Migrant and Refugee Women's Voices

Survey Report

November 2018
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The Harmony Alliance: Migrant and Refugee Women for Change conducted the inaugural Migrant and Refugee Women’s Voices Survey in partnership with SBS and SBS Radio over six weeks between May and July 2018.

The survey asked respondents, who self-identified as women from migrant and refugee backgrounds over 18 years old, about the issues of importance to them and their families, and in particular about their experiences with health and employment systems in Australia. This report outlines the findings of the survey.

The issues of greatest concern to respondents were money and savings for the future, followed closely by getting or keeping a job. These issues are consistent with findings of the Scanlon Foundation’s Social Cohesion Survey that Australians are consistently highly concerned about the economy, unemployment and poverty.

Discrimination, however, was a more pressing issue for respondents to this survey.

The majority of respondents (71 per cent) had a positive view of their experience of settling in Australia.¹ Most respondents (77 per cent) had done paid work in the last twelve months and were somewhat or very satisfied (79 per cent) with their work. For those who had found it difficult to look for work in the last twelve months, the most common reasons given were: I am not offered interviews, even though I am qualified; I do not have strong networks (family/community/friends) in Australia; and I cannot get a job in the same occupation as I had overseas.

A gap was identified in the information being provided to women from migrant and refugee backgrounds regarding where to seek help or advice for health problems: 24 per cent of respondents had never received advice regarding either physical or mental health problems. Economic migrants, international students and respondents who spoke a language other than English at home were over 10 per cent more likely than other respondents to never have received information about health systems in Australia.

Very few (14 per cent) respondents to this survey relied on interpreting services when accessing health services; however, those who did were overwhelmingly satisfied with the service (89 per cent). The top reason provided by those who did not access interpreting services often (and who did not identify as having sufficient English) was that they were told that their English was too good. This may indicate deterrents within processes for health service providers to access interpreting services.

The findings of this survey have highlighted the need to provide better support for migrants moving to Australia to follow a partner or a spouse. This group were the most likely to have had a difficult experience settling in Australia, the second least likely group to have had a job or done paid work in the last twelve months, and the least satisfied cohort at work. This is also similar to messages heard in consultations held by the Harmony Alliance at our membership forum in June 2018 and regarding the Fourth Action Plan of the National Plan to Reduce Violence against Women and their Children in Adelaide, Brisbane, Melbourne and Perth in August and September 2018, which together reached over 100 members and stakeholders.

¹ There was, however, a notable difference between this and the findings of the Building a New Life in Australia study, which spoke to humanitarian migrating units who arrived in Australia or had their permanent visas granted in the six months between May and December 2013, in which 89 per cent of respondents described their experience positively.
Participants in these consultations consistently outlined a lack of support for women arriving on family or secondary skilled visas, leaving many women dependent on their partners for support in settling in a new country.

The amount of time spent in Australia by respondents had a significant impact on their perspectives, reinforcing that settlement is an ongoing process. A steady improvement was demonstrated in how respondents described their settlement experience and their satisfaction at work the longer they had spent in Australia.

This survey provides a useful snapshot of the surveyed demographic and contributes to a more nuanced understanding of the issues that matter to women from migrant and refugee backgrounds in Australia. Nevertheless, greater research is needed in order to continue building a clear picture of the experiences of women from migrant and refugee backgrounds and to support evidence-based policy making. Future areas for research identified by this report include a detailed comparison of the experiences of women from migrant and refugee backgrounds living in rural versus urban settings, and the impacts of the experience of discrimination on the settlement outcomes of women from migrant and refugee backgrounds.
The Harmony Alliance is one of the six National Women’s Alliances funded by the Australian Government to promote the views of all Australian women, to ensure their voices are heard in decision-making processes.

Our purpose is to provide a national inclusive and informed voice on the multiplicity of issues impacting on experiences and outcomes of migrant and refugee women, and to enable opportunities for women from migrant and refugee backgrounds to directly engage in driving positive change.

The purpose of this report is to outline findings from the inaugural Harmony Alliance Migrant and Refugee Women’s Voices Survey, which was held over six weeks between May and July 2018. It seeks to contribute to a better understanding of the issues that matter to women from migrant and refugee backgrounds in Australia.

The survey was conducted in partnership with SBS and SBS Radio — Australia’s Special Broadcasting Service, committed to providing high quality, independent and culturally–relevant media to all Australians, regardless of geography, age, cultural background or language skills.

The survey was distributed as an online survey and as a printable PDF survey in English, Arabic, Dari, Simplified Chinese (Mandarin), Somali, and Vietnamese. It asked respondents, who self-identified as women from migrant and refugee backgrounds over 18 years old, about the issues of importance to them and their families, and in particular about their experiences with health and employment systems in Australia.

This report is divided into five parts: profile of respondents; issues of main concern; settlement experience; employment; and health literacy and health system literacy. The Harmony Alliance acknowledges the diversity of experiences of women from migrant and refugee backgrounds, and the ways in which different aspects of a person’s identity can affect their experience. These aspects can include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, religion, age, geographic location or migration status. This survey does not intend to represent all experiences of women from migrant and refugee backgrounds, but instead aims to contribute to the development of a nuanced picture of the diversity of the migrant experience.

The Harmony Alliance would like to thank SBS and SBS Radio for their partnership in promoting this survey.
We would also like to acknowledge the assistance provided by the National Community Attitude Survey (NCAS) team, Australia’s National Research Organisation for Women’s Safety (ANROWS), and the National Centre for Longitudinal Data, Department of Social Services in building the Migrant and Refugee Voices survey, and Nicola Hepenstall for her support in developing this report.

