment, it was difficult to access his preferred food choices.



Most CRISP and HSP refugees **were in stable housing**

(PL outcome 28). CRISP refugees received support to access stable housing more quickly through CSG networks, compared to HSP. Both CRISP and HSP refugees described being generally satisfied with their accommodation, however, some in both groups, were concerned about being able to secure long-term accommodation in the future and meet high rental costs

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

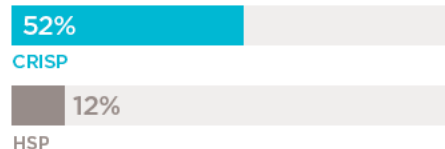


Of those in long-term accommodation at T2, most CRISP refugees were able to **secure long-term accommodation more quickly** than HSP.

One month or less



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



Compared to HSP, CRISP refugees were more **satisfied** with their long-term accommodation in terms of the:

safety of the home



closeness to local shops



suitability for the needs of the family (e.g., enough bedrooms)



rental price.



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CRISP and HSP refugees were similarly **satisfied** with the:

safety of the neighbourhood



condition of their long-term accommodation (e.g., cleanliness).



For both CRISP and HSP, **support to find accommodation** predominantly came from their **CSG/caseworker**. Some HSP refugees also received support from friends and family to find accommodation.

CSG/caseworker helped them find their accommodation



Family or friends helped them find their accommodation



In the **in-depth interviews**, most CRISP refugees described being happy in their current accommodation. Though, there were a couple of households who were unhappy with their initial accommodation, and others who were worried about securing accommodation in the future. For example, 2 households, initially housed together as arranged by the CSG, experienced personal conflict between themselves. Both stressed in the interview that they were not involved in the decision or given a choice about who they shared accommodation with, and (among other reasons) resulted in both relying on others outside their CSG to secure alternative accommodation. Marital dissolution meant that for another household, additional support from a non-profit organisation was needed to secure emergency housing. Going forward, this CRISP refugee was concerned about securing long-term accommodation that they could afford. Other CRISP households also discussed their concerns about being able to pay their rent and household expenses in the future.

In the **focus groups**, CSGs described advocating on behalf of the CRISP families to secure stable housing in the first few months of their arrival. They provided support to find appropriate options, contacted and liaised with the agent on behalf of the CRISP refugees and one CSG described filling out rental forms for 3–5 hours, acting as referee on the application, and paying the bond. One CSG reflected on supporting the CRISP refugees to acquire evidence of good rental history (via temporary accommodation sourced through the CSGs networks), which they believed had enabled the CRISP household to go on to rent accommodation on their own.

Most HSP refugees also described, in the **in-depth interviews**, being happy once in long-term accommodation, with all but one HSP refugee renewing, or seeking to renew their lease. However, their experiences of acquiring, and the precariousness of their accommodation was unsettling for some. For example, one HSP refugee described the temporary hotel accommodation they were provided for 6 months after their arrival was inadequate and felt that the Settlement Support caseworker was quite forceful when showing properties to the families. However, they did acknowledge that the housing crisis may have exacerbated the situation.

Some of the HSP refugees over the past 12 months had experienced at least 2 rounds of temporary accommodation either because the private landlord sought to sell the property, or because the Settlement Support caseworker had not been able to secure longer-term housing. One HSP refugee described feelings of uncertainty now that their sub-letting lease term (6 months) had expired. Because it was sub-let, they did not have a rental history, and were uncertain whether they would be able to secure a long-term or even a short-term lease without the rental history. They were, however, seeking advice from a tenancy advocacy organisation.

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

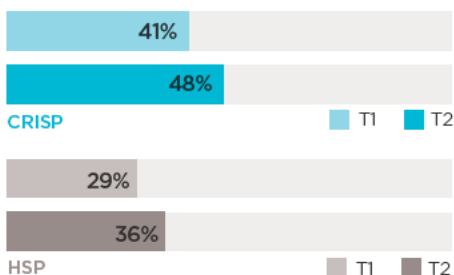


English language proficiency improved for both CRISP and HSP refugees over time

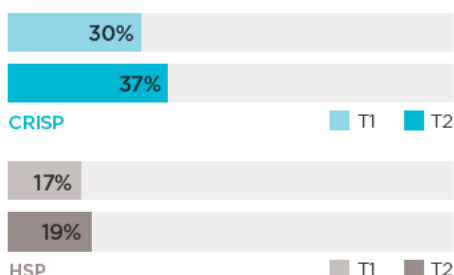
(PL outcome 26), specifically understanding and speaking English to undertake daily tasks. However, support from interpreters was still required for more formal activities

(PL outcome 27)

CRISP refugees were slightly more proficient in **English** overall (ability to **understand, speak, read, and write** 'well' or 'very well'), compared to HSP refugees. Though both improved their overall English proficiency slightly over time.

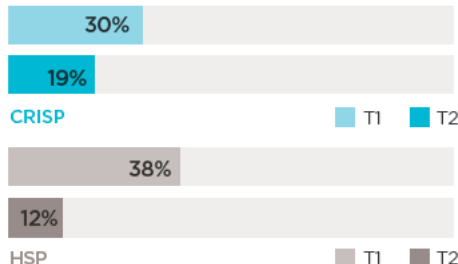


More than one-third of CRISP refugees reported being able to **speak English** 'well' or 'very well' 10-12 months after arriving in Australia.

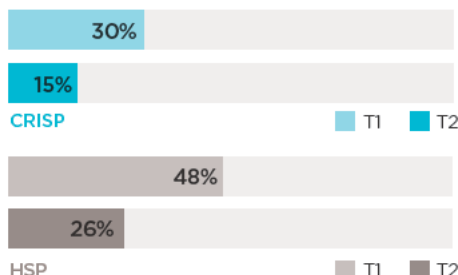


At timepoint 2, less than one-fifth of CRISP refugees reported they **could not** ('not at all'):

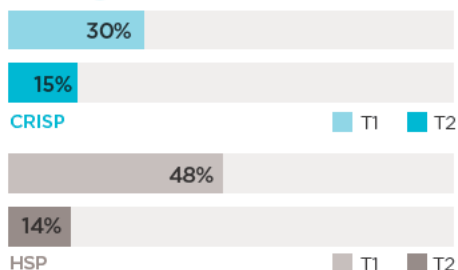
understand spoken English



speak English



read English.



At timepoint 2, many CRISP and HSP refugees reported being able ('a little' or 'very well') to independently i.e., without the help of a translator:

ask for directions in English



understand TV programs, videos, or radio programs



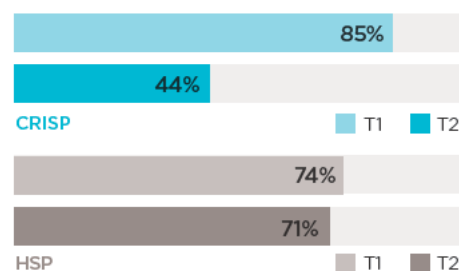
read instructions on a document or application form in English (e.g., job application or Centrelink form)



write a letter or email to someone in English.



Compared to HSP, CRISP refugees were substantially less likely to still require **at least some assistance from interpreters** 10-12 months after arrival.



CRISP refugees were more likely than HSP refugees to **receive interpreting** assistance 'all of the time', of those who still needed it 10-12 months after arrival.



The remaining CRISP refugees who needed interpreting assistance, received assistance 'some of the time'. A small number of HSP refugees (n=2) reported that they did not receive interpreting assistance when they needed it.

In the **in-depth interviews**, CRISP and HSP refugees described an improvement in their English language proficiency and possessing a level of English proficiency that allowed them to complete daily tasks and errands on their own without the help of an interpreter or translation.

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service. However, several CRISP and HSP refugees noted a reliance on interpreters for more formal activities such as medical appointments, Centrelink appointments, or school appointments. CRISP refugees also relied on their CSGs for translation. As one CSG described in the **focus group**, they were in touch periodically with the refugee household to check if there was a form or job application that required their help with interpretation. Interestingly, the lack of interpreters available in certain languages had the

counterintuitive effect of helping refugee families improve their English. One CSG and the refugee family communicated primarily in English text because of his strong reading and writing English skills, especially relative to their speaking skills. This communication method was used due to a lack of interpreters available who could speak his native language.

