



**MAT – ECARU**  
**(Migrant Action Trust – Ethnic Communities Advocacy and Research Unit)**

**An evaluation of the settlement services provided to former  
refugees arriving via the Refugee Quota Programme**

**18 April 2023**

Acknowledgments: The research team wish to express their gratitude to the families and community members that shared their experiences and knowledge, and to the interpreters that assisted with the study.

Commissioned by Ministry of Business, Immigration and Employment - Immigration New Zealand Refugee and Migrant Support.

Research undertaken by Migrant Action Trust - Ethnic Communities Advocacy and Research Unit (MAT – ECARU).

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## **Executive Summary**

In December 2022, Immigration New Zealand Refugee and Migrant Support contracted Migrant Action Trust<sup>1</sup> to undertake an evaluation of service providers delivering services to former refugees arriving via the Refugee Quota Programme.

This evaluation study was prompted by concerns raised by service users<sup>2</sup> and community organisations about the services received from service providers in some of the resettlement locations throughout Aotearoa.

Prior to 2019, New Zealand Red Cross was the single provider of refugee resettlement Services in eight settlement locations<sup>3</sup>. In 2019, as part of a procurement process, two new providers were appointed to deliver services in the newly established locations of Ashburton and Timaru. New Zealand Red Cross was awarded the contract in 3 other new locations - Levin, Masterton, and Blenheim.

The new contracts for all providers have been in place since 1 July 2022 and their first quarterly narrative reporting has been completed.

This is an outcomes evaluation in that it looked at actual impacts and benefits for service users from the services provided (Boothroyd, 2018). The evaluation sought to determine the experiences of service users, whether they understood the services provided, and if the expectations of the service users differed from the services provided. The evaluation also sought to determine whether there were variations in service provision across settlement locations and providers, and potential areas for service improvement.

## **Methodology**

The researchers met online with service providers and Immigration New Zealand Refugee and Migrant Support in January to introduce the evaluation study to the service providers and answer any questions.

Service providers were sent Participant Information Sheets that detailed the evaluation study including the aim, purpose, and what was expected of the service users participating in the study. Service providers were asked to inform all service users who had arrived since July 2022 that they might be contacted by the researchers to take part in an evaluation study.

The service users were those provided with services by each of the new service providers (Kāhui Tū Kaha (Tāmaki Makaurau – Auckland), Hamilton Multicultural Services Trust (Kirikiriroa – Hamilton), Purapura Whetu (Ōtautahi/Christchurch), Safer Mid Canterbury (Ashburton), and Presbyterian Support South Canterbury (Timaru). The areas of Pōneke/Wellington, Levin, Palmerston North, and Masterton, serviced by New Zealand Red Cross, were selected from their eight locations to allow for the variables of ethnicity and location.

The evaluation focuses on service users who had resettled from July 2022 to January 2023 when the evaluation study commenced.

The study involved a mixed method approach. A brief quantitative survey was carried out at the end of each interview with the family or the community members that were present. There

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<sup>1</sup> Migrant Action Trust is a non-profit community organisation. MAT has established an advocacy and research unit (ECARU) for ethnic communities led by ethnic researchers and employing culturally relevant and affirming research methodologies.

<sup>2</sup> 'Service users' is the term used by Immigration New Zealand Refugee and Migrant Support. While our preferred term is recently resettled communities, we understand that, for the purposes of this evaluation, the term 'service users' might be more appropriate.

<sup>3</sup> Tāmaki Makaurau/Auckland, Kirikiriroa/Hamilton, Palmerston North, Pōneke/Wellington, Nelson, Ōtautahi/Christchurch, Dunedin, Invercargill.

were some differences between the family and community interviews. In the family interviews, there was an understanding and awareness of the concerns or sentiments expressed as the family were likely to have experienced the same situations. Families were also more likely to make requests that would impact other members of the family. Community interviews tended to produce a range of experiences including with the service provider and the wider community. An interpreter was present at all the interviews.

In total, the researchers engaged with 62 recently resettled community members including at least 33 different families. Four family interviews and one community interview were carried out in Tāmaki Makaurau/Auckland; one community interview each in Kirikiriroa/Hamilton, Levin, Ashburton, and Timaru; one community interview and one family interview in Ōtautahi/Christchurch; and one family interview each in Pōneke/Wellington, Masterton and Palmerston North. [REDACTED] individual interviews were carried out by phone using WhatsApp (messaging and voice-over-IP service) with service users in Levin.

The interviews took place between 30 January 2023 to 22 February 2023. The later interviews took place in mid-March, 2023.

## **Findings**

### **Service provision**

The services that service users received appeared to be similar. Service providers were said to be delivering what was expected of them in relation to their contract with Immigration New Zealand Refugee and Migrant Support such as housing, enrolling children in schools and families into medical centres, English language classes, Work and Income NZ and banks, and taking them grocery shopping. For some service users, the quality of appliances and furniture was not appropriate.

The timeliness, consistency, and equality of the services provided differed even when the service provider was the same. The perception of the quality of the services provided, and the response times to service users' requests for assistance and services from service providers were critical to the satisfaction that service users experienced. Service users were informed that the services provided were only for one year.

The information from service providers and how it was communicated to service users also differed. Experienced providers were clear as to what they told service users they could not or did not provide, and were more likely to provide information to communities about where they could go for further assistance.

Most of the service users did not take their concerns to the service providers because they did not feel comfortable, did not want to risk their relationship with organisations that they depended on for their wellbeing, or did not think there was anyone who could help.

### **Service users' concerns**

Family members in refugee status overseas were a major concern for the service users who were frustrated at the complexity and lack of information and support to assist in family reunification.

Several of the community members were experiencing mental stress due to concerns about their families overseas, injuries incurred prior to coming to Aotearoa, inability to get these injuries and illnesses attended to by medical professionals, insufficient financial resources, inappropriate housing, difficulty obtaining proper identification, distance from essential facilities, and conflict with the service provider.

In general, service users were grateful to be in Aotearoa and to be provided with services.

### **Expectations of the resources provided**

The size, quality, cost, location, and utility of housing were major disappointments for several of the service users. Most service users requested Housing New Zealand homes largely because of the expectation of lower rent. The lack of higher education and public transport in some cities were barriers for those wanting to further their studies. Service users wanted access to education, employment, driving lessons, and proper identification.

Most of the service users were concerned about the cost of groceries and other essentials in relation to the amount of money they received from Work and Income NZ. They had heard that the settlement grant differed according to ages of family members, and number of people in the family. Service users wanted the constraints removed around where they could shop and what they could buy. Some service users expected to receive the same resources as others though that might have had to do with the resources provided by support organisations.

### **Relationships with communities and organisations**

Interpreters were not always available at crucial times for the service users. Some interpreters and case workers from the service providers were not trusted by the service users. Social workers attached to the service users were unable to assist because of the language barriers.

Many of the service users did not have contact with community organisations in the area while others had established contacts with other previously resettled communities from their country and had formed friendships. Some service users had found ways to contribute to their community.

Communities and councils with a focus on inclusion and integration of diverse communities were more likely to be friendly and supportive of service users and recently resettled communities. Individuals and institutions such as teachers, schools, health services, neighbours, and community organisations who had taken a personal interest in the wellbeing of resettled communities were more likely to offer support and assistance.

Volunteers and volunteer organisations played an important role in providing services, resources, information, and personal and social support to the service users.

### **Recommendations**

Immigration New Zealand Refugee and Migrant Support should consider the requirement for a standard formatting and reporting system for all service providers. Regular evaluations of these services should take place without constraining the uniqueness of service delivery or unnecessarily straining the valuable resources of the service providers (eg time and people).

Immigration New Zealand Refugee and Migrant Support should ensure that recently resettled communities have a safe and confidential organisation to approach if avenues to address their concerns with their service providers have failed. Service users should also be given the names and contact details of a person or persons to whom they can confidentially make complaints or address concerns.

Immigration New Zealand Refugee and Migrant Support should consider, as part of its criteria for awarding contracts to service providers, their networks, contacts, volunteer support, communication practices, record keeping, complaints system, and their reputation and practice of dealing with different communities.

Immigration New Zealand Refugee and Migrant Support should consider providing English language classes to the UNHCR mandated refugees who have been assessed to come to Aotearoa to help prepare them for life here, and so that they can better understand the different services and systems such as transport, education, health, and immigration.

Immigration New Zealand Refugee and Migrant Support should inform potential arrivals of the necessity and significance of identification materials such as passports and driver's licenses and to acquire these items, if possible, before leaving to come in Aotearoa.

Immigration New Zealand and service providers should encourage, promote, and ensure knowledge sharing among service providers.

Service providers should make better use of community organisations especially those organisations which work with Māori, migrants, and former refugees. Resources need to be given to smaller community and grassroots organisations that know more intimately the communities they serve. Resources and support should be given to Councils and programmes that welcome newcomers to the community.

Service providers should allow for independent and safe feedback from service users on their service provision. A system for scheduled wellbeing checks of service users, especially in the initial stages of arrival should be implemented.

Service providers should consider designing a list of essential contact numbers for service users (eg. hospital, police, interpreters, community organisations, Immigration New Zealand, Ministry for Ethnic Communities, school) accompanied by a list of names of available interpreters and volunteers. There should also be a telephone messaging system that is answered by a person.

Te Āhuru Mōwai o Aotearoa should consider a review of the education programs they offer to new arrivals to include knowledge of the history of Aotearoa and of colonization, workshops on social cohesion and engagement to build relationships with communities, and what living in the different regions might look like. Te tiriti of Waitangi and te reo Māori should be included within the education programme.