**METHODOLOGY**

The Migrant and Refugee Women’s Voices Survey was conducted between 29 May and 10 July 2018. It was distributed as an online survey and printable PDF copy in English, Arabic, Dari, Simplified Chinese (Mandarin), Somali, and Vietnamese. In selecting the five languages other than English (LOTE) into which the survey was translated, ABS 2016 census data of languages spoken at home by women who described their proficiency in spoken English as ‘not well’ or ‘not at all well’ was considered. From this data, five languages were selected that would attract respondents from a diverse range of cultural backgrounds, migration pathways, and time spent in Australia.

The survey was advertised through Harmony Alliance networks, including the Alliance Council, Young Women’s Advisory Group, Members, sister National Women’s Alliances, through social media and email updates. SBS Radio ran advertisements for the survey over six weeks on SBS language radio channels and Facebook pages corresponding to the five translated languages. The survey used a model of self-selection and followed the principle of self-identification, calling for respondents who identified as women from migrant and refugee backgrounds over 18 years old. The survey did not seek to place limitations around what such an identity means. In total, the survey received 371 eligible responses, including 282 respondents to the English online survey, 74 respondents to the online surveys completed in languages other than English, and 15 respondents to the PDF hard copy surveys. Throughout this report, findings relate to the combined total of eligible survey responses, unless otherwise indicated.

The survey was divided into six sections: demographic questions; issues of importance to migrant and refugee women; employment; interactions with police; health; and family, domestic and sexual violence. All questions were optional, and many only applicable to certain respondents based upon previous responses. Therefore, each question received a different number of total responses and findings will be presented as a percentage (rounded to a whole number) of the total number of responses to each individual question. Where respondents had the option to select non-specific responses such as ‘don’t know’, ‘prefer not to say’ or ‘not applicable’, such responses are excluded from findings unless otherwise stated.

**LIMITATIONS**

This survey was intended to give an accurate representation of the diverse views and concerns of women from migrant and refugee backgrounds; however, like all such undertakings, this report is subject to limitations. The limited number of languages in which the survey was written will have excluded women without strong literacy in one of the six selected languages. Furthermore, by using a methodology of open invitation to attract survey participants, self-selection bias will be present in findings. In addition, publicising the survey through Harmony Alliance networks means that respondents are more likely to be connected to certain communities or structures, such as settlement providers or advocacy bodies. In some cases, questions that were only applicable to certain respondents based on previous answers led to statistically insignificant numbers of responses, and were not able to be used for further analysis. Comparisons between this survey and other data sets should be considered within the context of the differences between demographic profiles of the samples. Accounting for these limitations, this survey, nonetheless, provides a useful snapshot of the surveyed demographic.

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2 Surveys completed in languages other than English or in hardcopy have not been distilled further into language groups to protect the anonymity of respondents, due to low numbers of responses in certain languages.

3 Findings relevant to interactions with police and experiences of family, domestic and sexual violence are not included in this report, but will instead inform future work and research of the Alliance.
Demographic characteristics, such as age, marital status and country of birth, influence individual choices, experiences and outcomes. It is therefore important to understand the demographics of respondents in order to properly contextualise the findings of this survey.

**AGE**

Respondents were spread fairly evenly across all age groups except for the 18–20 year old category. This is, in part, due to the fact that this category represented the smallest age grouping; however, as it attracted a statistically insignificant number of responses, it will be excluded from age comparisons throughout the survey.

**Figure 1. Age of respondents**
Figure 2 below presents a comparison between the age of respondents to this survey and the age of women across Australia as captured in the 2016 census. The survey attracted a stronger number of respondents aged between 30 and 59 years old, particularly between 30 and 50 years old, and lower numbers of those over 60 years old.

This is likely due to strong promotion of the survey through Harmony Alliance networks, which likely had better reach to working-age respondents.

Figure 2. Age of respondents compared to all women in Australia

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In total, respondents were born in 82 different countries. The most common country of birth of respondents was India. This was well ahead of other responses at 40 per cent; the second most common country, Iraq, received almost half the number of responses, at 22 per cent. Rounding out the top five countries of birth of respondents were Afghanistan (15 per cent), Vietnam (14 per cent) and Syria (12 per cent).

The table below compares the top countries of birth of respondents with the top countries of birth of all Australians, as recorded by the 2016 census, and of recent permanent migrants to Australia, as recorded by the Department of Social Services’ settlement data. Commonalities between the data sets include the high positioning of India, China and Vietnam.

Table 1. Top 10 countries of birth

<table>
<thead>
<tr>
<th>Respondents</th>
<th>All Australians⁵</th>
<th>Permanent Settlers in April–June 2018⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>Australia</td>
<td>India</td>
</tr>
<tr>
<td>Iraq</td>
<td>England</td>
<td>China</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>New Zealand</td>
<td>Philippines</td>
</tr>
<tr>
<td>Vietnam</td>
<td>China</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Syria</td>
<td>India</td>
<td>Nepal</td>
</tr>
<tr>
<td>Australia</td>
<td>Philippines</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Iran</td>
<td>Vietnam</td>
<td>Pakistan</td>
</tr>
<tr>
<td>Nepal</td>
<td>Italy</td>
<td>Australia</td>
</tr>
<tr>
<td>Sudan</td>
<td>South Africa</td>
<td>Malaysia</td>
</tr>
<tr>
<td>China</td>
<td>Malaysia</td>
<td>Thailand</td>
</tr>
</tbody>
</table>

Figure 3 depicts respondents’ birthplace by continent. Of note, within the Americas category, Central and South Americas comprised 7 per cent of the total number of respondents. The Middle East, which spans multiple continents, accounted for 19 per cent of the total, while Asia without the Middle East was the birth continent of 38 per cent of total respondents.