CRISP and HSP refugees, and CSG members were generally pleased with the progress the family members were making. All CRISP and HSP refugees

interviewed were still attending English courses, with many CRISP and HSP refugees enrolled in Certificate III level English courses and one CRISP refugee recently completing Certificate III. A CRISP refugee described how she was immediately enrolled in Certificate III (after completing Certificate II) as it was a prerequisite for jobs in the sector they were interested in working in. For some adult refugees who were struggling with English proficiency, their children attained proficiency quickly and often translated for their parents.



Compared to HSP, CRISP refugees were more likely to have **studied**

and practiced English since arriving in Australia (PL outcome 26). Though, despite CRISP refugees attending classes for longer, HSP refugees were able to dedicate more hours per week compared to CRISP

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



The one CRISP refugee who hadn't studied English, had reportedly already attended classes and was proficient in English prior to arriving in Australia.

Most CRISP refugees **were still studying English** 10-12 months after arriving in Australia compared to HSP refugees.



CRISP and HSP refugees similarly **practiced their English** by **watching video content** (e.g., TV, movies, YouTube).



CRISP refugees were more likely to have also practiced by:

attending English classes



speaking with CSG/caseworker



speaking with friends and family.



At timepoint 2, refugees were asked questions about the English classes they attended.¹ CRISP refugees were more likely than HSP refugees to report that they had:

attended classes for more than 6 months



not missed any classes.



Though, HSP refugees were more likely than CRISP refugees to report that, in a typical month, they spent **16 hours or more attending English classes per week.**



CRISP and HSP refugees noted in the **in-depth interviews** that they had received formal English language training over the 10-12 month period. At timepoint 2, 2 HSP refugees, both women, stated that they were not currently enrolled in an English course due to caring and family responsibilities. One of the HSP refugee women who was not enrolled in an English course was about to enrol, but only after her husband and daughter had successfully enrolled. This was consistent with survey data showing that 6 out of 10 HSP refugees reported home duties, or caring responsibilities as a barrier to attending English classes. HSP and CRISP refugees were also improving their English proficiency via their volunteering activities, and as previously noted, out of necessity due to challenges accessing interpreters.

Most refugees noted that they prioritised attending English language courses and described strategic reasons for favouring English course enrolment over potential employment opportunities. First, many refugees felt that they would ultimately secure a higher paying or more prestigious job if they possessed greater English proficiency so it was worth the investment to enrol in English courses now. Second, refugees receive payment for attending English courses and were cognisant that if they stopped attending, their payments would cease.

¹ Note, the new questions were included in the survey partway through fieldwork thus not asked of all refugees. CRISP n=17 and HSP n=24.

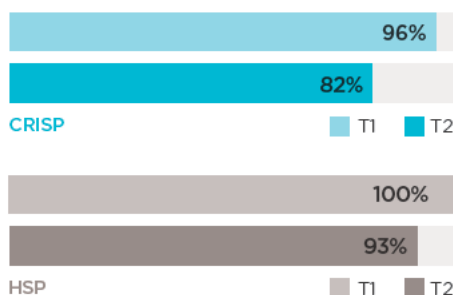
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8. To what extent did CRISP support the social integration of refugees compared to HSP? (KEQ 1)



Both CRISP and HSP refugees reported that their **cultural identity was respected and valued** (PL outcome 14), but there was an acknowledgement that a few refugees experienced racial micro-aggressions

Most CRISP and HSP refugees reported that their culture was **valued by others in the local community** shortly after arriving, but for a few refugees this sentiment was no longer held at timepoint 2.

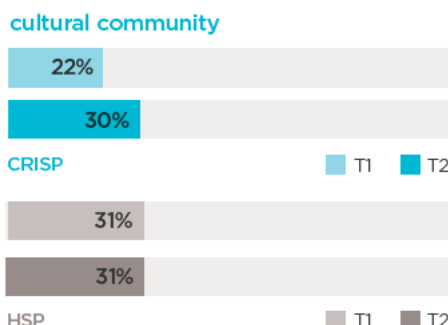


In the **in-depth interviews** and **focus groups**, one CRISP refugee and 2 CSG groups reported some instances of racial/ethnic micro-aggressions and bullying targeted toward the CRISP refugees. One CSG reported racial/ethnic prejudice between the 2 CRISP refugees they supported, which created tension in the relationships. Another CSG described that the CRISP refugees they had supported had experienced at least 3 instances of 'racially motivated comments', that were variably reported and acted upon. In addition to these racial micro-aggressions, one CRISP refugee perceived that their CSG did not 'like' their religion and had encouraged them to change their religion. In contrast, HSP refugees did not discuss any difficulties with cultural differences.

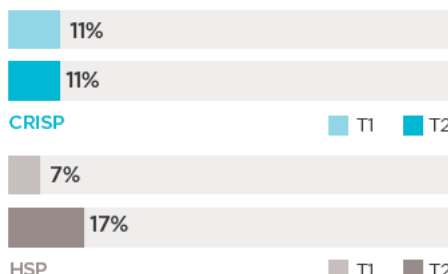


Both CRISP and HSP refugees were more likely to draw on support from their CSGs/caseworkers than on their co-ethnic community as **support networks** (PL outcome 15)

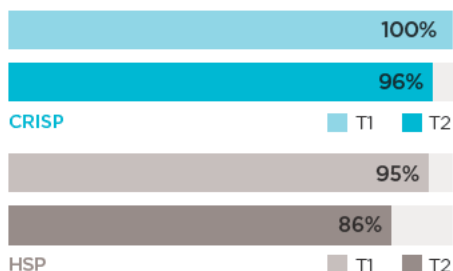
Few CRISP and HSP refugees felt they **could ask** for help from friends or people they know **in their:**



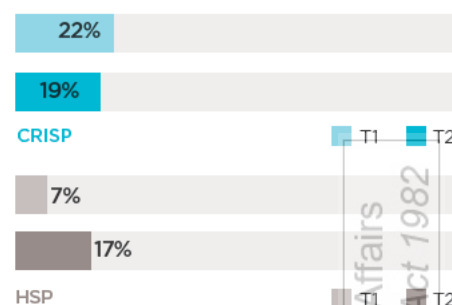
religious community.



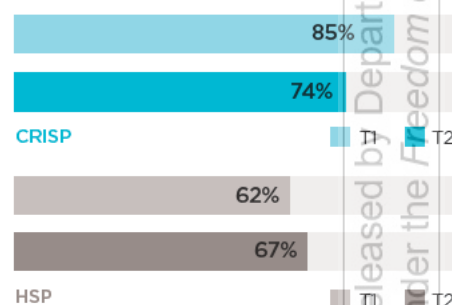
Both CRISP and HSP refugees felt that they **could ask** for help **from their CSG/caseworker**, though this decreased slightly for HSP refugees 10-12 months after arriving in Australia.



Similarly, 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).



A similar percentage of CRISP and HSP refugees **'agreed'** that it was **easy to get help from people in their local community** at timepoint 2. However, this sentiment decreased for CRISP refugees over time, whereas it increased slightly for HSP.



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Some CRISP refugees reported in the **in-depth interviews** that they had support networks outside of the CSG members, such as among people who had arrived at the same time as them and friends from church who would drive the family where they needed to go. One CSG reported that the CRISP refugee they supported would have at least 10 people that they could call upon for support. However, 2 CRISP refugees reported that they had no, or very limited support networks now that they were no longer being supported by the CSG. Some HSP refugees reported seeking support from their friendship networks for finding work, learning to drive, and driving them to places they needed to go.



Some HSP and CRISP refugees' **relationships with their CSGs/caseworkers** **waned** after the 12-month period as the formal program support came to an end (PL outcome 16)

In the **in-depth interviews**, 2 CRISP refugees from 2 different households reported having a good and ongoing relationship with their CSGs beyond the 12-month program. While one of these referred to the CSG as family and appreciated the ongoing friendship with their CSG, they simultaneously questioned the authenticity of the relationship, stating that they felt that perhaps the CSG were friendly only out of obligation to their Christian faith. For the remainder of the CRISP refugees interviewed, their relationships with the CSGs seemed to cease after the CRISP program had finished. For example, one CRISP refugee reported that they still occasionally called the CSG looking for support, however, the CSG reminded them that they no longer provide support. Another CRISP refugee described a difficult relationship with

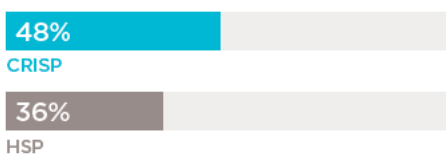
their CSG, and now that the program had ended they had occasional contact with only one family among the CSG but has lost touch with the rest. These findings were corroborated by one CSG who confirmed that they had an ongoing informal relationship with one of the 2 CRISP refugees they had supported but varying levels of contact with the second CRISP refugee that they supported.