Professional counselling needs to be available, accessible, and affordable to recently resettled communities, many of whom are dealing with trauma from past situations and their current situation in Aotearoa.

Organisations and stakeholders should be cognisant of the relationships that former refugees have maintained with family and community in their place of origin or the country from which they came. It is important that new arrivals are aware of and informed about who can legally and realistically assist them.

Managing the expectations and realities of service users needs to be addressed in ways that help them understand the systems and processes regarding employment, housing, medical support, and Work and Income NZ grants.

### **Further research**

The evaluation study did not allow for the perspectives and experiences of service providers. Immigration New Zealand Refugee and Migrant Support, service providers, service users, and stakeholders would benefit from having this information to understand service providers' experiences around service delivery, their expectations of the resources to support resettlement, service providers' relationships with service users, community organisations and Immigration New Zealand Refugee and Migrant Support, their reporting and feedback systems and processes with respect to service users and Immigration New Zealand Refugee and Migrant Support.

Research that will assist in identifying the types of settlement support and service provision that work best for different cities and for the different communities will be of value to service users, service providers, and stakeholders.

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## **Introduction**

Immigration New Zealand Refugee and Migrant Support contracts six different providers, across 13 locations to deliver refugee settlement support for families arriving in Aotearoa New Zealand via the Refugee Quota Programme.

Immigration New Zealand Refugee and Migrant Support contacted Migrant Action Trust to undertake an evaluation of new service providers delivering services to former refugees arriving via the Refugee Quota Programme. This evaluation study was prompted by concerns raised by some service users in the different regions regarding the breakdown of relationships between service users and service providers, and the lack of resources for service provision. The concerns were brought to the attention of Minister of Immigration (Honourable Michael Wood) who asked for reassurance around the services being provided and whether the service providers were meeting their contractual obligations.

Following a discussion between the researchers at Migrant Action Trust – Ethnic Communities Advocacy and Research Unit (MAT – ECARU), the decision was made that, to ensure equity, credibility, and validity of the research, and in the interest of service providers, service users, Immigration New Zealand and the stakeholders involved, all service providers should be evaluated. The evaluation study employed a mixed method with a predominantly qualitative approach. The participants were people aged 16 years and over.

The focus of the evaluation, as indicated by Immigration New Zealand Refugee and Migrant Support, was to determine the following:

- Were service providers meeting the terms of the contract?
- Did service users think there were gaps in the services being provided?
- How did service users think the service providers were working?
- What information was being shared by service users about the services?

The following is the list of current settlement locations and the service providers that deliver quota settlement services in each of the locations:

- Auckland – Kāhui Tū Kaha
- Hamilton – Hamilton Multicultural Services Trust
- Christchurch – Purapura Whetu Trust
- Ashburton – Safer Mid Canterbury
- Timaru – Presbyterian Support South Canterbury
- Palmerston North – New Zealand Red Cross
- Levin – New Zealand Red Cross
- Wellington – New Zealand Red Cross
- Masterton – New Zealand Red Cross
- Nelson – New Zealand Red Cross
- Blenheim – New Zealand Red Cross
- Invercargill – New Zealand Red Cross
- Dunedin – New Zealand Red Cross

There were no locations that are serviced by two different service providers.

## **Background Information**

Prior to 2019, and since at least 2015, New Zealand Red Cross was the single provider of Refugee Resettlement Services in eight settlement locations<sup>4</sup>. In 2019, as part of a procurement process, two new providers were appointed to deliver services in newly

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<sup>4</sup> Tāmaki Makaurau/Auckland, Kirikiriroa/Hamilton, Palmerston North, Pōneke/Wellington, Nelson, Ōtautahi/Christchurch, Dunedin, Invercargill.



established locations in Ashburton and Timaru. New Zealand Red Cross was awarded the contract in 3 other new locations - Levin, Masterton, and Blenheim. In 2022, all 13 locations were tendered again, and an additional 3 service providers were appointed in Tāmaki Makaurau/Auckland, Kirikiriroa/Hamilton, and Otāutahi/Christchurch. This was a significant change from the New Zealand Red Cross as the main and sole provider. According to Immigration New Zealand Refugee and Migrant Support, New Zealand Red Cross had doubled their funding needs in comparison to that of other service providers and the Immigration New Zealand selection panel believed that the level of service offered by all service providers seemed to be the same.

Ministry of Business, Innovation and Employment (MBIE) had proposed the procurement process including the selection criteria, and tendered out the contract.

The appointment of new service providers was aligned with Immigration New Zealand's move towards a changing model of delivery **Free and frank opinions**

Immigration New Zealand is currently working towards bringing together agencies that work with former refugees. According to Immigration New Zealand, each service provider has at least one social worker in place employed by the service provider. There is a 12 month to 2 year relationship between service providers and service users.

The new contracts for all providers have been in place since 1 July 2022 and their first quarterly narrative reports have been completed. The quarterly reports from service providers were sent to the researchers by Immigration New Zealand Refugee and Migrant Support. Performance indicators (see Appendix) are stated in the contract between Immigration New Zealand Refugee and Migrant Support and service providers, and Immigration New Zealand Refugee and Migrant Support has noted that the reporting from service providers has been in line with their contract.

The aim of the evaluation study was to determine the experiences of the service users to the services provided and the outcomes that the services were meant to address. An outcomes evaluation such as this study looked at actual impacts for service users from the services provided.

The study also sought to ascertain whether service users had an understanding of the services provided, if there was a discrepancy between what the service providers offered and what the service users expected, and whether service users were aware of how to register their concerns. According to Immigration New Zealand Refugee and Migrant Support, evaluation studies of service providers (new and established) have not been carried out. To the researchers' knowledge, there is also no evidence or availability of evaluation studies carried out at the requests of any of the service providers. The researchers are unaware of, or do not have access to any feedback from service users about the services provided by the service providers.

The evaluation study obtained information through engaging with service users in the different locations to hear about their experiences with their service providers. Although Immigration New Zealand Refugee and Migrant Support said they had received some feedback from community organisations, they had not received any direct feedback from the service users themselves about the services. Immigration New Zealand Refugee and Migrant Support was keen to understand and address any concerns expressed, and to consider the recommendations that might arise from an evaluation of these services. Immigration New Zealand Refugee and Migrant Support wanted data from service users located across all six service providers.

The evaluation study centred on the following:

- Service users' perceptions and expectations of the services and of service delivery in their settlement location
- Service users' requirements and expectations of the services

- Variations in service provision across settlement locations/providers and possible reasons
- Service users' understanding of Immigration New Zealand-contracted Quota services
- Services that were working well and that are currently inside the scope of the contracted service (both location-specific or national)
- Services that were working well and that are currently outside the scope of the contracted service (both location-specific or national)
- Potential areas for service improvement that are currently inside the scope of the contracted service (both location-specific or national)
- Potential areas for service improvement that are currently outside the scope of the contracted service (both location-specific or national)

Immigration New Zealand Refugee and Migrant Support also sought from this evaluation study:

- Recommendations for settlement service improvement
- Short, medium, and long-term areas for improvements/changes to the current services contracted
- Short, medium, and long-term areas for improvements/changes currently outside the current services contracted

## **Literature Review**

New Zealand has ratified the UNHCR 1951 Convention and the 1967 Protocol that defined and laid down the rights of refugees, and the obligations of the states to protect them (UNHCR, n.d.). As a signatory to the convention, New Zealand put in place a formal resettlement programme in 1987 to accept and provide settlement support to an annual quota of 750 refugees. This was increased to 1,500 quota refugees per year in July 2020.

Upon arrival in Aotearoa, quota refugees gain Permanent Resident status and go through two weeks of managed isolation. This is followed by a five-week reception programme at Te Āhuru Mōwai o Aotearoa (Māngere Refugee Resettlement Centre) where they undergo health assessment and treatment, settlement orientation, employment assessment, and an introduction to English language learning. This work is managed by the Refugee Quota Programme Unit within the Refugee and Migrant Services Branch of Immigration New Zealand which is part of the Ministry of Business Innovation and Employment (MBIE) (INZ, n.d.-b).

On completion of the reception programme, quota refugees are moved to settlement locations based on availability of housing, existing family and community links, and health related requirements.

In 2017, Immigration New Zealand launched the Welcoming Communities – Te Waharoa ki ngā Hapori – settlement programme in partnership with the Ministry for Ethnic Communities and the Human Rights Commission. The initiative provided financial (\$50k per annum seed funding plus \$20k 2019 onwards) and other support for local councils to engage with local communities and be involved in welcoming activities for newcomers (INZ, n.d.-d). The programme was piloted with 10 councils in five regions for three years. Programme evaluation indicated that the pilot was successful in creating a welcoming and inclusive environment (Martin Jenkins, 2019). Some of the learnings suggested that both council and community engagement and the role of the Welcoming Communities Coordinator were critical to the success of the programme. The programme was expanded to other councils along with funding provision up to 2023. Currently, 32 councils are participating in the programme (INZ, n.d.-e)

## **Refugee Settlement Strategy**

In the absence of a formal refugee policy, the 2012 New Zealand Refugee Resettlement Strategy – which was informed through longitudinal research and refugee sector consultation – articulated the responsibilities of the host community and refugees in the settlement process (Mahony, Marlowe, Humpage & Baird, 2017; Marlowe & Elliott, 2014). It brought together government, non-government agencies, and refugee communities to support successful resettlement. The implementation of the strategy involved actioning the following programmes and services:

- Settlement support services - improved orientation prior to arrival in New Zealand; enhanced on-arrival programme including preparing adults for employment and children for schooling; settlement support for 12 months to facilitate connection with mainstream services such as health and education, sharing information with service providers and refugee community leaders to enable preparation to receive refugees.
- Aligning delivery of English language learning to meet needs and overcome barriers to access English for Speakers of Other Languages (ESOL) programme in the settlement locations.
- Improved language assistance to allow people from non-English speaking backgrounds to access public services.
- Driver training programme to enable former refugees to secure Restricted Licenses necessary for employment and community participation.
- Inter-agency project to accelerate transition to employment through strategic relationship with potential employers (MBIE, 2017).