LANGUAGE SPOKEN AT HOME

In total, respondents to the survey spoke 51 different languages at home, with English by far the most widely spoken at 34 per cent. The top ten are depicted below.
COUNTRY SPENT MOST TIME IN

Table 2

<table>
<thead>
<tr>
<th>Country spent most time in</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>37</td>
</tr>
<tr>
<td>India</td>
<td>8</td>
</tr>
<tr>
<td>Iraq</td>
<td>4</td>
</tr>
<tr>
<td>Syria</td>
<td>4</td>
</tr>
<tr>
<td>Iran</td>
<td>3</td>
</tr>
</tbody>
</table>

Respondents were asked about the country(ies) that they had spent the most time in, recognising that a person’s country of birth and language spoken at home can only tell so much about their migration story.

37 per cent of respondents listed Australia in their answer, as either the only country where they had spent the most time, or alongside another. Almost half of respondents to the online survey in English (23 per cent of total respondents) listed Australia alongside another country. While it is possible that many of these respondents had spent the same amount of time in Australia as the other country, it is also likely that this trend speaks to how people construct identity. Some respondents, who had been in Australia for longer than their origin country, may not have wanted to only list Australia, for fear of losing their heritage. Others who had not been in Australia for as long as their origin country, may have wanted to be sure that they were considered Australian, and so listed the two together. This tells an important story of the value of holding multiple identities and the problems of a singular Australian narrative.

MIGRATION PATHWAYS

Figure 4. Respondents’ main reason for coming to Australia
By far the most common reasons for respondents having moved to Australia were humanitarian or to follow a partner or spouse. The next tier of reasons was because parents had moved, to study and to follow other family members or friends. Within the ‘Other (please specify)’ category (14 per cent), respondents fell predominantly into two categories: just under 10 per cent had moved for better opportunities or quality of life, and approximately 4 per cent were second generation migrants.

Due to low responses to the categories of ‘to look for a job’ and ‘to take up a job I had been offered’, these two categories will be combined in migration pathway comparisons throughout the survey, falling broadly under an ‘economic/job’ umbrella. As ‘to set up a business’ and ‘as a tourist’ did not receive a statistically significant number of responses, these groups will be excluded from migration pathway comparisons throughout the survey.

When compared to government settlement data reports of permanent settlers to Australia for April–June 2018, the survey attracted a high proportion of respondents who had arrived as humanitarian migrants (refugees), and a low proportion of skilled migrants.

This may be because refugees are more likely to be connected to networks like the Harmony Alliance through settlement supports available to them on arrival. It could also be that refugees are more likely to be active in advocacy and community actions due to the negative stereotypes they often face in the Australian media.

Figure 5. Respondents’ migration pathways compared to permanent settlers April–June 2018

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Figure 6 shows a fairly even representation of respondents across the different five-year intervals of time spent in Australia, with the exception of ‘more than 15 years’. This may in part be due to the fact that ‘15 years or more’ encapsulates a larger period of time than the other groupings. In addition, the longer someone has lived in Australia, the more likely it is that they will be able to access an online survey in English, and that they have come across networks such as the Harmony Alliance.

WHERE RESPONDENTS LIVE

The map adjacent shows the location clusters of where respondents live. Just 29 respondents did not live in capital cities in Australia. A small number of observations have been included throughout this report to highlight potential trends regarding those who live in capital versus non-capital cities; however, the small number of respondents mean that these findings are not statistically significant.
PAPER SURVEY RESPONDENTS

Although only constituting a small number, the 15 respondents who completed the survey using a hardcopy survey had a noticeably different profile to online respondents. Almost half of hardcopy respondents were over 60 years old and almost half had migrated for humanitarian reasons. The clear majority (80 per cent) had been in Australia for over 15 years. In some instances in this report, where indicated, hardcopy responses have been separated to highlight how this profile and survey mode affected results.

SELF-IDENTIFIED ETHNICITY

The word cloud below represents the many different ways in which respondents described themselves when asked to describe their ethnic background. This question was intentionally designed as an open response, in an attempt to capture a glimpse of the diverse ways in which people identify.
Respondents were asked how worried they were on a scale of one to five (where one was not at all worried and five was extremely worried) about a list of issues for themselves and their family. The issue of greatest concern to respondents was money/savings for the future, with 57 per cent of respondents rating their concern as a four or five out of five, followed by getting or keeping a job at 48 per cent. Discrimination was an issue of particular concern for respondents, with 37 per cent rating it as a four or above.

The table adjacent shows the percentage of total respondents who rated their concern about these particular issues as a four or five out of five.

<table>
<thead>
<tr>
<th>Issue of concern</th>
<th>Percentage of respondents who ranked the issues as four or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money/savings for the future</td>
<td>57</td>
</tr>
<tr>
<td>Getting or keeping a job</td>
<td>48</td>
</tr>
<tr>
<td>Discrimination</td>
<td>37</td>
</tr>
<tr>
<td>Housing</td>
<td>33</td>
</tr>
<tr>
<td>Mental health</td>
<td>30</td>
</tr>
<tr>
<td>Physical health</td>
<td>28</td>
</tr>
<tr>
<td>Fitting into Australia/acceptance</td>
<td>27</td>
</tr>
<tr>
<td>Education</td>
<td>23</td>
</tr>
<tr>
<td>Immigration status</td>
<td>21</td>
</tr>
<tr>
<td>Personal safety</td>
<td>21</td>
</tr>
<tr>
<td>Reproductive health</td>
<td>13</td>
</tr>
</tbody>
</table>

N = 288 – 305 (varies by issues)

Q: How worried are you about the following issues for you and your family? (where 1 is not at all worried and 5 is extremely worried)
The proportion of respondents concerned about money/savings and getting/keeping a job decreased as respondents’ age increased.

**Figure 7. Respondents’ concern by age**

Concerns about getting/keeping a job also decreased the longer that respondents had spent in Australia.