Similarly, several HSP refugees described that after the 12-month program ended, they no longer saw their Settlement support caseworkers for support. While most described some contact and valued support from caseworkers over the course of the program, 2 HSP refugees described having 3 case managers and one HSP refugee described that the supporting organisation lacked sensitivity to refugees' situation.



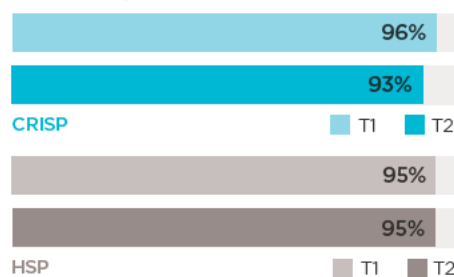
CRISP and HSP refugees increased their **social networks** through interactions with their CSG, leisure activities with a range of various groups, and participation in local sport (PL outcome 17)

At timepoint 2, 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.

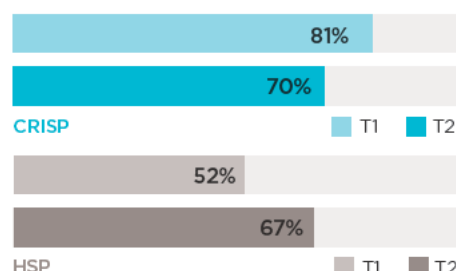


Note: It is possible when answering the survey, this question may undercount casual meetings with friends.

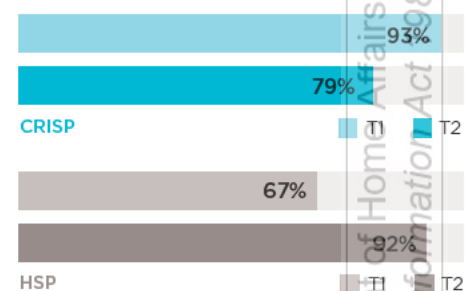
Both CRISP and HSP refugees reported feeling **welcome in their local community**.



Compared to HSP, more CRISP refugees found it **easy to make friends** with people who have **different cultural backgrounds** at timepoint 1. This changed over time, with fewer CRISP refugees reporting it was easy, whereas more HSP refugees found this easy by timepoint 2.



Many CRISP and HSP refugees **'agreed'** that their **children found it easy to settle into school**. However, this changed over time, with fewer CRISP refugees reporting it was easy at timepoint 2, whereas there was a substantial increase among HSP refugees.



In the **in-depth interviews**, most CRISP and HSP refugees described active social lives with people they had met in their neighbourhoods, via ethnic communities, or through various activities such as TAFE classes, work, their child's school, and church. There were however, a couple of CRISP refugees who did report feeling disconnected and lonely, with few to no friendships. This was exacerbated by marital breakdowns, and child caring responsibilities which made it difficult to develop strong friendships.



Both CRISP and HSP refugees reported a **high sense of belonging**

(PL outcome 19),

and feeling **connected to and trusting of their local community**

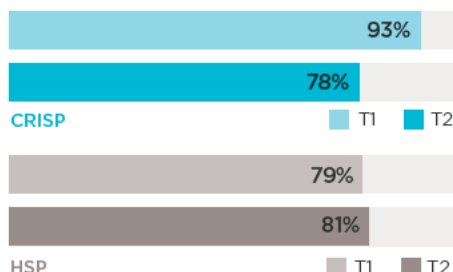
(PL outcome 11)

On average, CRISP and HSP refugees similarly reported a high **sense of belonging** at timepoint 2. However, there was a slight decrease in the average sense of belonging from timepoint 1 among CRISP refugees, whereas HSP refugees' sense of belonging was similar over time.

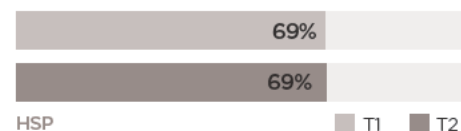
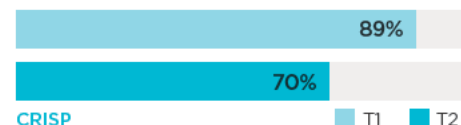


It is also worth noting that at timepoint 2, 59% of CRISP and 62% of HSP refugees felt negative (**'disagreed'**) about at least one aspect of belonging.

Both CRISP and HSP refugees **felt part of their local community**. This did however decrease over time for CRISP refugees while staying relatively stable for HSP refugees.



CRISP and HSP refugees similarly found it **easy to settle in Australia** at timepoint 2, however, this did decrease for CRISP refugees over time.



Most refugees **'agreed'** that they **felt connected** to people in Australia.



In the **in-depth interviews**, CRISP and HSP refugees described feeling connected to their community. For example, 2 CRISP refugees described attending church where they felt welcome. An HSP refugee described that their children's participation in sport made them feel connected to the community—though, not owning a car was a barrier, as they were not always able to attend their matches.

There were examples where CRISP 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. Particularly given their history in a country where the government had forced religion onto its people. Further, 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'.

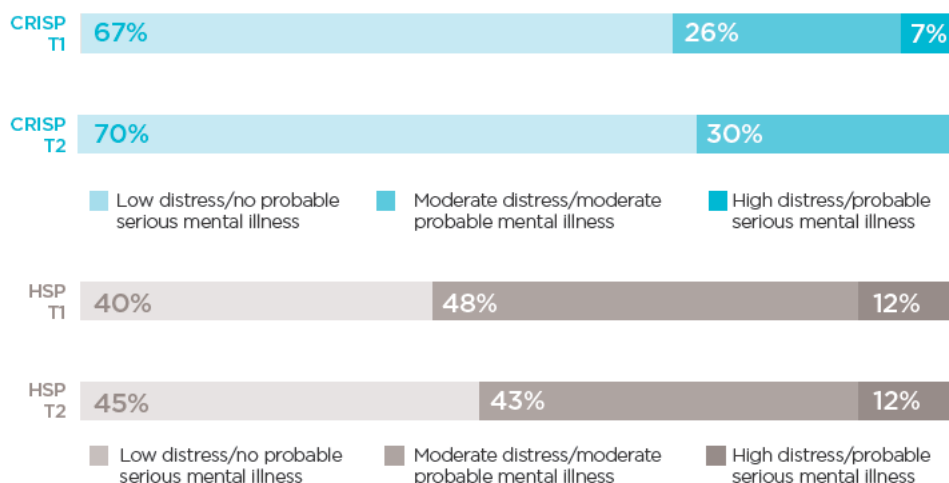


Compared to HSP, CRISP refugees had **lower levels of distress** or mental ill health, and this was similar over time (PL outcome 12). Although many refugees did not feel their daily life was impacted by their physical or emotional health, for a few CRISP refugees, this changed by timepoint 2

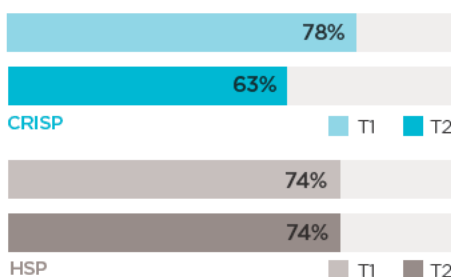
On average, CRISP refugees had **lower levels of psychological distress**¹ compared to HSP refugees (M=9.85 vs M=11.93 / 30).

Refugees with a sum score of 11-18 were categorised as experiencing moderate psychological distress.¹ 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 experiencing high levels of distress (scores of 19 or more).

Almost one-third of CRISP, and more than half of HSP refugees had moderate to high psychological distress at timepoint 2, signalling the need for mental health support for these individuals.²



Compared to HSP, fewer CRISP refugees reported that their physical or emotional health **had not impacted their work** (including e.g., housework) in the previous 4 weeks at timepoint 2. This was a decrease over time for CRISP refugees.



In the **in-depth interviews**, CRISP and HSP refugees described various levels of social or emotional wellbeing at timepoint 2. A few HSP refugees and one CRISP refugee described finding it easier each day and feeling happier and more secure. In contrast, other CRISP and HSP refugees reported struggling with loneliness, stress, grief, anxiety about the future, trauma, and feelings

of hopelessness and helplessness. For example, an HSP refugee said they were stressed and disappointed about their career prospects, noting it would take a very long time to save up money to start their own business in Australia. They compared this to their experience in their prior country, where they spent 10 years unable to do anything. In another example, a CRISP refugee was worried and upset by the lack of clarity about their visa status if they were to move to another country.