## **Service Provision**

Since 1 July 2022, Immigration New Zealand has contracted six service providers – three of them are new, selected through a tender process – to deliver settlement services across 13 locations to quota refugees and to families approved under the Refugee Family Support Category visa. The duration of service provider support has been increased from 12 to 24 months (INZ, n.d.-c). The six service providers are:

1. New Zealand Red Cross Incorporated - provides refugee settlement services in eight locations - Palmerston North, Levin, Masterton, Wellington, Nelson, Blenheim, Dunedin, and Invercargill. New Zealand Red Cross is a nationwide organisation incorporated in 1978. Historically, it has assisted refugee settlement since the first Polish refugees arrived in 1944 (New Zealand Red Cross, n.d.).
2. Kāhui Tū Kaha Ltd - a new service provider of refugee settlement support in the Auckland region. It was incorporated in 2005 and is a Ngāti Whātua organisation providing social housing and mental health services in Auckland. (Kāhui Tū Kaha, n.d.).
3. Hamilton Multicultural Services Trust: is a new provider contracted by Immigration New Zealand in 2022 to operate in the Waikato region. It was incorporated in 1999 and offers support for refugees and migrants in the Waikato area through a variety of programmes and services.
4. Purapura Whetu Trust - a new service provider operating in the Canterbury region. It is a Kaupapa Māori Health, Mental Health and Social Services organisation incorporated in 2002. Purapura Whetu Trust offers a range of services that reflect the Māori view of wellbeing by bringing together clinical, cultural and community support (Purapura Whetu, n.d.).
5. Safer Mid Canterbury - a new service provider offering support to refugees settling in the Ashburton area. Incorporated in 1994, Safer Mid Canterbury offers several health and safety community programmes and services in the Ashburton district (Safer Mid Canterbury, n.d.).

6. Presbyterian Support South Canterbury Incorporated - a new service provider contracted to offer refugee settlement support in Timaru. Incorporated in 1930, Presbyterian Support South Canterbury provides residential and community services to older people and helps children, youth and families/whanau work through challenges (Presbyterian Support South Canterbury, n.d.).

The information on each of the service providers' websites states that they are well established organisations with a record of offering wider community services within their catchment areas. The key deliverables in the contractual agreement between service providers and Immigration New Zealand is to address early settlement needs, encourage independence, and support the transition to local communities.

In Aotearoa, the community and voluntary sector organisations have historically been involved in supporting the settlement of refugees (McIntosh & Cockburn-Wooten, 2019). Factors such as a non-regulatory environment, tailored and personal connections, and upskilling of staff and volunteers to work with people from diverse cultures contributed to communities being "welcoming places where circumstances can be disclosed without the level of anxiety produced by a government department" (National Association of ESOL Home Tutors, 2008, p. 40). However, the inability to provide professional services due to insufficient funding has meant that community providers have had to rely on volunteer resources to deliver consistent services (Mahony et al., 2017). While employment and language proficiency are often deemed important to successful settlement/integration, an evaluation of refugee services in Australia helped identify other factors that contributed to social wellbeing among resettled refugees. These included daily living competencies, making friends and acquaintances, and a sense of belonging (Williams, McMahan, Grech & Samsa, 2021).

In another study of former refugees resettled in rural Australia, safety and community connections were key determinants of health and wellbeing (Ziersch, Miller, Baak & Mwanri, 2020). Factors contributing to secondary migration in the early phase of refugee resettlement included difficulties with securing employment, accessing healthcare, inadequate housing and language learning facilities, and experiences of racism (Ziersch et al, 2020). In the same study, settlement services and community organisations were identified as important to building bridges among communities, and volunteering was a recommended pathway to employment.

Studies on the settlement experiences of refugees in Aotearoa have similarly identified access to information, suitable employment, language learning support, appropriate housing, links with communities at the local and national level, and a communication platform for refugee voices as essential elements in successful resettlement (Elliott & Yusuf, 2014; Marlowe & Elliott, 2014; Department of Labour, 2004; Kate, Verbitsky & Wilson, 2019; Stephens & Dutta, 2018).

## **Methodology**

Service providers, Immigration New Zealand Refugee and Migrant Support and the research team (MAT – ECARU) met online on 20 January, 2023. The researchers introduced the evaluation study and answered any questions from Immigration New Zealand Refugee and Migrant Support and the service providers. Representatives from all the service providers were present. The locations for the study had already been selected based on the data sent to the researchers by Immigration New Zealand Refugee and Migrant Support prior to the meeting. The service providers were informed of the possible communities and locations that would be chosen to participate in the study. These communities were selected based on having a representative population, a range of nationalities, and a mix of family and community interviews.

Although the researchers had intended to carry out individual interviews, in all instances, the person selected had a family member or several family members with them. The exception was the last set of individual interviews that were requested by community members in Levin.

In the initial online meeting, the service providers agreed to inform service users that they might be contacted to participate in an evaluation study commissioned by Immigration New Zealand Refugee and Migrant Support. MAT-ECARU also requested the service providers to give the researchers a complete list of their service users that had arrived since July 2022 including their address, telephone numbers, and email addresses.

In a subsequent discussion with Sarah Ward, Jordan Fallow and Finn Egan from Immigration New Zealand Refugee and Migrant Support, the researchers were asked to include Masterton on the basis that they had been in operation for 1-1½ years and had a new model, and was thus seen as an interesting location to explore. The community in Ōtautahi/Christchurch was also included as they had been vocal in their concerns, and the city was the original source of the concerns. There was only one intake.

Levin was also added due to their Colombian intake which provided a different nationality. The diverse ethnicities of the refugee intakes necessitated diverse data collection methods to be employed.

All the new service providers provided the researchers with a list of recently resettled residents. Immigration New Zealand Refugee and Migrant Support provided the researchers with the list of all recently resettled residents for those areas serviced by New Zealand Red Cross. New Zealand Red Cross had initially spoken with the service users to inform them of the study and to seek their consent for their details to be passed on. The list of participants that consented were passed on to the research team. As this meant that the participants were no longer confidential only to the researchers, the researchers could not proceed with this list as this could have risked the safety of the service users, breached the ethical requirements of the research, and damaged the credibility of the study. It also meant that the research process used to select participants would not have been consistent for all service providers. As a result, we requested the full list of recently resettled residents serviced by New Zealand Red Cross in the regions we had selected for the study.

It should be noted, and New Zealand Red Cross was informed, that consent is given by recently resettled residents during their time at Te Āhuru Mōwai o Aotearoa to take part in evaluation studies.

The participants were those provided with services by each of the service providers (Kāhui Tū Kaha (Tāmaki Makaurau/Auckland), Hamilton Multicultural Services Trust (Kirikiriroa/Hamilton), Purapura Whetu (Ōtautahi/Christchurch), Safer mid-Canterbury (Ashburton), Presbyterian Support South Canterbury (Timaru), and New Zealand Red Cross (Pōneke/Wellington), Levin, Palmerston North, and Masterton).

No persons under the age of 16 participated in the interviews. The following is the interview schedule that took place:

Table 1:

- Interview schedule

	Settlement locations	Service Provider
Group 1	Auckland	Kāhui Tū Kaha
	Hamilton	Hamilton Multicultural Services Trust
Group 2	Timaru	Presbyterian Support South Canterbury
	Ashburton	Safer Mid Canterbury
	Christchurch	Purapura Whetu Trust
Group 3	Wellington	New Zealand Red Cross
	Masterton	New Zealand Red Cross
	Palmerston North	New Zealand Red Cross
	Levin	New Zealand Red Cross

The following is the data collection method used and breakdown by area:

Table 2:

- Data collection

Data collection method - breakdown by area	Service Provider
7 x Community interviews	
1 x Auckland	Kāhui Tū Kaha
1 x Hamilton	Hamilton Multicultural Services Trust
1 x Christchurch	Purapura Whetu Trust
1 x Timaru	Presbyterian Support South Canterbury
1 x Ashburton	Safer Mid Canterbury
1 x Wellington	New Zealand Red Cross
1 x Levin	New Zealand Red Cross
11 x Interviews with family or individual	
4 x Auckland	Kāhui Tū Kaha
1 x Christchurch	Purapura Whetu Trust
1 x Masterton	New Zealand Red Cross
1 x Palmerston North	New Zealand Red Cross
1 x Levin	New Zealand Red Cross

Criteria used for selection: All service providers included, followed by consideration of case counts for region, nationality, ethnicity and language.

Other considerations: opportunity for comparison between and across service providers, regions, and community groups (nationality and ethnicity).