**Figure 8. Respondents’ concern about getting/keeping a job, by time spent in Australia**
Discrimination was an issue of relative concern across all lengths of time spent in Australia.

Figure 9. Respondents' concerns by time spent in Australia

A small downward trend based on time spent in Australia can be observed in Figure 9, interrupted by a spike at 11–15 years. A spike in concern at 11–15 years also interrupted a potential downward trend for ‘fitting into Australia/acceptance’.

Figure 10 shows that when considering the total proportion of highly concerned respondents (rating an issue as four or five out of five), those who had been in Australia for 11–15 years were almost as likely to be highly concerned as those who had arrived in Australia in the last five years.

Figure 10. Respondents' level of concern across issues, by time spent in Australia
Respondents who spoke a language other than English at home were approximately 10 per cent more likely to rate their concern as at least a four out of five when compared with respondents who spoke English at home. Issues of particular disparity (of at least 10 per cent) included: getting or keeping a job; discrimination; housing; education; immigration status; personal safety; and fitting into Australia/acceptance.

When respondents were asked to describe what the most important issue was currently to them in an open ended question, the top theme to emerge was employment, with 24 per cent of responses touching on or solely concerned by this issue. This was followed closely by discrimination with just over a fifth of respondents noting it as their major concern.

**Table 4. Most important issue to respondents currently**

<table>
<thead>
<tr>
<th>Issue of concern (freeform responses divided thematically)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>24</td>
</tr>
<tr>
<td>Discrimination</td>
<td>21</td>
</tr>
<tr>
<td>Finances</td>
<td>15</td>
</tr>
<tr>
<td>Health</td>
<td>14</td>
</tr>
<tr>
<td>Accommodation</td>
<td>8</td>
</tr>
<tr>
<td>Immigration status</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
</tr>
<tr>
<td>Personal safety</td>
<td>7</td>
</tr>
<tr>
<td>Broader concerns</td>
<td>21</td>
</tr>
</tbody>
</table>

N = 260
Q: What is the most important issue to you currently?

Common issues that emerged within the ‘broad concerns’ umbrella, which were not seen in the previous ranking of issues, included: ageing; hopes and concerns for children; language barriers; and concerns regarding growing divisions in society, both in regards to divisive political rhetoric and inequalities within society.

Respondents from non–capital cities were more likely to be highly concerned about discrimination, with 50 per cent rating their concern as a four or above, compared with 37 per cent of all respondents. Other issues of greater concern for respondents who did not live in a capital city were mental health (39 per cent) and education (36 per cent).8

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THE MOST IMPORTANT ISSUE TO ME CURRENTLY IS...

“DISENCHANTMENT WITH AUSTRALIAN POLITICS AND DEMOCRACY”

“RECLAIMING MULTICULTURALISM”

“THE LACK OF A TREATY WITH FIRST NATION’S [PEOPLE]”

“MY FAMILY’S SAFETY BACK HOME”

“IDENTITY… FINDING MYSELF AND FITTING IN”
For comparison, the Scanlon Foundation’s Mapping Social Cohesion annual survey asks respondents what they think is the most important problem facing Australia today. Although this question focuses on the country’s problems rather than the individual’s concerns, it is notable that in all surveys between 2010 and 2017, the top issue to emerge has been related to the economy, unemployment and poverty.

This demonstrates that the issues pre-occupying women from migrant and refugee backgrounds mirror the concerns of all Australians. In contrast, however, racism has largely been an issue of lower concern for respondents to the Social Cohesion survey, compared to the high level of focus on discrimination that emerged in this survey.

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**KEY FINDINGS**

- The issue of greatest concern to respondents was money/savings for the future, followed by getting or keeping a job.

- Discrimination was an issue of concern, irrespective of the amount of time spent in Australia by respondents.

- An anomalous high level of concern across all issues was observed for respondents who had been in Australia for 11–15 years.

- Respondents who spoke a language other than English at home were more likely to be concerned about all issues compared to those who spoke English at home.

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Respondents were asked how they found their experience settling in Australia. The majority of respondents described their experience as either ‘good’ (48 per cent) or ‘very good’ (23 per cent), with only 4 per cent of respondents describing their experience as ‘very hard’.

Respondents from non-capital cities were less likely to have settled easily, with only 62 per cent describing their experience as ‘good’ or ‘very good’. These findings were slightly less positive than the findings of the Building a New Life in Australia (BNLA) study, which spoke to humanitarian migrating units who arrived in Australia or had their permanent visas granted in the six months between May and December 2013, where 89 per cent of wave 3 respondents rated their overall settlement experience as ‘good’ or ‘very good’.10

Figure 11 shows respondents who found their experience ‘hard’ or ‘very hard’ by reason for coming to Australia. Although there was a fairly even spread across most reasons for coming to Australia, there was a clear group who found the experience easier (‘to study’ at 17 per cent), and a clear group who found it more difficult (‘to follow a partner/spouse’ at 39 per cent).

Figure 11. Difficult settlement experience, by reason for coming to Australia

Figure 12 shows that the likelihood of a difficult settlement experience (‘hard’ or ‘very hard’) reduced the longer that respondents had spent in Australia, with the exception of 11–15 years.

This finding points to the fact that settling in a new country takes time, and that support is particularly important in the early years after arrival.

Figure 12. Difficult settlement experience, by time spent in Australia

N = 294
Q: Overall has your experience settling in Australia so far been...?
Base: Percentage of each group of time spent in Australia who answered Hard or Very Hard.
KEY FINDINGS

- 71 per cent of respondents described their experience settling in Australia as good or very good, compared with 89 per cent of BNLA respondents.

- Respondents who had moved to Australia to follow a partner or a spouse found the settlement experience more difficult than other respondents, while those who moved to study found it easier.