Most of the CRISP and HSP refugees interviewed had access to some emotional support services, such as counsellors and psychologists offered via support services, caseworkers, or CSGs. Some CRISP refugees were able to access affordable or free counselling services. However, for one CRISP refugee cost was a barrier to accessing these services as they were unable to find a psychiatrist who bulk-billed.

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://csrcm.cass.anu.edu.au/research/publications/mental-health-and-wellbeing-during-covid-19-period-australia>).

² 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.



Compared to HSP, CRISP refugees found it easier to **access some healthcare services**

All HSP and nearly all CRISP refugees had **accessed healthcare** since arriving in Australia, 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.

Accessed healthcare (at T1 and/or T2)



At timepoint 2, compared to HSP, more CRISP refugees found it **easy to access:**

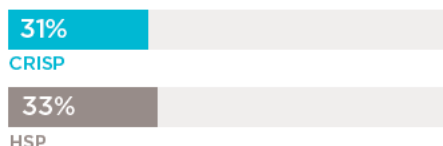
a general practitioner (GP)



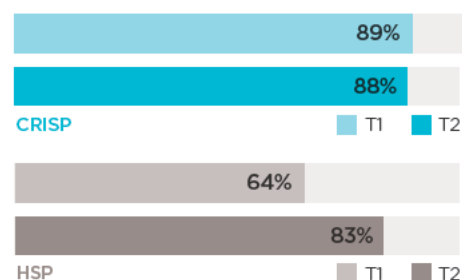
hospitals.



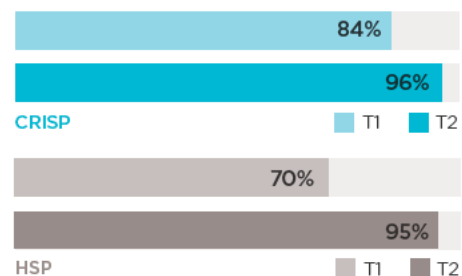
However, around one-third of CRISP and HSP refugees found it **difficult to access other health professionals** (e.g., specialists, dentists, psychologists).



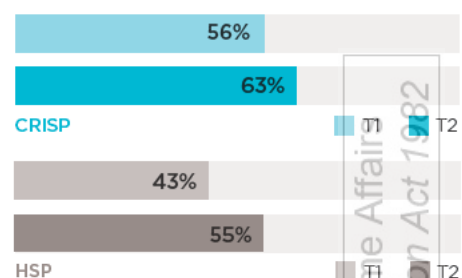
Most CRISP and HSP refugees reported that it was **easy to go to the hospital or to book a doctor's appointment** at timepoint 2, although CRISP refugees found it easy sooner.



Most CRISP and HSP refugees **'agreed'** that they were **confident to attend their most recent appointment or go to the hospital**, and this confidence increased over time.



However, at timepoint 2, less than two-thirds of CRISP and HSP refugees felt **confident to access healthcare or to see a GP without help from others.**



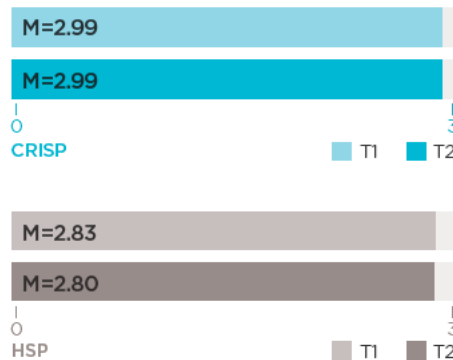
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Both CRISP and HSP refugees reported feeling **optimistic** about their and their family's future

(PL outcome 13)

Most CRISP and HSP refugees continued to **feel optimistic** about their and their family's future. Though, on average, CRISP refugees reported slightly higher levels of optimism at both timepoints.¹



Compared to HSP, at timepoint 2, a higher percentage of CRISP refugees were **hopeful** about their and their family's future in terms of their:

employment and job stability



financial situation



housing.



Some CRISP and HSP refugees who participated in the **in-depth interviews** seemed optimistic about their future, though some uncertainty remained. For example, housing instability was a source of concern for one HSP refugee. Further, while most refugees discussed their hopes to work or study, a couple of CRISP refugees expressed concern about their short-term finances and/or career prospects. For example, one CRISP refugee had put working on hold to attend English classes, which put financial strain on the family. Another described feeling uncertain that their dream of opening their own business would eventuate given current financial constraints.

As previously noted, a number of CRISP refugees expressed concern about the near future now that the program and thus formal support had ended. This included concerns about future housing, accessing essential services, or everyday essentials.

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'.

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

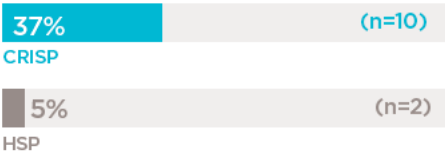


Compared to HSP, CRISP refugees (and households) were more likely to have **participated in the labour force** 10-12 months after arriving in Australia (PL outcome 24). Of those who had worked, this was often casual or temporary employment

Compared to HSP, CRISP refugees were more likely to report that they had **participated in the labour force**¹ (i.e., worked and/or looked for work) in the previous 4 weeks.



Compared to HSP, more CRISP refugees had **worked for pay** in the previous 4 weeks at timepoint 2.²

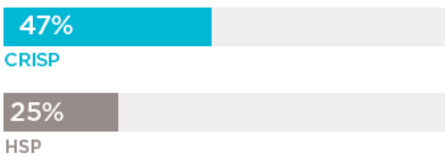


On average, these refugees worked:

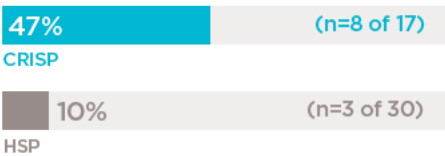
- **18.9 hours per week (CRISP)** (ranging between 3-40 hours per week)
- **40 hours per week (HSP)** (both refugees worked 40 hours per week).

The **types of occupations** in which they were employed included food service workers (chef assistant, pizza maker, kitchen support), labourers, machine operators, and an engineer in a power services company.

Of those not working, more CRISP refugees had **looked for work** in the previous 4 weeks, compared to HSP.



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 responded to the new questions,³ CRISP refugees were more likely than HSP refugees to report having **done any paid work**.



The refugees who had done any paid work since arriving in Australia reported the **total amount of time they had been paid for work** was:

- 4 weeks or less**
 - n=2 CRISP
 - n=3 HSP
- 1-6 months**
 - n=4 CRISP
 - n=0 HSP
- 7-12 months.**
 - n=2 CRISP
 - n=0 HSP

At timepoint 2, refugees were also asked about the **type of paid or unpaid work they had done since arriving in Australia**. Of the refugees who answered these questions³, the most frequent responses were:

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



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



¹ Includes refugees reporting that they had worked or looked for work in previous 4 weeks. Note labour force participation may not capture short-term employment outside this 4-week period. However, employment during the past 4 weeks is indicative of current and ongoing economic participation.

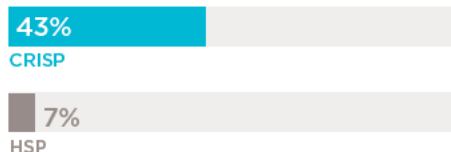
² Analyses of the demographic characteristics of the 10 CRISP refugees who had worked showed no association between whether CRISP refugees had worked or not and: gender; age; highest level of education; nor whether they had children under the age of 18 years.

³ 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. Seventeen CRISP and 30 HSP refugees responded to the new questions.

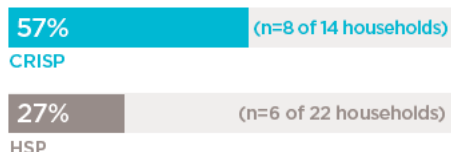
Released under the Freedom of Information Act 1982
Department of Home Affairs

CRISP Snapshot Report 4

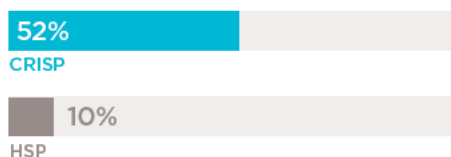
Compared to HSP, CRISP households were more likely to report that at least one of the 2 adults¹ had **worked for pay in the previous 4 weeks**.