The selected participant groups represented:

Table 3:

- All 6 service providers

Service Providers	
1	Safer Mid Canterbury
2	Kāhui Tū Kaha
3	Hamilton Multicultural Services Trust
4	New Zealand Red Cross
5	Purapura Whetu Trust
6	Presbyterian Support South Canterbury

Table 4:

- 9 out of 13 settlement locations serviced by the providers (5 new providers and 4 New Zealand Red Cross)

Settlement Location	Case Count
1 Auckland	67
2 Wellington	52
3 Hamilton	36
4 Christchurch	28
5 Palmerston North	25
6 Nelson	22
7 Masterton	21
8 Invercargill	21
9 Blenheim	16
10 Dunedin	15
11 Timaru	15
12 Ashburton	13
13 Levin	12
	343

Table 5:

- 9 out of 16 nationalities, 10 out of 33 ethnicities and 10 out of 23 primary language groups from the 2022 intakes

Nationality	Ethnicity	Primary Language	Case Count by Language
Afghanistan	Hazara	Dari	10
		Farsi	1
		English	1
	Pashtun	Farsi	1
	Tajik	Dari	1
Bangladesh	Bengali	Bengali	1
Cameroon	Bassa Tribe	French	1
Colombia	Mestizo	Spanish	13
	Afro-descendant	Spanish	1
Democratic Republic of Congo	Tutsi	Kinyarawanda	46
	Ntomba	Ntomba	1
Eritrea	Tigrinya	Tigrinya	39
		Amharic	1
	Kunama	Kunama	1
Ethiopia	Tigrinya	Tigrinya	1
Iran	Melanesian	Farsi	1
	Persian	Fars	1
Iraq	Armenian	Arabic	6
	Arab	Arabic	1
Kyrgyzstan	Kyrgyz	Kyrgyz	1
Myanmar	Rohingya	Rohingya	44
	Kayah - Karenni	Kayah	1
	Bengali	Burmese	1
	Karen	Karen - S'gaw	1
			1
	Burmese	Burmese	1
	Myanmar Muslim	Burmese	1
		Burmese	1
	Malay	1	
Pakistan	Punjabi	Urdu	58
		Punjabi	1
	Muhajir	Urdu	1
Papua New Guinea	Papuan	English	1
Somalia	Rahanweyn	Somali	1
	Darood	Somali	1
	Jaaji	Somali	1
	Midgan	Somali	1
	Biyomal	Somali	1
	Somali	Somali	1
Syria	Arab	Arabic	56
	Kurd	Arabic	1
	Turkmen	Arabic	1
Turkey	Turkish	Turkish	1
			343

### **Selection of service users**

Once service providers had given the researchers a full list of their service users, a random selection took place based on case numbers. After the random selection process, Migrant Action Trust contacted the person who had been randomly selected to introduce themselves and the study, and to invite them to participate. These conversations took place with a volunteer interpreter fluent in the language of the service user.

If agreement to be interviewed was given, a time and place suitable to the service user was organised.

The randomly selected population were identified as being from the following countries: Afghanistan, Iran, Pakistan, Colombia, Eritrea, Iraq, Myanmar, Somalia, Syria.

This evaluation study involved a mixed method approach. A brief quantitative survey was carried out at the end of each interview with the family or community members present at the end of the interview and who wanted to participate in the survey. The results from the survey should be approached with caution especially for those questionnaires completed at the end of the community interviews. These questionnaires were answered in the presence of other community members in which the responses were, in many instances, visible to other community members. This was not easily avoided as the interpreter had to interpret the question to all community members at the same time. Although the community members had the option to conceal their responses, many chose not to do so. This might have been due to the community members not wanting to indicate a lack of trust in their community members or did not want to be assumed as reporting negatively on the service provider. The open answering of the questionnaires may have led to more positive responses than family responses.

Following the individual interviews with Levin service users, the researchers decided not to ask the participants to complete the questionnaire as the sample size of [REDACTED] was too small for any valid statistical comparison. In any case, the data were triangulated by the qualitative data from these participants, particularly as they had purposely sought out the researchers with the aim of providing more open, honest, and detailed knowledge of their experiences with their service provider.



## Quantitative Survey

1. How satisfied are you with the services you are receiving from your service provider?



**Very satisfied**



**Satisfied**



**Neutral**



**Not satisfied**



**Very dissatisfied**

2. How satisfied are you that the settlement support you receive from service provider meets your needs?



**Very satisfied**



**Satisfied**



**Neutral**



**Not satisfied**



**Very dissatisfied**

3. How satisfied do you feel that you are gaining the necessary knowledge and confidence from your service provider to independently access and use local services?



**Very satisfied**



**Satisfied**



**Neutral**



**Not satisfied**



**Very dissatisfied**

4. How comfortable do you feel taking your concerns about the services to your service provider?



**Very comfortable**



**Comfortable**



**Neutral**



**Not comfortable**



**Very uncomfortable**

## **Qualitative Survey**

### **Interview questions for service users**

1. Can you tell me about yourself (name, nationality, ethnicity, language, age, gender, time in Aotearoa New Zealand, background, region)?
2. Who is your provider?
3. What services are you currently receiving from your provider?
4. How long have you been receiving these services?
5. How do you feel about the services which you are currently receiving? Do they meet your requirements?
6. Do you have any expectations of the services that you should be receiving? If yes, how did you come about those expectations?
7. What services do you believe you should be receiving? Why?
8. What services would you like to receive? Why?
9. Do you have access to other services, for example, Ministry of Education support, health services etc community/family/friends?
10. Do you have other sources of support, for example, friends/community/other agencies/schools etc?
11. Do you have any concerns about the services that you are receiving from your service provider?
12. If you have concerns or questions about the services, is there anyone you speak with about this? Do you know where to go or to whom you can take your concerns?
13. Do you feel comfortable taking your concerns about the services to your provider or to anyone else?
14. What areas of service provision do you think are working well for you or for others?
15. What areas of service provision do you think need improvement for you or for others?

## Quantitative Data Analysis

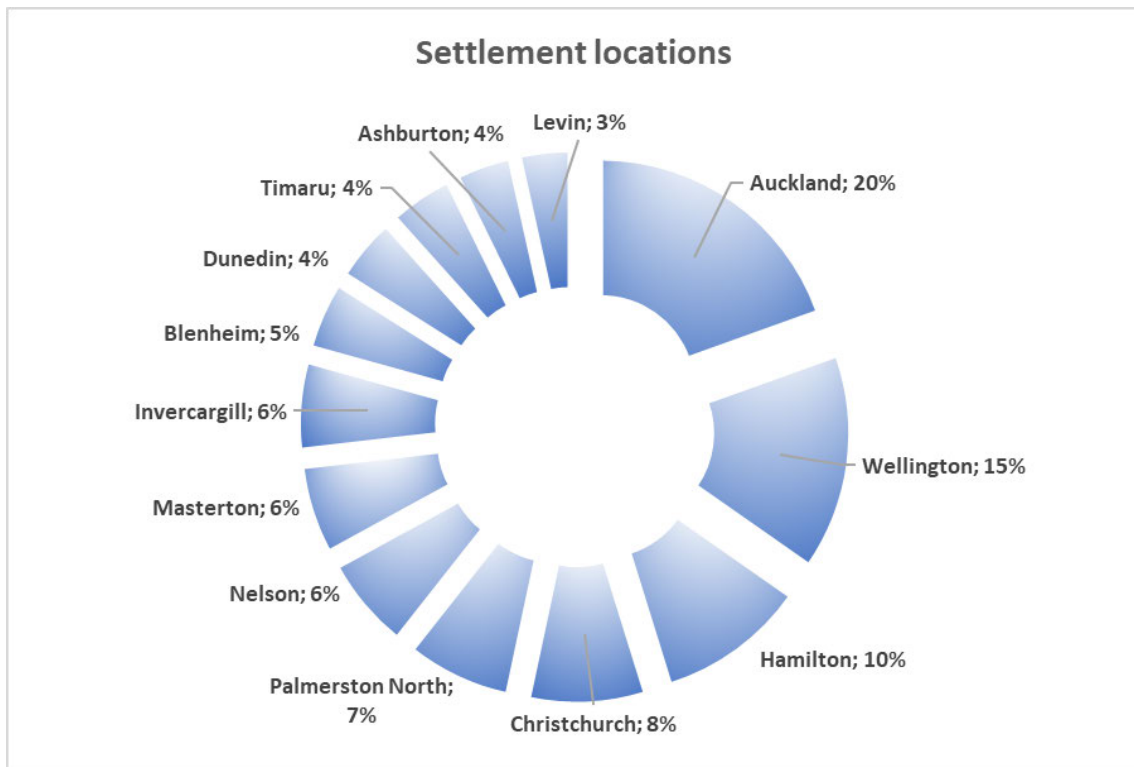
### Immigration New Zealand Data

The refugee data provided by Immigration New Zealand Refugee and Migrant Support covered three intakes (July 2022, September 2022, and November 2022). It included records of 343 refugees settled across the country. The following demographic information about service users was gauged from this data. There were:

- 52% male, 48% female
- 18–79 years of age only (no records of under18<sup>5</sup> in the families were shared)
- 16 nationalities
- 33 ethnicities
- 23 primary languages
- 13 settlement locations
- 6 service providers

As per the data records shared by Immigration New Zealand Refugee and Migrant Support, 62% of the refugees (from these three intakes only) were settled in the North Island and 38% in the South Island. Most refugees were settled in Tāmaki Makaurau/Auckland (20%), followed by Pōneke/Wellington (15%) and Kirikiriroa/Hamilton (10%). Figure 1 below shows the 13 settlement locations and percent of refugees settled.