- Respondents were less likely to describe their experience settling in Australia as hard or very hard the longer they had been in Australia, with the exception of a spike at the 11–15 year mark.
RESPONDENTS WHO HAD MOVED TO AUSTRALIA TO FOLLOW A PARTNER OR A SPOUSE FOUND THE SETTLEMENT EXPERIENCE MORE DIFFICULT THAN OTHER RESPONDENTS, WHILE THOSE WHO MOVED TO STUDY FOUND IT EASIER.
Employment is an important element of settlement for migrants and refugees, boosting financial security and building local networks. For women from migrant and refugee backgrounds employment brings additional benefits by reducing isolation and building independence, critical to reducing vulnerability to family and domestic violence.

Women from migrant and refugee backgrounds have valuable skills to offer workforces, including, but not limited to, alternate world-views and thinking, international experience, access to wider networks, and cultural and linguistic capacity. Increasing the employment outcomes of women from migrant and refugee backgrounds is of particular benefit to individual companies, with research finding that diversity in the workplace improves performance. McKinsey & Company concludes that gender diverse companies are 15 per cent more likely to perform better than their peers, jumping to 35 per cent for ethnically diverse companies. Moving beyond tokenistic appointments and towards a critical mass of diverse representation (approximately 30 per cent), improves companies’ reward by boosting divergent thinking.

WHO’S WORKING?

Of respondents to this survey, 77 per cent had had a job or done paid work in Australia in the last twelve months. This increased noticeably to 85 per cent for respondents who completed the survey online in English, and fell sharply to 55 per cent for respondents who answered in a language other than English online, and further again to 21 per cent for those who answered using a hardcopy survey. Respondents who did not live in capital cities were also more likely to have worked, at 85 per cent.

13 This is a potential trend, but not statistically significant. See Profile of Respondents ‘where do respondents live?’ for more information.
Figure 13. Paid employment in last 12 months by length of time in Australia

Figure 13 shows that the percentage of those working in the last twelve months increased steadily with the number of years that respondents had been in Australia, with the exception of more than fifteen years. This category was impacted by the low work rates of hard copy respondents; 79 per cent had been in Australia for more than 15 years, of whom only 9 per cent had engaged in paid work in the last twelve months. In comparison, 88 per cent of the corresponding group of online English survey respondents had worked in the last twelve months.

Table 5. Paid employment in the last 12 months by reason for moving to Australia

<table>
<thead>
<tr>
<th>Main reason for moving to Australia</th>
<th>Percentage of group who worked in last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>To study</td>
<td>96</td>
</tr>
<tr>
<td>Because my parents moved here</td>
<td>89</td>
</tr>
<tr>
<td>To follow other family members or friends</td>
<td>79</td>
</tr>
<tr>
<td>Look for or take up a job</td>
<td>77</td>
</tr>
<tr>
<td>To follow a partner/spouse</td>
<td>70</td>
</tr>
<tr>
<td>For humanitarian reasons (refugee)</td>
<td>66</td>
</tr>
</tbody>
</table>
Based on the main reason for moving to Australia, those who came to study were the most likely to have worked in the last twelve months. Those who came to Australia for humanitarian reasons were the least likely to have worked, at 66 per cent, while those who came to Australia to follow a partner/spouse performed only marginally better at 70 per cent.

### Not working

- **29%** with children under 18 years
- **11%** no children under 18 years

As might be expected, those with children under 18 years old were less likely to have worked than those without children; 29 per cent of respondents with children had not worked in the last twelve months, compared to only 11 per cent of those without.\(^4\) This is a significant gap when compared with ABS Labour Force data, that showed only a 5 per cent gap between women with children under the age of 15 (27 per cent) and women without children (33 per cent).\(^5\) \(^6\)

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\(^4\) Data excluded those aged below 20 and above 60 years old, to allow for relevant comparison with ABS Labour Force data, which would have been skewed by the number of retirees without children if women over 65 years old had been included in the dataset.


\(^6\) Combining data on unemployment and not in the labour force, as the comparative survey question will have captured both.
Figure 14. Job satisfaction by time living in Australia

Figure 15. Job satisfaction by age

N = 227
Q: How satisfied are you with the job or paid work that you have done in the last 12 months? (if you have had multiple jobs, please answer the question based on your main job)
Base: Percentage of each group of time spent in Australia who answered Very satisfied.

Figure 14 shows a steady increase in job satisfaction based on time living in Australia.

N = 213
Q: How satisfied are you with the job or paid work that you have done in the last 12 months? (if you have had multiple jobs, please answer the question based on your main job)
Base: Percentage of each age group who answered Somewhat satisfied or Very satisfied.

Figure 15 highlights a curve of job satisfaction based on age — moving steadily upwards between 21 and 49 years old, before sloping backwards between 49 and 60+.
The least satisfied group, based on respondents’ primary reason for moving to Australia, was following a partner or a spouse; 19 per cent of this group reported being somewhat or very dissatisfied with their work. This is notably different to those who followed other family members or friends (7 per cent).

Of course, not all respondents wanted to work. In fact, 61 per cent of those who had not worked in the last twelve months were not looking for work. A significant proportion of this figure can be accounted for by retirement — 93 per cent of respondents over 60 who had not worked in the last year were also not looking for work. Another significant cohort were those who had arrived as a partner or spouse; of those who had not worked in the last year, 56 per cent were not looking.

“I’VE FOUND IT HARD TO GET A JOB BECAUSE…] IT COMES DOWN TO WHO YOU KNOW.”

The most common reasons for why respondents had found it hard to find work were:

- I am not offered interviews, even though I am qualified
- I do not have strong networks (family/community/friends) in Australia
- I cannot get a job in the same occupation as I had overseas
- I do not have work experience in Australia
These responses reiterate findings of the BNLA report. In response to a similar question, the BNLA top four reasons also included I don’t have Australian work experience and I couldn’t get a job in the same occupation I had overseas.\(^{17}\) \(^{18}\)

The other two strong reasons of the BNLA sample—my English isn’t good enough and I don’t have necessary skills or qualifications—were not echoed in the Migrant and Refugee Women’s Voices Survey.