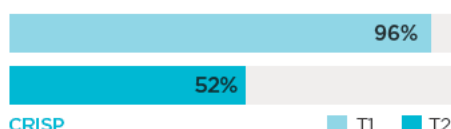
Similarly, compared to HSP, CRISP households were more likely to report that at least one adult over the age of 18 who had migrated with them² **had worked for pay since arriving in Australia**.



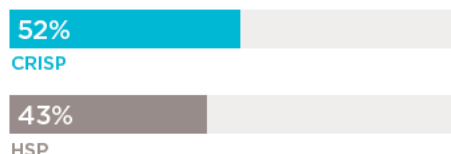
Compared to HSP, CRISP households were more likely to report that at least one of the 2 adults had **worked and/or studied/job training** in the previous 4 weeks.¹



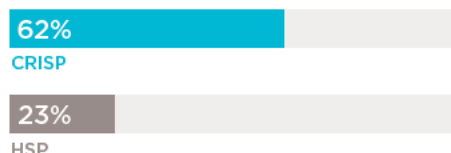
Overall, compared to CRISP, HSP refugees were less likely **to be in employment, education or training** (not including English language classes) 10-12 months after arriving in Australia.³



A similar percentage of CRISP and HSP refugees felt **confident ('a little' or 'a lot')** to **apply for a job without help** from other people.



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



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

All CRISP refugees and most HSP refugees were **satisfied with the help** they received.



In the **in-depth interviews**, several CRISP and HSP refugees discussed how they were currently or had previously engaged in unpaid work to receive on the job training or gain work experience in Australia. Refugees described accepting unpaid work because they did not have any opportunities for paid employment in their desired field (or at all) and because they viewed unpaid work as a way to gain some Australian work experience. Without other work or study options, refugees accepted unpaid work as 'better than nothing'. Nonetheless, only one refugee was able to convert their unpaid work experience to paid work for 5 months.

A few CRISP and HSP refugees were however, studying and working in fields similar to what they had done before arriving in Australia. For example, one CRISP refugee shared that they had taken some university-level courses before arriving in Australia, though never completed the degree. Since being in Australia, they had enrolled in a course in a related field of study. The CSG supporting this refugee similarly noted in the **focus group** that this CRISP refugee was able to advance their education and career pathways in Australia by building on the previous course work they had undertaken.

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. One-third of CRISP (38%) and HSP (31%) households had more than 2 adult members.

² 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.

³ This indicator presents the proportion of people who are not in employment, education or training (NEET) including English language classes. HSP refugees were slightly more likely not to be in employment, education, or training compared to CRISP refugees (7% CRISP compared to 15% HSP).



Both CRISP and HSP refugees experienced **barriers to work**, including lack of necessary skills or work experience, home or caring duties, and English language proficiency (PL outcome 24)

CRISP and HSP refugees reported a range of **barriers to getting paid work**, including:

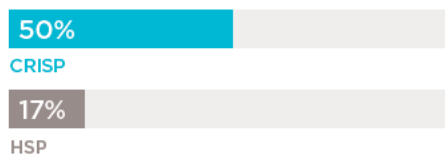
lack of Australian work experience



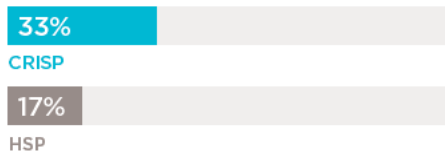
English language proficiency



lack of necessary qualifications



not having the necessary skills.

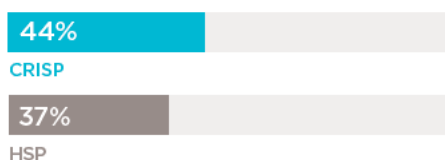


A small percentage of CRISP and HSP refugees said that they felt **that discrimination affected their employment opportunities.**

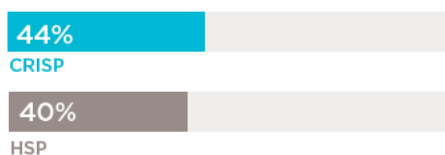


For CRISP and HSP refugees that were **not looking for work**, the most frequently cited reasons for this were:

home duties or childcare



studying (including studying English).



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 childcare, English language courses, and physical injuries.

CRISP refugees discussed wanting to find work only during school hours or during late night shifts when they do not need to be taking care of children or attending English or vocational courses.

CRISP and HSP refugees also described the challenges of securing paid employment in jobs and fields of study that they held prior to arriving in Australia. Others were unable to have previous work experience or skills recognised in Australia, and thus, were resigned to working in jobs outside or below their skill level. Refugees expressed uncertainty about what occupations they could transfer to as they felt they did not have the skills they needed for jobs outside their field of experience. Some felt ill-equipped to use their skills in the Australian context—for example, not having a good understanding of Australian clientele nor having the networks to showcase their work.



Few CRISP and HSP refugees were **improving their job readiness** by studying and/or doing on the job training, and most aspired to work for pay in the next 12 months (PL outcome 21)

Compared to HSP, more CRISP refugees **planned to work in a paid job** in the next 12 months.



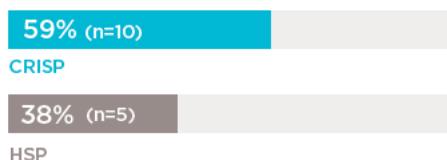
In most households¹, at least one of the 2 adults had **worked or planned to work in a paid job** in the next 12 months.



A few CRISP and HSP refugees had **studied or done job training** outside of English classes since arriving in Australia to increase their job readiness.



Most CRISP refugees **who had a post-school qualification**² and needed to have these assessed, had not yet done so by timepoint 2, but **planned to have these assessed**.



In addition, one CRISP and one HSP refugee reported that their qualifications were currently being assessed. Both CRISP and HSP refugees maintained work and study aspirations at timepoint 2, including to work in fields such as nursing, mechanics, tailoring, construction, hairdressing and beauty, and hospitality.

In the **in-depth interviews**, CRISP and HSP refugees reported a desire to work in a similar field as their employment prior to arriving in Australia. However, they faced hurdles related to obtaining a driver licence, accreditation, and English language proficiency. To illustrate, one CRISP refugee described their aspirations for a career in nursing, medicine, or pathology. While they had previously completed a few university-level courses in medical science prior to arriving in Australia, they did not receive a degree. They expressed a desire to receive accreditation for these courses at an Australian university. However, their CSG was sceptical that these would count towards an Australian university degree because of what they perceived to be a difference in quality between the universities. Their CSG instead advised the CRISP refugee to first improve their English as the CSG felt their English proficiency was still limited.

Financial resources were also a clear barrier for both CRISP and HSP refugees in pursuing a career of their choice. One HSP refugee felt that they had the English proficiency, and work experience and skills to continue working in their profession, however lacked the financial resources needed to start their own business. One CRISP refugee described how they aspired to enrol in beauty courses at TAFE but found out that they were too expensive. Instead, they were considering hospitality as those courses were more affordable. Similarly, one CSG advised the refugee family they were supporting to enrol in TAFE courses instead of university courses, because the former are more affordable.

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. One-third of CRISP (38%) and HSP (31%) households had more than 2 adult members.

² Post-school qualifications include trade or technical qualifications beyond school, and university degrees.

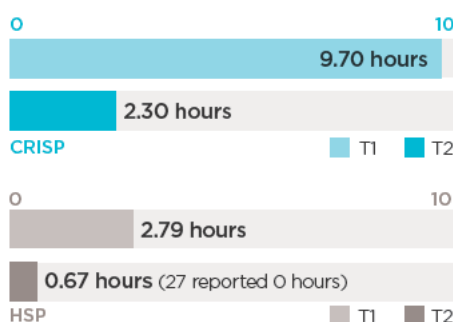
10. To what extent did CRISP improve the self-sufficiency of refugees compared to HSP? (KEQ 4)



The **hours of support from their CSG/caseworker** reduced over time for both CRISP and HSP refugees, but CRISP refugees continued to receive more support on average, compared to HSP refugees

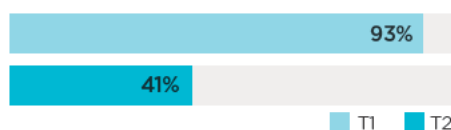
(PL outcome 32)

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



CRISP refugees were receiving support from their CSG **less frequently** over time.

More than once a week.