*Figure 1: Percent of refugees settled across 13 settlement locations.*

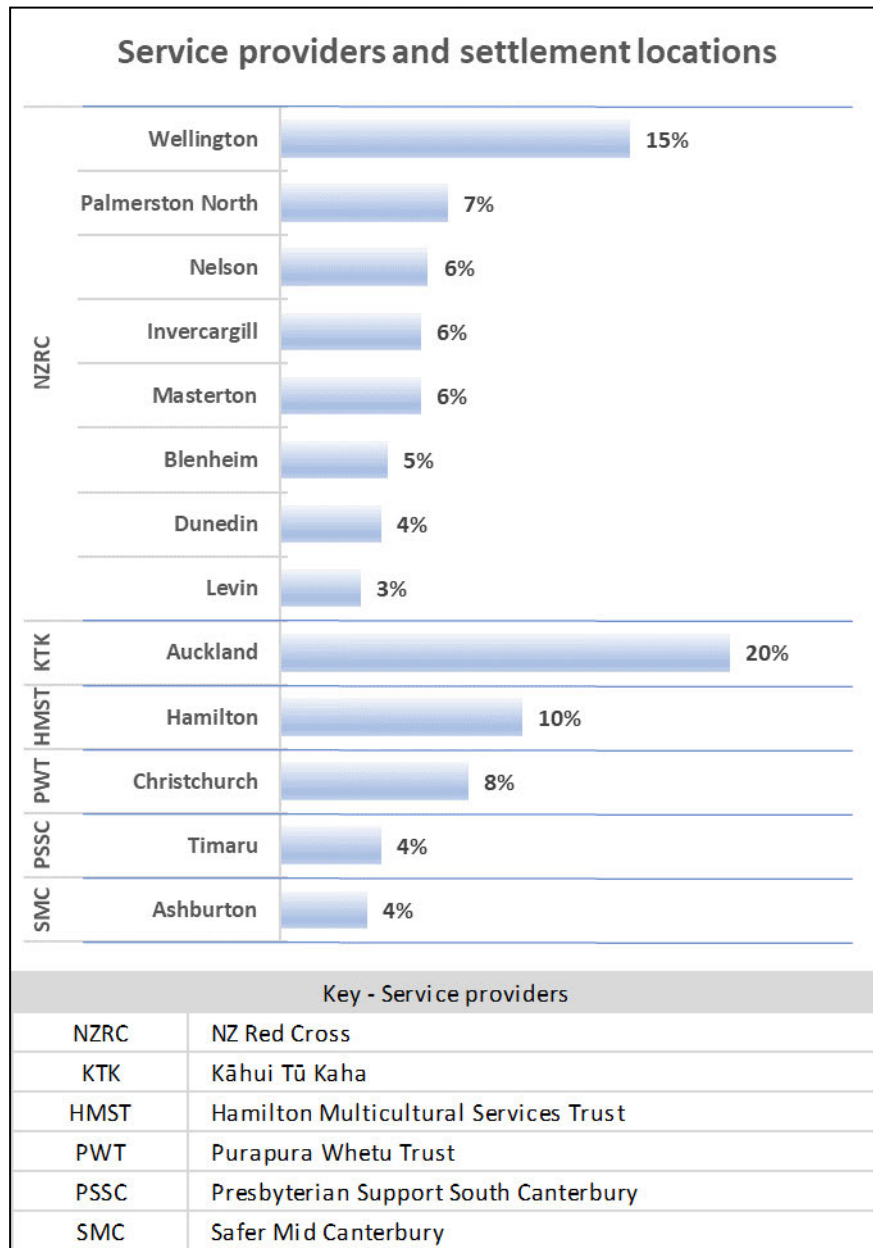


Out of the six service providers, most refugees (from the July, September and November 2022 intakes) were being settled by New Zealand Red Cross (54%) followed by Kāhui Tū Kaha (20%)

<sup>5</sup> Although this claim came from Immigration New Zealand re the data they provided, one of the participants in the study recorded their age as 16.

and Hamilton Multicultural Services Trust (10%). Figure 2 below shows a breakdown of percent of refugees settled by each of the six service providers across the 13 settlement locations.

Figure 2: Percent of refugees settled by the six service providers across



### Participant selection

The selection of participants for the community and family interviews was based on securing representation across the following categories:

- Refugee families settled by each of the six service providers ensuring coverage across different settlement locations.
- Nationality, ethnicity, and primary language groups with five or more settled individuals.

The above criteria helped shortlist 14 resettled groups covering all the six service providers. It included representation from 9 out of 13 settlement locations, 9 out of 16 nationalities, 10 out of 33 ethnicities and 10 out of 23 primary language groups.

Seven community interviews and seven family interviews were conducted with the 14 identified resettled groups. [REDACTED] individual interviews, at the request of the community members, took place later. The decision to conduct community or family interviews was based on the following criteria:

- Size of the resettled group in the settlement location
- Achieving a combination of different / same service providers, settlement location, nationality, ethnicities, and primary language groups
- A balanced use of the two different data collection methods

After the 14 resettled groups were identified, the individuals / families to be invited to participate in the community and family interviews were randomly selected from the refugee data shared by the service providers or by Immigration New Zealand as in the case of New Zealand Red Cross.

### **Data collection**

A brief quantitative survey questionnaire (shown above) was designed to gauge service users' perspectives of the settlement services provided to them by their service provider.

Four questions were asked:

1. How satisfied are you with the services you are receiving from your service provider?
2. How satisfied are you that the settlement support you receive from your service provider meets your needs?
3. How satisfied do you feel that you are gaining the necessary knowledge and confidence from your service provider to independently access and use local services?
4. How comfortable do you feel taking your concerns about the services to your service provider?

Each of the questions had five smiley faces below them to describe 'Very satisfied', 'Satisfied', 'Neutral', 'Not satisfied' or 'Very dissatisfied' and 'Very comfortable', 'Comfortable', 'Neutral', 'Not comfortable' or 'Very uncomfortable'. Respondents were asked to rate each of the four questions by selecting one of the five smiley faces that best described their feelings / perspectives.

Each of the respondents in the community and family interviews were given a questionnaire to complete. An interpreter assisted with the explanation and translation of the questions. A total of 52 questionnaires were received, 29 from the six community interviews and 23 from the eight family interviews. Not all those that had participated in the interviews took part in the quantitative survey. Some had left the interview early or were not present when the survey was being conducted, and the [REDACTED] individual interviews were not asked to take part in the survey.

All the respondents completed the survey questionnaire except for one respondent who did not provide a response to Question 3. This value was imputed based on their responses to other questions and the responses from the interview group to which the respondent belonged.

## Respondent demographics

Quantitative analysis of the data collected through the survey questionnaire showed the following:

*Figure 3: Percent of participants across different age ranges.*

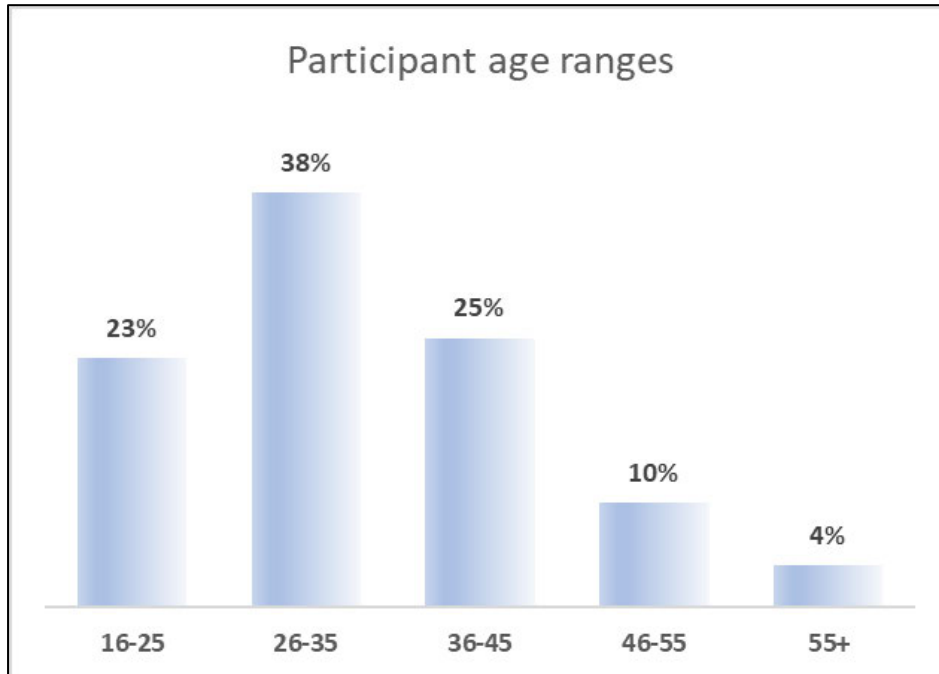


Figure 3 shows the percent of respondents across different age ranges.

Respondents were represented across all the age ranges as shown.

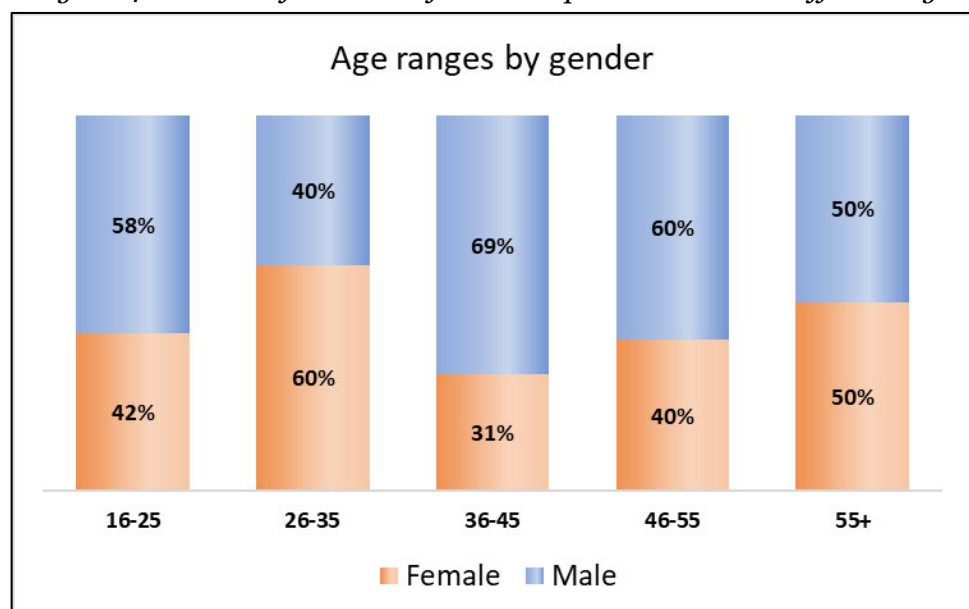
The majority belonged to the 26-35 (38%) age group followed by the 36-45 (25%) and 16-25 (23%) age groups.