Of those who had looked for work in the last twelve months, 41 per cent had used Centrelink or an employment agency. 79 per cent of those individuals found Centrelink or the employment agency to have been not so helpful or not at all helpful. Reasons cited by respondents for this included: the service’s lack of experience working with non-citizens; not offering sufficient basic assistance such as application writing skills; discrimination; and a lack of assistance to build local networks.

Centrelink/employment services could be improved by...

“TREATING PEOPLE EQUALLY”
“TAKING CARE OF MIGRANTS AND THE SUFFERING THEY HAVE EXPERIENCED”

Skills recognition was also a process in need of improvement, according to the majority of respondents who had tried to have an education or skills qualification recognised in Australia in the past two years. 23 per cent found that the process was somewhat hard while 40 per cent found that it was very hard. Respondents recommended that the process could be improved by providing better information and reducing costs, while also noting the need for accrediting bodies to develop a better understanding of overseas universities and the qualifications they provide.

“[THE OVERSEAS QUALIFICATION RECOGNITION PROCESS] COSTS TOO MUCH AND IS A LENGTHY PROCESS”

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\(^{17}\) DSS, BNLA (Canberra, 2017), p 41.
\(^{18}\) From which the question in the Migrant and Refugee Women’s Voices Survey was adapted.
Migration related factors and gender are important social determinants of health. Migrants and refugees face particular barriers to accessing health services, including limited knowledge of the health system, limited trust in health service providers, and language and cultural differences. Women may experience greater vulnerability due to societal stigmatisation of various women’s health-related topics.

Strong health literacy and health system literacy of women can have a direct positive impact on family care and community health more broadly. Health literacy refers to an individual’s capacity to make informed decisions about health and health care, while health system literacy is an understanding of the different types of health care available and how to access them. Low individual health literacy and health system literacy are associated with higher levels of chronic disease, higher rates of hospitalisation and emergency care, and poorer health status generally. Conversely, healthier and better-informed women are more likely to influence the health-promoting choices of family members and to reduce the use of acute health services.

WHO’S RECEIVING INFORMATION ABOUT HEALTH?

In order to gauge the health system literacy of women from migrant and refugee backgrounds, respondents were asked if they had ever received advice about where to find information or help for health problems. 24 per cent of respondents had never received advice regarding either physical or mental health problems, while 20 per cent had only received advice regarding either physical or mental health problems, while 20 per cent had only received advice regarding either physical or mental health issues, but not both.
Table 6. Did not receive advice about where to find information or help for health problems, by reason for moving to Australia

<table>
<thead>
<tr>
<th>Reason for moving to Australia</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look for or take up a job</td>
<td>33</td>
</tr>
<tr>
<td>To study</td>
<td>30</td>
</tr>
<tr>
<td>For humanitarian reasons</td>
<td>26</td>
</tr>
<tr>
<td>(refugee)</td>
<td></td>
</tr>
<tr>
<td>To follow a partner/spouse</td>
<td>25</td>
</tr>
<tr>
<td>Because my parents moved here</td>
<td>18</td>
</tr>
<tr>
<td>To follow other family</td>
<td>11</td>
</tr>
<tr>
<td>members or friends</td>
<td></td>
</tr>
</tbody>
</table>

N= 237
Q: Have you ever received advice about where to find information or help for health problems (including both physical or mental health)?
Base: Percentage of each group of main reason for Coming to Australia who answered No

The table adjacent shows that those who arrived in Australia with networks (following friends or family, including partners and parents) were more likely to have received advice about health information than those who moved for a job, to study, or for humanitarian reasons. Economic migrants and international students were more than 10 per cent more likely than other respondents to not have received information about health systems in Australia.

Figure 17. Did not receive advice about where to receive information or help for health problems, by years in Australia

N = 281
Q: Have you ever received advice about where to find information or help for health problems (including both physical or mental health)?
Base: Percentage of each group of time spent in Australia who answered No.

Figure 17 shows a strong correlation between the time a respondent has spent in Australia and the likelihood that they have received advice about health information.
Received no advice about health information

N = 268
Q: Have you ever received advice about where to find information or help for health problems (including both physical or mental health)?
Base: Percentage of group who spoke English at home and group who spoke a LOTE at home who answered no.

Respondents who spoke a language other than English at home were over 10 per cent more likely not to have received any advice regarding health information, compared with those who spoke English at home.

Those that had received advice about both physical and mental health assistance overwhelmingly found the information helpful (99 per cent). The top three ways to have received this information were:
- From a doctor (27 per cent)
- Internet search (15 per cent)
- Word of mouth (15 per cent)

Figure 18. Accessing information on health

Figure 18 compares where respondents who had received information regarding health (physical, mental or both) had received it, with where those who had not received information said it could be best delivered to them. Doctors remain the most popular method of delivery in both instances.

Word of mouth and internet searches are currently being relied upon more than respondents would like, while respondents showed a preference for greater delivery of information through traditional media such as radio, tv, local paper/magazine and national papers, as well as through social media platforms.
Very few total respondents used interpreting assistance when accessing health services: 8 per cent some of the time; 2 per cent most of the time; and 4 per cent always. These figures, however, jumped, from 15 per cent total for the three categories to 49 per cent, when narrowed to respondents who answered the survey in a language other than English, either online or in hardcopy.

89 per cent of respondents who had relied on interpreters when using health services were satisfied with the service (61 per cent ‘very satisfied’ and 28 per cent ‘somewhat satisfied’).