The majority 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**, CRISP refugees and CSG members reported a large reduction in the amount of support the CSG provided over time. However, it was evident that when they had to undertake a new or unfamiliar task, some CRISP refugees needed ongoing support. While one CSG said that the support they provided and the formal meetings they had been having as a group had 'organically faded out', they were still holding some money that had been raised for the family and were continuing to see through some tasks that they had started. For example, they attended a Centrelink appointment, were organising a medical specialist for one of the children, accompanied them to a doctor's appointment, and, as the family was not very confident with English, still provided support to them in that regard. Some CSGs had 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 program supports would end at 12 months.

Similar to CRISP refugees, some HSPs expressed that they no longer accessed support from their caseworker. However, others said they still needed support specifically with managing taxes, work-related matters, or to secure a business loan to start a business. As previously noted, one HSP refugee explained that their caseworker had expressed to the family early on that they needed to be independent which meant that the HSP refugee was afraid to ask for support.



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

(PL outcome 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**. For example, moving to another city so their child could study, or women who had separated from their partners/husbands being able to make decisions about their own life for the first time.

Similarly, 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, for example, to start a business or make future decisions.

CRISP Snapshot Report 4

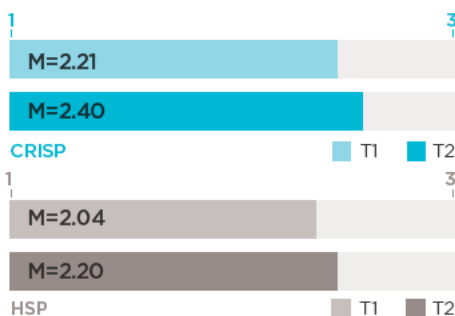


Over time, most CRISP and HSP refugees had developed the

confidence to navigate systems independently

(PL outcome 20), but many still lacked confidence to find information related to employment or study. Confidence to be self-sufficient was impacted by English proficiency

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



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

Speak/understand English 'well'/'very well'



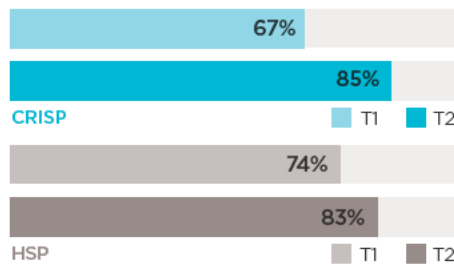
Speak/understand English 'not well'/'not at all'



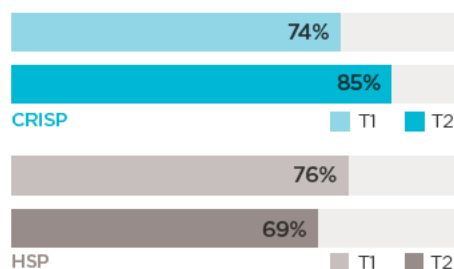
Almost half (48%) of CSGs reported that the refugee household was **not able to communicate** without using an interpreter or translation app, and that **English language proficiency was a barrier** to being self-sufficient, respectively.

The tasks that the **greatest percentage of CRISP refugees were confident ('a lot')** to do independently, 10-12 months after arriving in Australia, were:

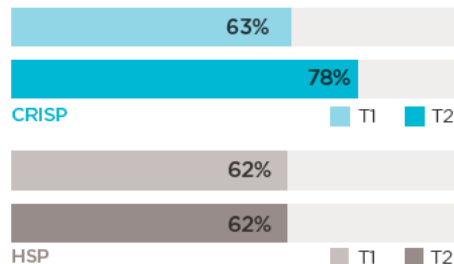
use public transport



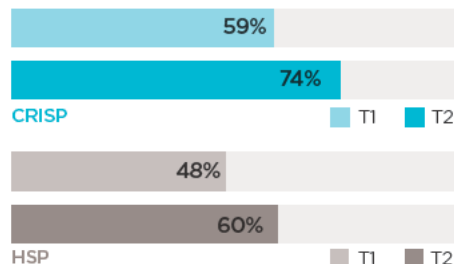
get help in an emergency



get help from the police



access essential services.

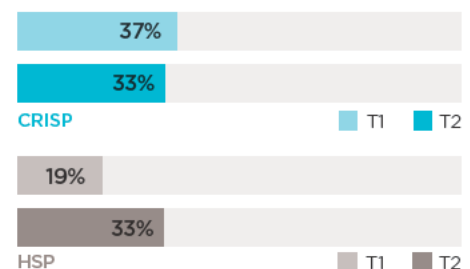


Overall, there were **no tasks** that **more HSP refugees were confident** to perform independently than CRISP refugees, apart from **accessing information for study or training**.

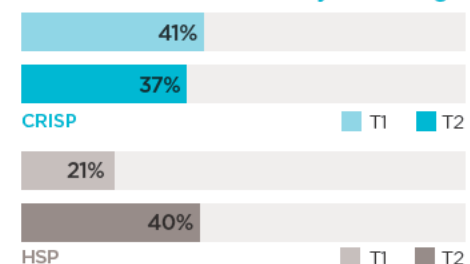
Most CSG members (79%) felt the household they supported **were able to access services on their own without assistance**.

The tasks that the **smallest percentage of CRISP refugees felt confident ('a lot')** to perform independently 10-12 months after arriving in Australia, and thus still required support, were:

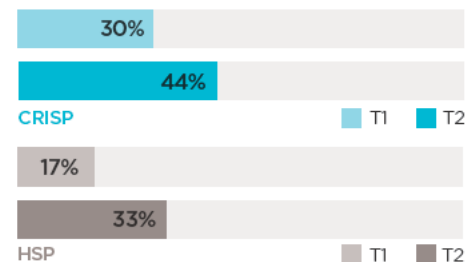
apply for a job



access information for study or training



apply for long-term accommodation.



Timepoint 2 **in-depth interviews** highlighted that in some cases, CRISP and HSP refugees could now attend and book healthcare appointments independently of their CSGs or caseworkers. However, it was clear that English language barriers stymied self-sufficiency. For example, CSG members described in the **focus groups** how English language barriers impacted on a CRISP household's ability to confidently navigate healthcare services. Furthermore, limited digital literacy, financial literacy, and experience dealing with banks and utility companies caused confusion for some. 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.

¹Using an index of 12 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'.



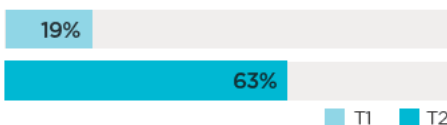
The majority of CRISP and HSP refugees had **access to transport**, either through using public transport or obtaining their Australian driver licence (PL outcome 30). However, men were often prioritised to receive support to drive first before the women in the household

As previously reported, a large majority of CRISP refugees (85%) were **confident ('a lot')** to **use public transport independently** at timepoint 2.

There was a slight decrease in the percentage of CRISP refugees who **received help** from their CSG **to use public transport**, over time, likely due to CRISP refugees' increased confidence to do so independently.



The percentage of CRISP refugees who reported **receiving help** from their CSG **with learning to drive** increased 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.

Male



Female



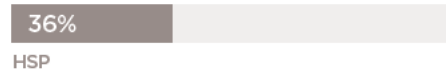
Only one female CRISP refugee reported they 'did not need' help with learning to drive.

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

Driver licence (O or P)



Learner licence



All male CRISP refugees reported they had obtained either an **Australian driver** (n=10/11) **or learner licence** (n=1/11) by timepoint 2. Whereas, less than half of female CRISP refugee had obtained a driver (n=1/16) or learner licence (n=6/16).¹

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, several CRISP and HSP refugees reported that they, or someone in their household, **owned a car**.



In the **in-depth interviews** most refugee women reported that they had not yet begun driving lessons (though some had acquired their learner licence). 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.

CRISP refugees described receiving varying levels of support from the CSGs to acquire a driver licence and access to a car. For example, one CRISP refugee said that her CSG had helped her secure her learner licence and had taken her driving with them to practice. She planned to get the full licence after her studies had finished, and in the meantime, she was using public transport. However, cost was a major barrier for other CRISP households to acquire driving lessons, a driver licence, and access to a car. While some CRISP refugees had asked their CSG for support, one CRISP refugee said they could not help her (reason unknown) and she did not know where she could access support for this.

Another CRISP refugee had purchased a car from a member of her ethnic community and was paying for it in instalments. She was motivated to get a driver licence and a car because it was difficult for her to get around using public transport in the regional area that they live, and she was often late for appointments as a result.