*Figure 4: Percent of male and female respondents across different age*

Figure 4 shows the percent of male and female respondents across different age ranges.

Male and female respondents were represented across all the age ranges.

A greater percent of females (60%) was present in the 26-35 age group compared to males (40%), an equal percent of genders occurred in the 55+ age groups and a greater percent of males was present in all the other age groups.



## Responses to questions

Findings and analysis of data collected from the responses to the four questions in the quantitative survey are presented below.

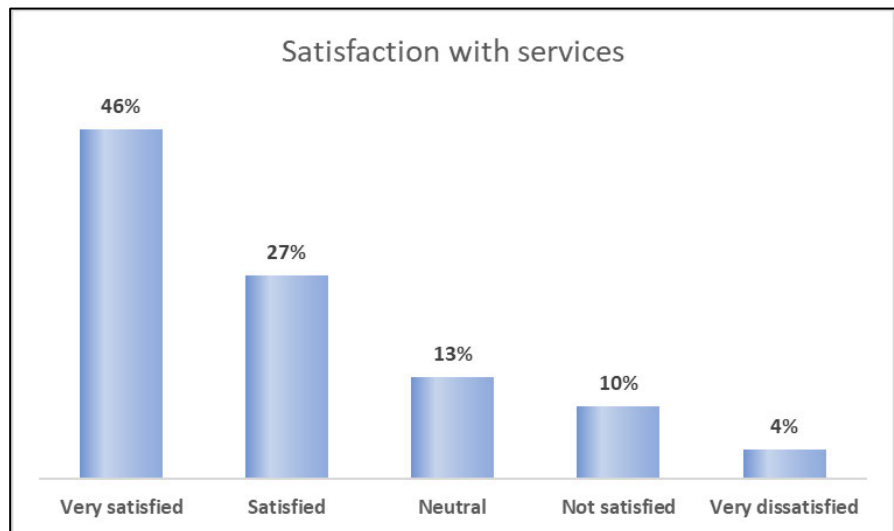
### Question 1. How satisfied are you with the services you are receiving from your service provider?

Figure 5 illustrates the breakdown of responses received for respondents' satisfaction with services received from their service provider.

Figure 5: Satisfaction with services received from service provider.

Findings:

- 73% of respondents said they were 'Very satisfied' or 'Satisfied'.
- 13% were Neutral.
- 14% said they were 'Not satisfied' or 'Very dissatisfied'.



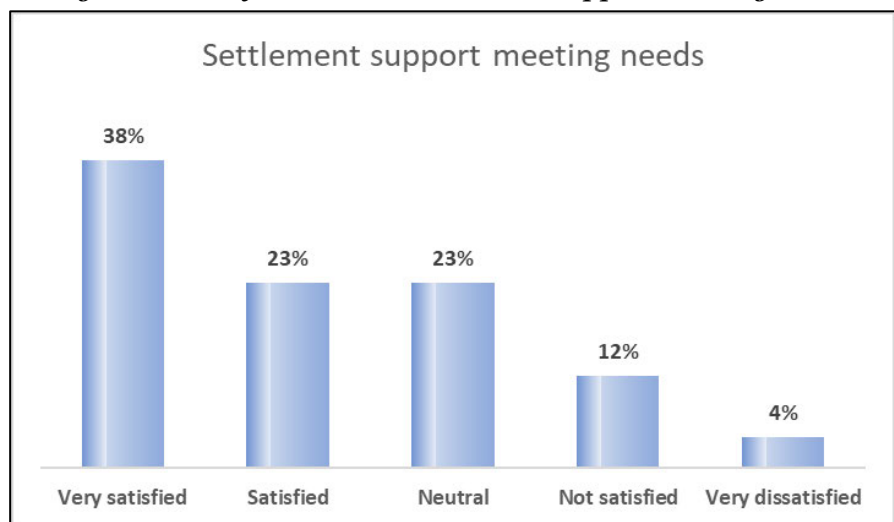
### Question 2. How satisfied are you that the settlement support you receive from your service provider meets your needs?

Figure 6 illustrates the breakdown of responses received for respondents' satisfaction with the support from service providers meeting their needs.

Figure 6: Satisfaction with settlement support meeting needs.

Findings:

- 61% of respondents said they were 'Very satisfied' or 'Satisfied'.
- 23% were Neutral.
- 16% said they were 'Not satisfied' or 'Very dissatisfied'.



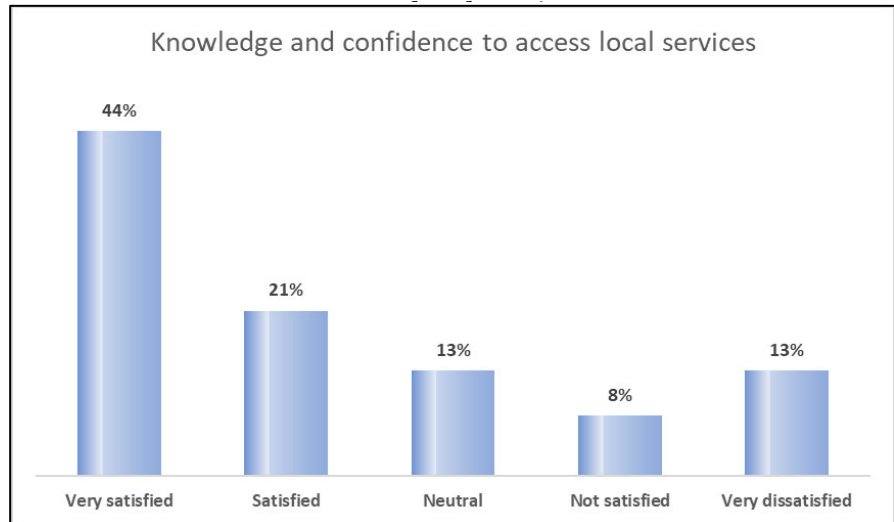
**Question 3. How satisfied do you feel that you are gaining the necessary knowledge and confidence from your service provider to independently access and use local services?**

Figure 7 illustrates the breakdown of responses received for respondents' satisfaction with gaining knowledge and confidence to independently access local services.

*Figure 7: Satisfaction with gaining knowledge and confidence to*

**Findings:**

- 65% of respondents said they were 'Very satisfied' or 'Satisfied'.
- 13% were Neutral.
- 21% said they were 'Not satisfied' or 'Very dissatisfied'.



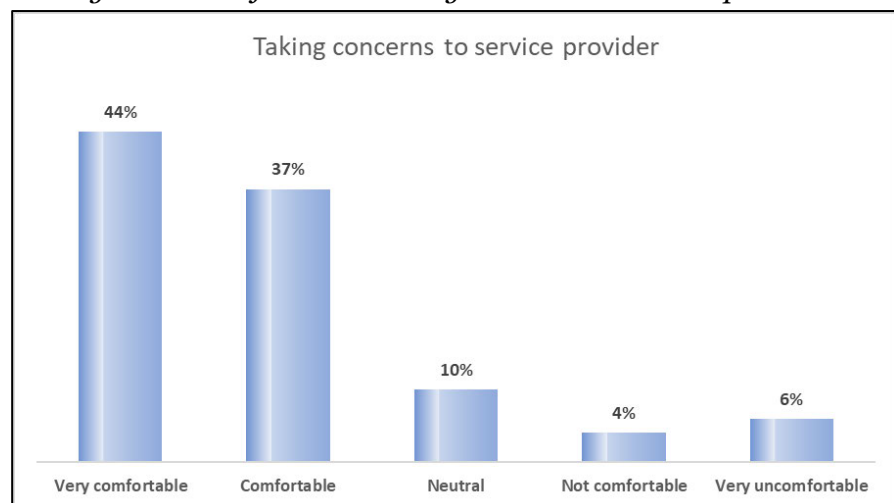
**Question 4. How comfortable do you feel taking your concerns about the services to your service provider?**

Figure 8 illustrates the breakdown of responses received for respondents' level of comfort with taking concerns (about the services) to their service provider.

*Figure 8: Comfort with taking concerns to service provider.*

**Findings:**

- 77% of respondents said they were 'Very comfortable' or 'Comfortable'.
- 10% were 'Neutral'.
- 10% said they were 'Not comfortable' or 'Very uncomfortable'.