Figure 19. Reasons for not accessing interpreters more often when using health services

- I don’t know how to access an interpreter
- Interpreter was not available in my language
- Interpreter was not available when I needed it
- I had to pay for interpreter and it cost too much
- I don’t trust interpreters
- I was told that my English was too good to need an interpreter

N = 53
Q: Why have you not requested an interpreter more often when using health services? (choose one. If more than one applies, choose the one that stopped you from using an interpreter the most).

Of those who did not regularly rely on interpreters when accessing health services (‘some of the time’ or ‘never’), 66 per cent of respondents said that they had been told that their English was too good to need an interpreter.19

15 per cent of respondents who did not regularly use interpreters said that they did not trust interpreters. This reflects findings of other consultation processes of the Harmony Alliance, where consumers have indicated a lack of trust in interpreters maintaining confidentiality and impartiality.

19 85.7 per cent for English responses and 55 per cent for LOTE responses (online and hardcopy).
Figure 20 compares reasons for not accessing interpreting services more often when using health services, to findings of the BNLA report regarding accessing interpreting services more broadly.\(^\text{20,21}\)

A common issue across the two surveys was of respondents being told that their English was too good to need an interpreter. Reasons found by the BNLA that were not mirrored in this survey included ‘I don’t know how to access an interpreter’ and ‘Interpreter was not available in my language’.

WHO HAS PRIVATE HEALTH INSURANCE?

44 per cent of respondents had private health insurance compared to 57 per cent of Australians generally. This remained steady at 41 per cent for those aged over 30, the age at which the Lifetime Health Cover loading starts.\(^\text{22,23}\) Respondents who did not live in a capital city were closer to the general Australian rate, at 56 per cent.\(^\text{24}\)

64 per cent of those that didn’t have private health insurance claimed it was because it was too expensive. Other reasons included the difficulty of understanding policies and private health systems.

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\(^{20}\) For this comparison, ‘other’/‘non-specific responses’ have been included to make responses more comparable. BNLA’s question did not include the option ‘I don’t trust interpreters’.

\(^{21}\) DSS, BNLA, (Canberra 2017), p 30.


\(^{23}\) See privatehealth.gov.au/healthinsurance/incentivessurcharges/ for more information.

\(^{24}\) This is a potential trend, but not statistically significant. See Profile of respondents ‘where do respondents live?’ for more information.
Figure 21. Respondents with Private Health Insurance by age

Figure 21 shows that private health insurance uptake increases with age.

Figure 22. Respondents with Private Health Insurance by reason for moving to Australia

Figure 22 shows the percentage of respondents with private health insurance by reason for moving to Australia. The reasons include:
- Parents moved here
- Follow other family members or friends
- Follow a partner/spouse
- For humanitarian reasons (refugee)
- To look for/take up a job
- To study

N = 230
Q: Do you have private health insurance?
Base: Percentage of each group of main reason for moving to Australia who answered yes.
Based on the primary reason for moving to Australia, humanitarian entrants were by far the least likely to have private health insurance at 17 per cent. This is a particularly concerning trend when considering the potential of pre-arrival trauma to impact on health outcomes in the long term.

Another worrying trend is the more than 10 per cent difference in cover between respondents with children under 18 and those without.

Respondents were asked how worried they were about certain issues, for both themselves and their family (See section 3 of this report). A correlation was observed between those without private health insurance and those extremely worried about physical and mental health (18 per cent compared with 6 per cent of those with private health insurance). Correspondingly, having private health insurance seemed to assuage some respondents’ fears regarding physical and mental health — 28 per cent of respondents with private health insurance were ‘not at all worried’ about physical health, in comparison to 17 per cent of those without.

Figure 23. Concern about physical and mental health by health cover

Q: How worried are you about the following issues for you and your family (where 1 is not at all worried and 5 is extremely worried)?
Physical Health; Mental Health.

N (responses) = 238 Base: Percentage of group with private health insurance.
N (responses) = 302 Base: Percentage of group without private health insurance.
KEY FINDINGS

- 24 per cent of respondents had never received advice regarding either physical or mental health problems.
- 20 per cent of respondents had received advice regarding either physical or mental health problems, but not both.
- Respondents who had come to Australia to look for/take up a job or to study were more than 10 per cent less likely to have received information about health systems.
- Respondents who spoke a language other than English at home were 10 per cent less likely to have received advice regarding health systems.
- 66 per cent of respondents who did not access interpreters regularly for health services said they were told that their English was too good to need an interpreter.
- 44 per cent of respondents had private health insurance compared to 57 per cent of Australians generally.
- Respondents without private health insurance were noticeably more concerned about the physical and mental health of themselves and their families.
WOMEN FOLLOWING PARTNERS/SPUSES

The findings of this survey have highlighted the need to provide better support for migrants moving to Australia to follow a partner or a spouse. This group were the most likely to have had a more difficult experience settling in Australia — with 39 per cent of this cohort describing the experience as ‘hard’ or ‘very hard’, compared with 29 per cent of all respondents.

Those who moved to Australia to follow a partner or a spouse were the second least likely group to have had a job or done paid work in the last twelve months, performing only 4 per cent better than those who had moved for humanitarian reasons. This indicates that the isolation and disconnect caused by migration may have almost as much impact on women’s engagement in the workforce as arriving as a refugee, but supported by systematic settlement assistance.

Respondents who followed a partner or spouse were also the least satisfied cohort at work. This could reflect the fact that many partner migrants have fewer push factors for leaving their home country, where they may have been well settled and held satisfactory employment. More than half of this group who had not worked in the last twelve months were not looking for work, which could indicate the impact of expectations regarding the caring roles of wives and partners on the ability or desire of women from migrant and refugee backgrounds to look for work.