Similarly, the HSP refugee households who had access to a car had received loans from their friend or neighbour to achieve this, and did not cite any support from their caseworkers. One HSP refugee complained that her family had received no support for driving from their Settlement Support caseworker and had navigated the process to acquire her husband's driver licence themselves. Through this process they learned that, unfortunately, they had missed the window to receive financial support from another organisation because they were not made aware of the program. Another HSP refugee family reported Centrelink had provided \$500 for the purchase of a car but they were unable to find one at that price. So, they continued to use public transport which did not service all their needs, such as getting their children to some soccer matches that were far from their house.

¹This was similar for HSP refugees. Of the 19 male HSP refugees: 14 had either a driver (n=9) or learner licence (n=5). Of the 23 female HSP refugees: 12 had either a driver (n=2) or learner licence (n=10)

11. What early signs are there of the commitment and capability of regional communities to support refugees to settle in Australia?¹ (KEQ 12)



CRISP refugees in regional areas **received adequate informal and formal support** (PL outcome 34) from their CSG



Of the **21 CRISP** refugee households

7 were located in regional areas

14 were located in major cities

Formal support

CRISP refugees in **major cities and regional areas** similarly reported that they:

received support to access **essential services**



received support to find **long-term accommodation**



could **ask for help from** their CSG.



CRISP refugees who settled in **regional areas** were more likely to have received support to:

apply for suitable jobs



access everyday essentials



book and/or attend doctor or medical appointments.



Informal support

CRISP refugees living in **regional areas** were more likely to:

find it **easy to get help** from people in their local community



find it **easy to make friends** with people in their local area who had **different cultural backgrounds** to themselves



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



Compared to CSG members in major cities, those in regional areas were less likely to report 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.



¹ The sample only contains people in major cities or inner regional.

CRISP Snapshot Report 4

In the **in-depth interviews** and **focus groups**, both the CRISP refugees and CSGs located in regional areas, recounted the benefits and challenges of living in regional communities for new arrivals. CSGs noted that the support from regional communities in Australia offered many advantages for refugees, as these communities have people with time, energy, connections, and resources who are eager to help. Additionally, the lifestyle contributed to reducing the risk of mental health crises and stress-related illnesses. CRISP refugees expressed similar sentiments, noting the benefits of the lifestyle for the safety and feeling welcome, particularly for their children.

However, CSGs argued that the benefits regional areas might have for receiving refugees are diminished by the lack of services and social programs in these same areas. Both CRISP refugees and CSGs noted that refugee families faced difficulties related to school and English class enrolment, work opportunities, as well as medical or dental appointments with specialists. Not all these services were available locally, often requiring a long journey for them and the refugees they supported.

CRISP refugees also highlighted issues with finding employment locally for both themselves, and their older children. As

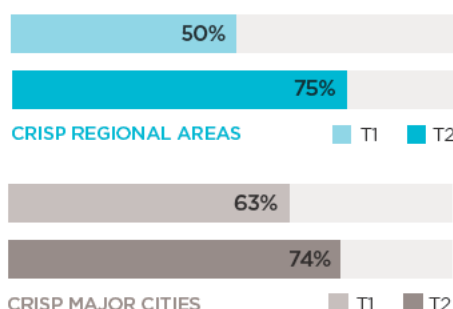
described by a CRISP refugee—his son had sent out his resume and received several job interviews, but these were located in major cities, which would require them to travel and/or relocate.

Though CRISP refugees felt welcomed by the local community, they experienced difficulties connecting with people in their area because of language barriers and there was also limited access to families from a similar background—all contributing to a sense of feeling socially isolated. This was seemingly compounded by transportation challenges; both long distances and limited transport options.



CRISP refugees in regional areas and in major cities felt confident to **access essential services and public transport**. Though, those in regional areas had a slightly better **experience using and accessing healthcare**.

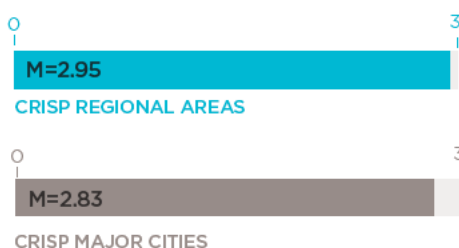
CRISP refugees in major cities and who settled in regional areas felt similarly **confident ('a lot')**¹ to **access essential services** at timepoint 2. This increased for both groups over time, but more so for those in regional areas.



CRISP refugees in major cities and in regional areas both felt **'a lot' of confidence**¹ to **use public transport**.



CRISP refugees in regional areas had a slightly better experience **accessing and using healthcare**² compared to CRISP refugees in major cities.



A few CRISP refugees in major cities and regional areas found it **difficult to access other health professionals** (e.g., specialists, dentists, psychologists).



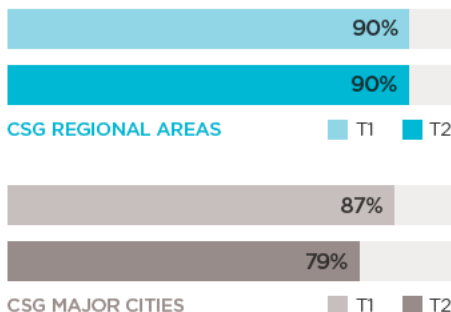
¹ Based on a scale from 1 'No confidence' to 3 'A lot of confidence'.

² 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'.

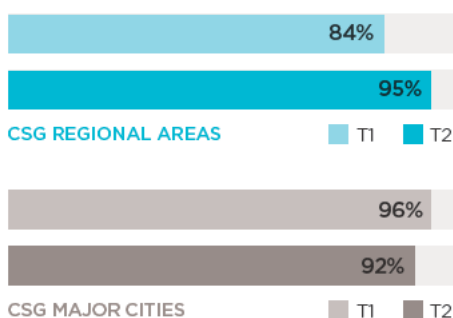


CSGs in regional locations were more likely to agree that they had the **skills and experience** to support and meet the needs of the refugee household, and **fewer** found supporting the refugee household **challenging**, compared to CSGs in major cities

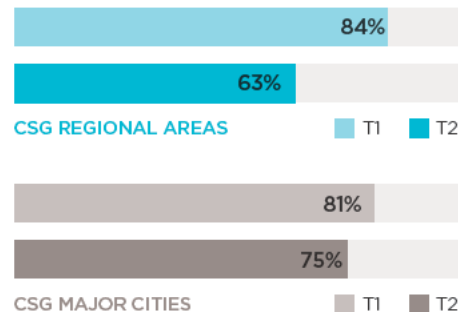
CSG members in regional locations continued to **'agree' or 'strongly agree'** that their group had the **skills and experience to support the refugee household**, compared to CSG members in major cities, where the percentage decreased slightly over time.



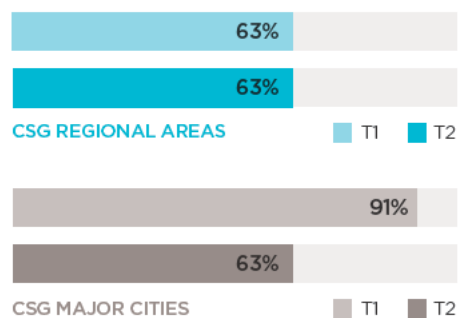
The percentage of CSG members from regional locations who **'agreed' or 'strongly agreed'** that they were **able to meet the needs of the refugee household**, increased over time. Whereas this was fairly similar for CSG members from major cities.



CSG members in regional locations 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. This also decreased more for those in regional locations over time.



At timepoint 2, almost two-thirds of CSG members in regional locations and major cities **'agreed' or 'strongly agreed'** that supporting the CRISP household **had been enjoyable**. This was a substantial decrease for those in major cities over time, whereas it was similar for those in regional areas.





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

Citation: s. 22(1)(a)(ii)

s. 22(1)(a)(ii) (2024). Community Refugee Integration and Settlement Pilot (CRISP) Evaluation—Snapshot Report 4. Institute for Social Science Research, University of Queensland: Brisbane.

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s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

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Community Refugee Integration and Settlement Pilot (CRISP)

Key settlement outcomes

CRISP Arrival Groups 1-4 (1-2 months after arrival)

September 2024



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CRISP and Humanitarian Settlement Support (HSP) refugees sample demographics

134 CRISP refugees (82 households) and the 147 matched HSP refugees (91 households) who arrived between **24 Aug 2022 and 29 Mar 2024** are included in this report.