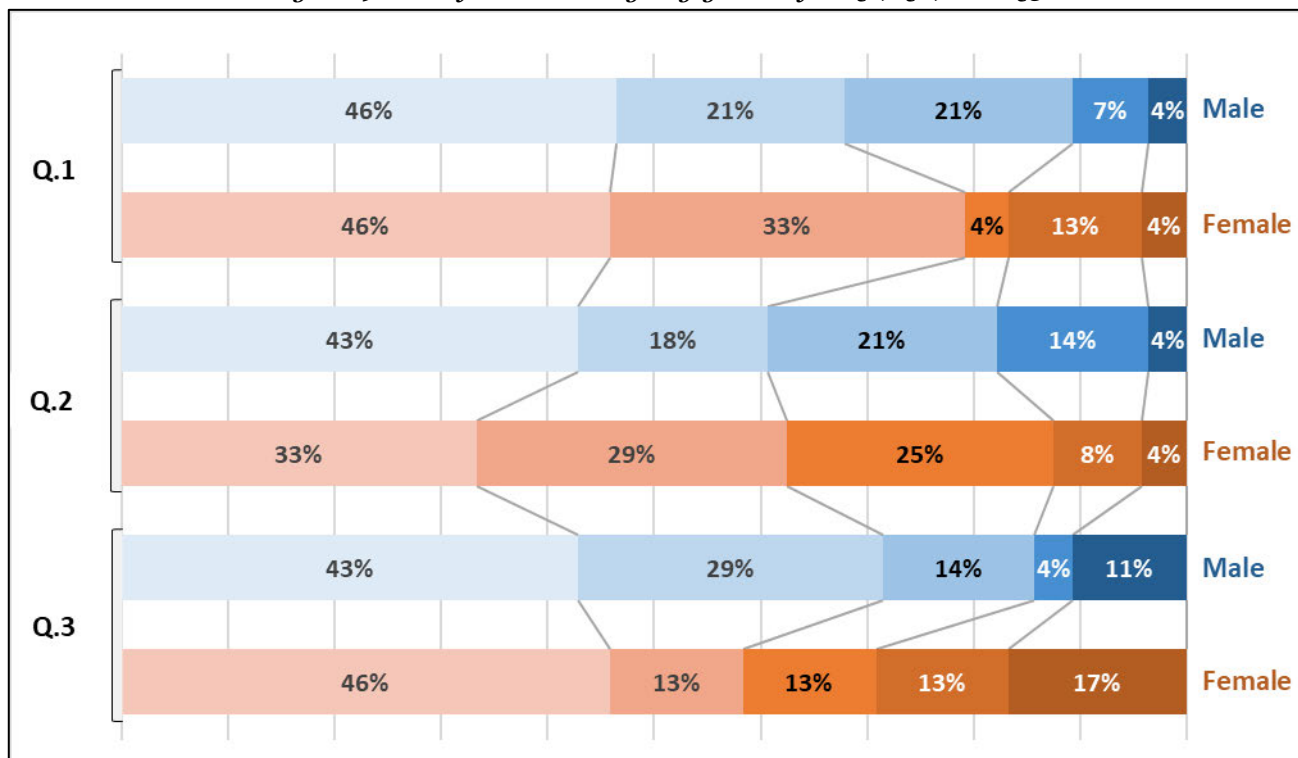




### Satisfaction ratings by gender

Figure 9 shows satisfaction ratings by gender for services (Q1), settlement support meeting needs (Q2), and gaining knowledge and confidence to access local services (Q3).

Figure 9: Satisfaction ratings by gender for Q1, Q2, and Q3.



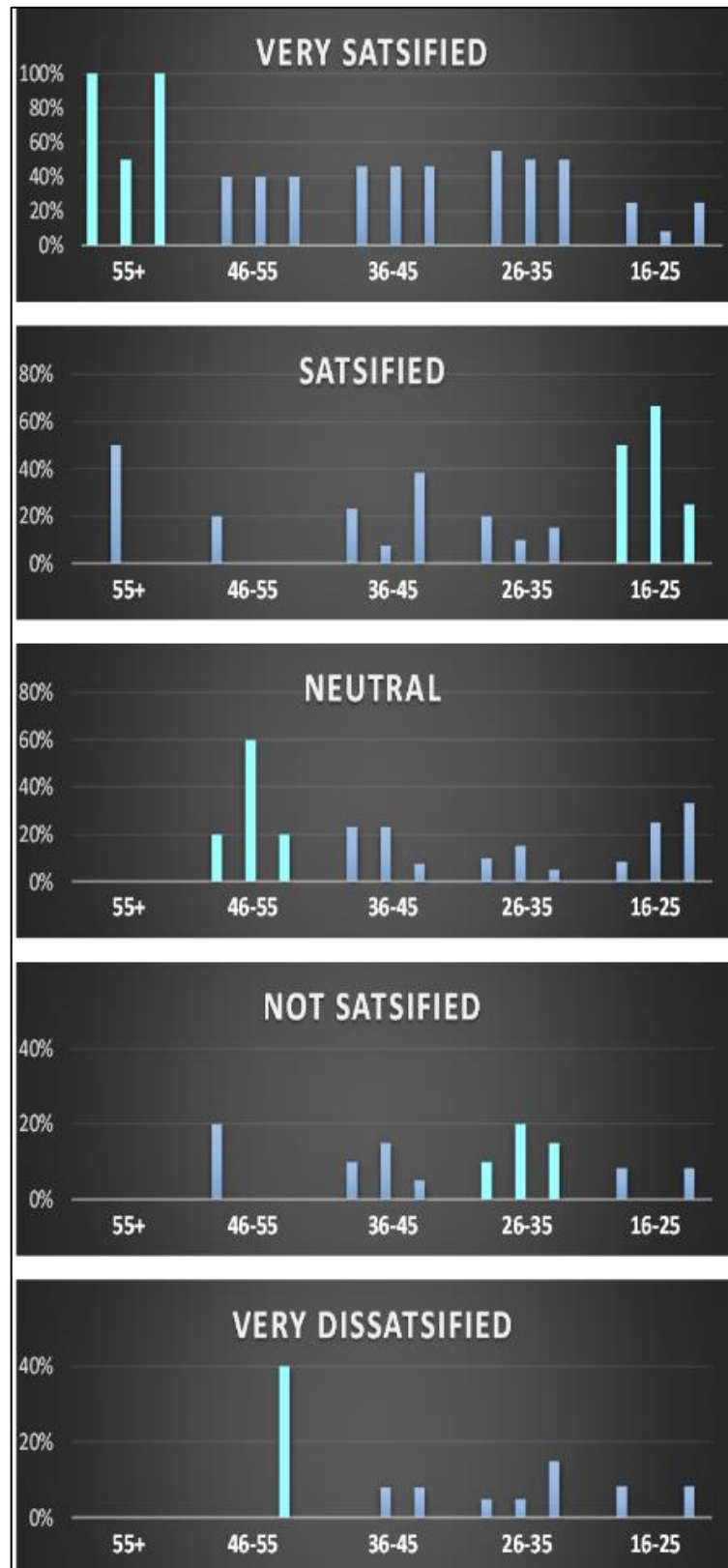
- A maximum of 46% and a minimum of 33% male or female respondents said they were 'Very satisfied', in response to the three service-related questions.
- Maximum 33% and minimum 13% male or female respondents were 'Satisfied'.
- Maximum 25% and minimum 4% male or female respondents were 'Neutral'.
- Maximum 14% and minimum 4% male or female respondents were 'Not Satisfied'.
- Maximum 17% and minimum 4% male or female respondents were 'Very dissatisfied'.
- Female responses were most positive for Q1 (46%, 'Very satisfied' and 33%, 'Satisfied'). Thus, 79% of the female respondents felt satisfied with services provided.
- Male responses were most positive for Q3 (43%, 'Very satisfied' and 29%, 'Satisfied'). Thus, 72% male respondents felt satisfied about gaining the necessary knowledge and confidence to independently access local services.
- Conversely, female responses were most negative for Q3 (13%, 'Not satisfied' and 17% 'Very dissatisfied'). Thus, 30% of the female respondents did not feel satisfied about gaining the necessary knowledge and confidence to independently access local services.
- Male responses were most negative for Q2 (14%, 'Not satisfied' and 4% 'Very dissatisfied'). Thus, 18% of the male respondents did not feel that the settlement support they received was meeting their needs.

## Satisfaction ratings by age

Figure 10 shows satisfaction ratings by age range for services (Q1), settlement support meeting needs (Q2), and gaining knowledge and confidence to access local services (Q3).

- The 55+ age group returned the highest percentage of 'Very satisfied' responses for the three questions.
- The 16-25 age group returned the highest percentage of 'Satisfied' responses.
- The 46-55, age group returned the highest percentage of 'Neutral' responses.
- The 26-35 age group returned the highest percentage of 'Not satisfied' responses.
- The 46-35 age group also returned the highest percentage of 'Very dissatisfied' responses.
- The 55+ and 16-25 age groups, i.e., the oldest and the youngest cohort featured most of the positive responses. This suggests the elements of settlement support services that impact this age cohort were found to be satisfactory or very satisfactory.
- The 46-55 and the 26-35 age groups featured most of the negative responses. This suggests the elements of settlement support services that impact this age cohort were found to be not satisfactory or very dissatisfactory.
- Responses from the 36-45 age group were more spread out across the five satisfaction ratings.

Figure 10: Satisfaction ratings by age.



## Comfortability ratings for taking concerns to service provider by gender and age range.

Figure 11 shows comfortability rating by gender for taking concerns about the service to the service provider:

- 88% females and 75% males said they were 'Very comfortable' or 'Comfortable'.
- 8% females and 11% males said they were 'Neutral'.
- 4% females and 15% males said they were 'Not comfortable' or 'Very uncomfortable'.
- Overall, more female than male respondents seemed comfortable taking concerns about settlement services to the service provider.