These findings build on growing evidence that partner migrants are not being sufficiently assisted by Australian migration and settlement programs to navigate new systems and to secure sustainable and meaningful employment. This comes at a cost to both the individual and Australia, as outlined in an AMES report, “Hidden Assets: partner migration, skilled women and the Australian workforce”. These results are also in keeping with findings from broader consultations of the Harmony Alliance, where members and stakeholders have outlined concerns that women arriving on family or secondary skilled visas are often left isolated or dependent on their partner for support in settling in a new country.
TIME IN AUSTRALIA

The amount of time spent in Australia by respondents had a significant impact on their outlooks. A steady improvement in how people described their settlement experience and their satisfaction at work was seen the longer that respondents had spent in Australia. This highlights that settlement is a long-term and ongoing process, and that migrants are more likely to feel positively about this journey the longer they live in the country.

An anomalous spike could be seen for respondents who had spent 11–15 years in Australia for several downward trends, including for those who described their settlement experience as difficult, and those who showed high concern regarding both discrimination and fitting in/acceptance. It is possible that this is simply an exception; however, it is notable that those who migrated around 11–15 years ago arrived to a deeply divided social landscape, with a climate of suspicion towards foreigners in Australia following the September 11, 2001 attacks in the US and the ‘children overboard’ incident ahead of the 2001 Australian federal election. More research into the long-term impact of divisive rhetoric on migrants’ sense of belonging would be useful to understand this finding.

LANGUAGE BARRIERS

The findings of this survey highlighted the barriers that are still imposed by language differences. A higher level of worry (10 per cent or more difference) was seen across a range of issues for respondents who spoke a language other than English at home, including: getting or keeping a job; discrimination; housing; education; immigration status; personal safety; and fitting into Australia/acceptance.

There was also a clear disparity in the percentage of respondents who had worked in the last twelve months based on the mode of survey they used: 85 per cent of those who completed the survey online and in English compared with 55 per cent of those who completed the survey online and in a LOTE. This is likely reflective of significant barriers that proficiency in English language pose to gaining employment.

Another significant gap was noticed in the number of respondents who had received advice about where to get information or help regarding health problems for those who spoke a language other than English at home — with 29 per cent never having received advice regarding either physical or mental health, compared with 15 per cent of those who spoke English at home. This highlights a clear need for more effective and widespread delivery of basic information in languages other than English.

DISCRIMINATION

An undercurrent of discrimination permeated the survey, both in questions directly related to discrimination and in free form answers. 37 per cent of respondents rated their concern about discrimination as a four or a five out of five when asked how worried they were about the issue for themselves and their family. 32 per cent of respondents believed that they had at some point been discriminated against, stopped from doing something, been hassled or made to feel inferior in the workplace, because of their ethnicity, religion or skin colour; 25 per cent believed that the same had happened to them based on their gender. Under half of respondents (45 per cent) said that this had not happened to them at all.

“MY KIDS GET PICK[ED] ON... BECAUSE [OF] MY ACCENT”

Discrimination appeared as a reason in five out of the eight open-ended answers of the survey, where it could have been a logical response to the question. Of particular note, when asked to describe what the most important issue was currently to them 21 per cent of respondents included discrimination in their response.
“[MY MAIN CONCERN IS] NOT BEING JUDGED BY THE COLOUR OF MY SKIN”

Discrimination in an employment setting was a notable theme of the survey. 13 per cent of those not satisfied with their jobs highlighted discrimination as an issue. Those who believed that they had been discriminated against in the workplace, either due to ethnicity or gender, were more than 30 per cent more likely to have looked for work in the last 12 months, giving some indication of the cost of discrimination in the workplace.

The curve of job satisfaction that was observed based on respondents’ age—moving steadily upwards between 21 and 49 years old, before sloping backwards between 49 and 60+—could reflect a steady increase in access to sought-after jobs as candidates’ experience grows, before a decline in opportunities due to the double glass ceiling of gender and ethnic unconscious bias and discrimination. For those having trouble getting a job, the top reason given for this difficulty was “I don’t get interviews even though I am qualified”. While this could be a reflection of the current job market, it also alludes to respondents’ perception of bias or discrimination in the hiring process.

“[IN MY JOB THERE IS A] LACK OF EQUITY FOR WOMEN”

Dissatisfied users of Centrelink and employment services also outlined their belief that providers were discriminating against people based on their backgrounds, and noted the need for staff to treat people equally as a key area for improvement.

“ONE [INTERVIEWER] EVEN SAID THEY CAN’T UNDERSTAND ANYTHING I SAY, WHEN I CLEARLY SPEAK ENGLISH.”

The strong theme of discrimination throughout survey findings is in keeping with messages that the Harmony Alliance heard at our 2018 membership forum of growing concern regarding the impacts of discrimination and racism on women from migrant and refugee backgrounds living in Australia.

HEALTH

Survey findings regarding who had received information about health systems highlighted the need for more effective information sharing for migrants soon after arrival. In particular, economic migrants and international students, who may not have strong networks in Australia, were not systematically accessing health information.

A common issue identified across this survey and the BNLA report was that many respondents were not accessing interpreters more often when using health services because they were told that their English was too good. This could be an indication of a tendency among health service providers to discourage the use of interpreting services, due to the inconvenient process (both costly and time consuming) of engaging them. It highlights a need to ensure all health service providers are well-informed regarding appropriate use of interpreting services.

The survey also identified a low uptake of private health insurance by respondents when compared to the general Australian population. This is not only causing a potential burden on the public health system but also generating ongoing worry for individuals. The fact that cost was cited as the main deterrent for private health insurance suggests that the incentive/punishment system of the Australian Government to encourage the use of private health system (rebates, premiums and surcharges administered through the tax system) is not working as effectively for migrants. There is a need for further research in order to identify gaps in private health cover and tax incentives for migrants, including those who arrive aged 30 or above and non-citizens.