Key characteristics of the CRISP sample were used to find a comparison group in HSP. The **key matching characteristics** were: unlinked (no known family links in Australia), family type, and country of origin.

Compared to HSP refugees, more CRISP refugees reported no English proficiency, and significantly more were living in a regional location. However, for the remaining demographic characteristics (e.g., age, gender, and educational level), CRISP refugees broadly matched HSP refugees.

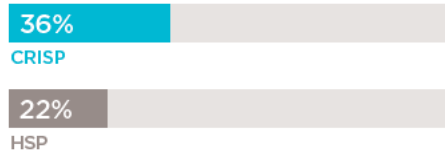
Close to half (43%) of the CRISP refugee sample were settled in locations that did not have existing HSP services (3 HSP refugees were settled in 'new locations').

There were no significant differences between arrival groups in terms of their demographic characteristics.

English proficiency—'Nil'



Location—Regional



Age—18-34



Gender—Female



Education level—Less than 7 years



Children under 18—Yes



Community Settlement Group (CSG) member demographics

339 CSG members from 84 groups (supporting 92 households) are included in this report (sample).

A total of 740 CSG members were supporting the 99 CRISP refugee households, referred to as the population.

Compared to the population, a higher proportion of retired CSG members completed the survey. However, for the remaining demographic characteristics, the survey sample was representative of the CSG population.

Employment status—Retired



Location—Regional



Speak other languages—Yes



Gender—Female



Participated in CRSA Group Mentorship Program—Yes¹



¹ Community Refugee Sponsorship Australia (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.

Key settlement outcomes for CRISP Arrival Groups 1-4 (1-2 months after arrival)



Stable housing

Of CRISP refugees:

62% were in **long-term housing**
(23% HSP refugees).



Study participation

Of CRISP refugees:

65% **planned to study something other than English** in the next 12 months
(69% HSP refugees).



Transportation

Of CRISP refugees:

6% had a **driver licence**
(7% HSP refugees).

60% felt **confident to use public transport** (73% HSP refugees).



Labour force participation

Of CRISP refugees:

2% had **worked** for pay in the
previous 4 weeks (1% HSP refugees).

10% had actively **looked for work** in the
previous 4 weeks (9% HSP refugees).

10% participated in the **labour force** (worked
and/or looked for work) (9% HSP refugees).

68% of those who were not working
yet **planned to work** in the next
12 months (68% HSP refugees).



Healthcare

Of CRISP refugees:

69% accessed **healthcare services**
(78% HSP refugees).

The remainder didn't need to access health
care services, apart from 1 CRISP refugee
who said they needed it but didn't go to an
appointment.



Social integration

Of CRISP refugees:

99% **felt welcome** in their local
community (90% HSP refugees).

90% **felt part** of their local community
(80% HSP refugees).

93% found it **easy to settle** in Australia
(73% HSP refugees).

75% found it **easy to make friends**
with people in their local
community who had a **different
cultural background** to
themselves (54% HSP refugees).

49% **attended a sporting or leisure
activity** at least once in the
previous 4 weeks with other
people (24% HSP refugees).



English language proficiency

Of CRISP refugees:

19% **speak English** 'well' or 'very well'
(18% HSP refugees).

43% **studied English** in the last 4 weeks
(16% HSP refugees).

98% **planned to study English**
(95% HSP refugees).

Key CSG measures for Arrival Groups 1-4 (1-2 months after arrival)



70% were willing to **support a refugee household in the future.**



43% found supporting the refugee household **emotionally draining.**



90% **would recommend CRISP** to other community members.



78% had **made friends** with the refugee household they support.



71% found supporting the refugee household **challenging.**



85% felt a stronger **sense of community** after participating in the program.

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

Citation: s. 22(1)(a)(ii)

s. 22(1)(a)(ii). (2024). Community Refugee Integration and Settlement Pilot (CRISP) Evaluation—Key settlement outcomes for CRISP Arrival Groups 1-4 (1-2 months after arrival). 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, Community Refugee Sponsorship Australia, and McNair Yellowsquare. We would also like to thank the CRISP and HSP refugees and the Community Supporter Group members who took the time to speak with us and share their rich and thoughtful feedback. We acknowledge the contributions of the following colleagues who contributed their time and expertise to various aspects of the evaluation: s. 22(1)(a)(ii)

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Community Refugee Integration and Settlement Pilot (CRISP)

Key settlement outcomes

CRISP Arrival Groups 1-3 (10-12 months after arrival)

September 2024



Released by Department of Home Affairs
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CRISP and Humanitarian Settlement Support (HSP) refugees sample demographics

57 CRISP refugees (37 households) and the 68 matched HSP refugees (42 households) who arrived between **26 Aug 2022 and 24 Aug 2023** are included in this report.

Key characteristics of the CRISP sample were used to find a comparison group in HSP. The **key matching characteristics** were: unlinked (no known family links in Australia), family type, and country of origin.

The demographic characteristics of the CRISP refugees who completed surveys at both timepoints were compared to HSP refugees who completed surveys at both timepoints.

Compared to HSP, more CRISP refugees settled in regional areas and had education levels of less than 7 years. More HSP refugees had children under 18 compared to CRISP refugees. However, for the remaining demographic characteristics (e.g., age, gender, and English proficiency), CRISP refugees broadly matched HSP refugees.

English proficiency—'Nil'



Location—Regional



Age—18-34



Gender—Female



Education level—Less than 7 years



Children under 18—Yes



Community Settlement Group (CSG) member demographics

105 CSG members from 48 groups (supporting 55 households) are included in this report (sample).

A total of 397 CSG members supported the 55 CRISP refugee households who arrived before 25 August 2023, referred to as the population. In some CSGs, members left the group and new members joined.

Compared to the population, a higher proportion of retired CSG members completed the survey. However, for the remaining demographic characteristics, the survey sample was representative of the CSG population.

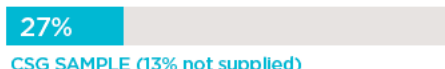
Employment status—Retired



Location—Regional



Speak other languages—Yes



Gender—Female



Participated in CRSA Group Mentorship Program—Yes¹



¹Community Refugee Sponsorship Australia (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.

Key settlement outcomes for CRISP Arrival Groups 1-3 (10-12 months after arrival)



Stable housing

Of CRISP refugees:

91% were in **long-term housing**
(88% HSP refugees).



Study participation

Of CRISP refugees:

16% studied something other than **English** since arriving in Australia
(13% HSP refugees).



Healthcare

Of CRISP refugees:

98% accessed **healthcare services**
(97% HSP refugees).

The remainder of CRISP refugees didn't need to access healthcare services. One HSP refugee said they could not access healthcare services.



Social integration

Of CRISP refugees:

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

86% felt **part** of their local community
(82% HSP refugees).

79% found it **easy to settle** in Australia
(75% HSP refugees).

68% found it **easy to make friends** with people in their local community who had a **different cultural background** to themselves (74% HSP refugees).

40% attended a **sporting or leisure activity** at least once in the previous 4 weeks with other people (31% HSP refugees).



English language proficiency

Of CRISP refugees:

33% speak **English** 'well' or 'very well'
(22% HSP refugees).

98% studied **English** since arriving in Australia (79% HSP refugees).

84% were **still studying English**
(66% HSP refugees).



Self-sufficiency

Of CRISP refugees:

77% had a **driver licence**
(74% HSP refugees).

81% had some confidence to **use public transport** (93% HSP refugees).

77% had some confidence to **get help in an emergency** (82% HSP refugees).

46% had some confidence to **apply for a job** (41% HSP refugees).

70% had some confidence to **access healthcare** (75% HSP refugees).



Labour force participation

Of CRISP refugees:

23% had **worked** for pay in the previous 4 weeks (10% HSP refugees).

36% had actively **looked for work** in the previous 4 weeks (25% HSP refugees).

51% participated in the **labour force** (worked or looked for work) (32% HSP refugees).

84% of those who were not working yet **planned to work** in the next 12 months (64% HSP refugees).

Key CSG measures for Arrival Groups 1-3 (10-12 months after arrival)



51% were willing to **support a refugee household in the future.**



43% found supporting the refugee household **emotionally draining.**



82% **would recommend CRISP** to other community members.



75% had **made friends** with the refugee household they support.



71% found supporting the refugee household **challenging.**



81% felt a stronger **sense of community** after participating in the program.

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