Figure 11: Comfortability rating by gender for taking concerns to service

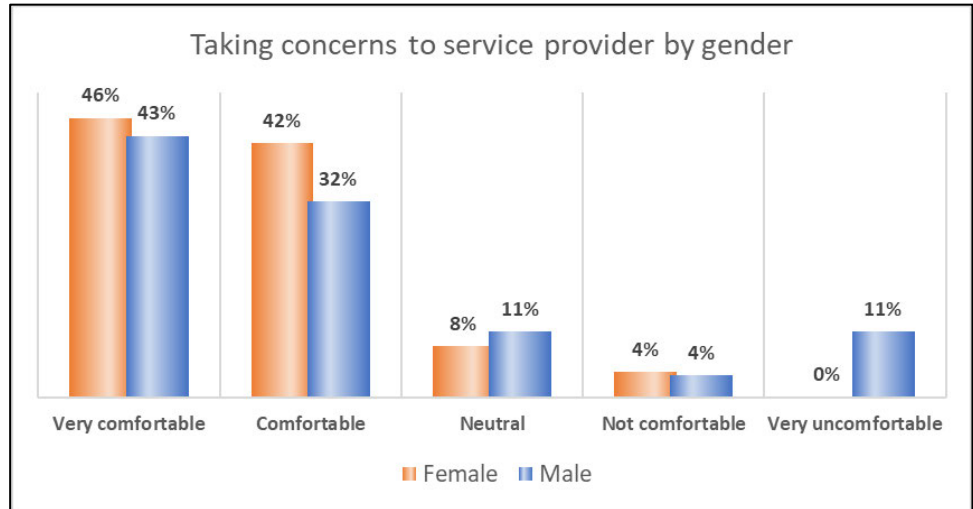
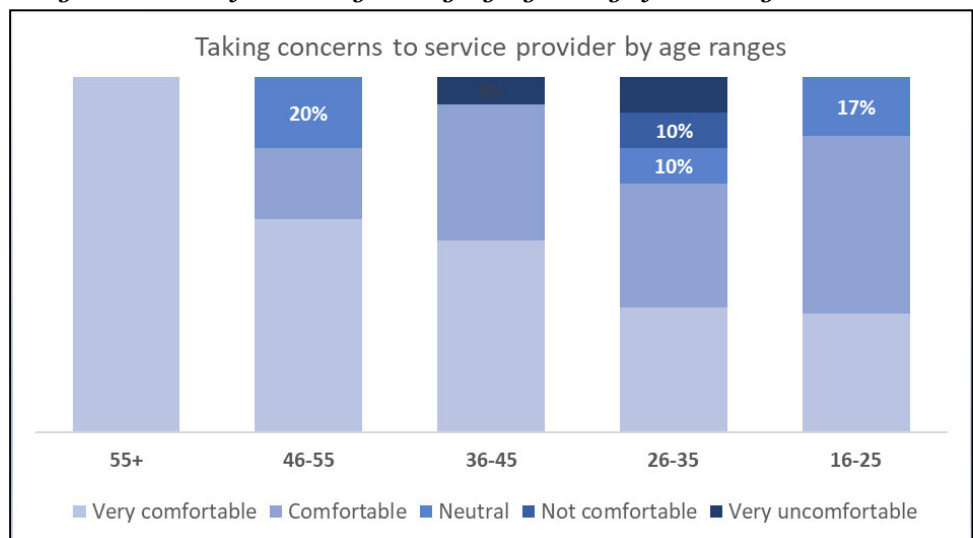


Figure 12 shows comfortability rating by age range for taking concerns about the service to the service provider. Responses for comfortability rating were largely positive across the five age ranges. Some notable exceptions were:

- 30% of the 26-35 age group felt 'Neutral', 'Not satisfied or 'Very dissatisfied'.
- 20% of the 46-55 and 17% of the 16-25 age group felt 'Neutral'.
- 8% of the 36-45 age group felt 'Not comfortable' about taking concerns about the service to the service provider.

Figure 12: Comfortability rating by age range for taking concerns to

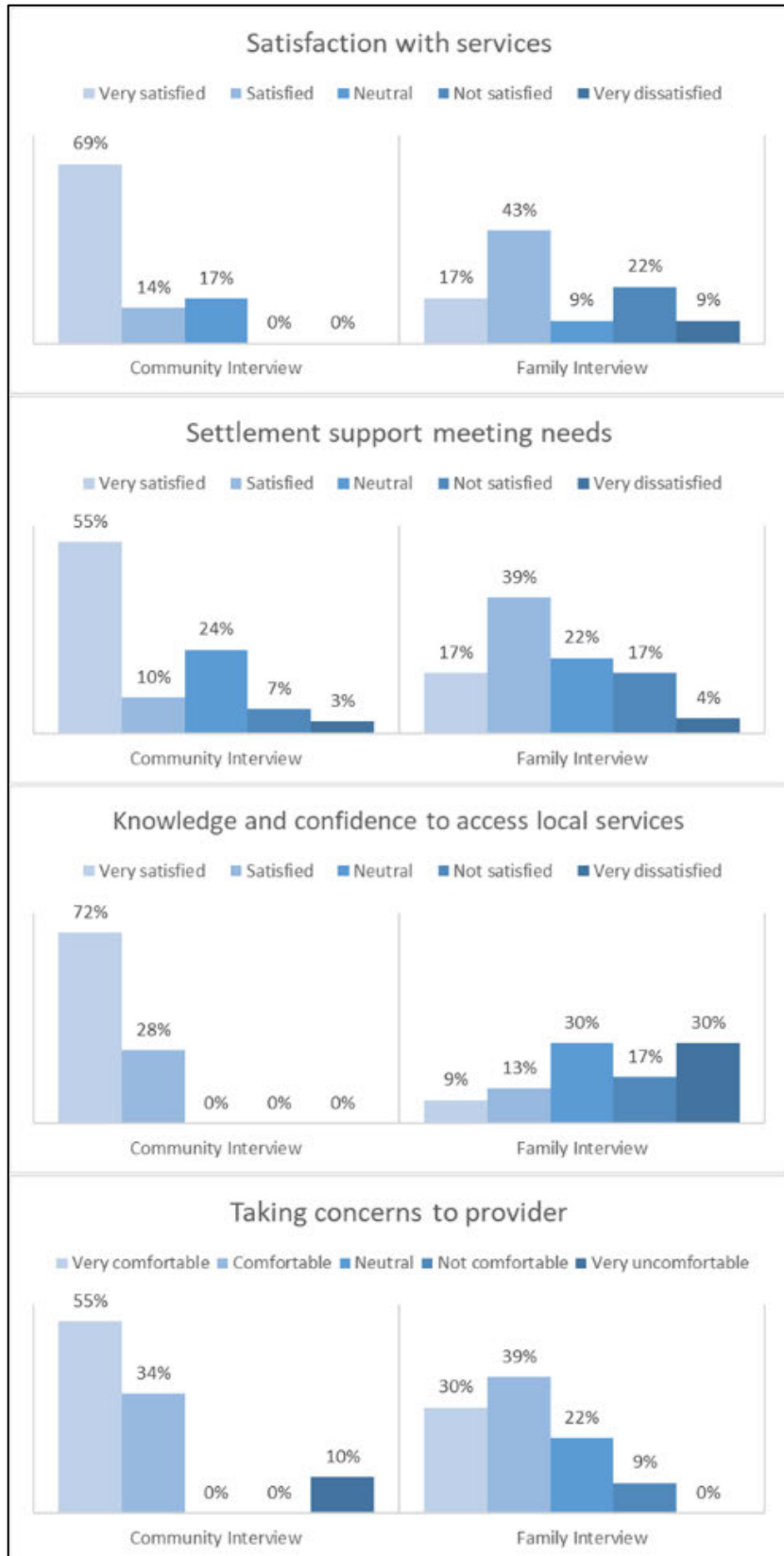


## Ratings by Community / Family Interview

Figure 13 shows the difference in responses collected through family and community interviews for the four quantitative survey questions.

- Responses from community interviews were more positive than responses from family interviews.
- For satisfaction with services, community interviews show: 83% satisfied, 17% neutral and 0% dissatisfied. Family interviews show: 60% satisfied, 9% neutral and 31% dissatisfied.
- For settlement support meeting needs, community interviews show: 65% satisfied, 24% neutral and 10% dissatisfied. Family interviews show: 50% satisfied, 22% neutral and 21% dissatisfied.
- For knowledge and confidence to access local services, community interviews show: 100% satisfied and family interviews show: 22% satisfied, 30% neutral and 47% dissatisfied.
- For taking concerns to provider, community interviews show: 89% satisfied and 10% dissatisfied. Family interviews show: 69% satisfied, 22% neutral and 9% dissatisfied.

Figure 13: Ratings by Interview type.



## Statistical testing

To understand the strength of relationship between the age variable (continuous) and satisfaction variable (ordinal), Spearman's Rho test was considered. However, since the relationship between the two variables was non-monotonic i.e., the two variables did not necessarily change in the same direction –which was evident from satisfaction ratings by age range (see Figure 10) – the chi-square test was used.

The chi-square test of independence was performed to examine the correlation between age range and the satisfaction / comfortability ratings for each of the four questions in the survey. The correlation between age range and the satisfaction rating for settlement support meeting needs (Q2) was found to be significant,  $X^2 (16, N = 52) = 27.17, p = .039$ . This indicates that age-related factors (e.g., need for employment among certain age groups) had an influence on respondents' perceptions / experiences of the settlement support from the service provider meeting their needs.

The chi-square test of independence showed no significant association between age range and the satisfaction / comfortability ratings for the other three questions in the survey. Neither did it show significant association between gender and any of the four survey questions. This suggests other intervening factors that are not age or gender related influenced the responses to these questions.

The chi-square test of independence was also performed to examine the correlation between interview type (community / family) and satisfaction / comfortability ratings and was found to be significant for satisfaction with services (Q1),  $X^2 (4, N = 52) = 21.11, p = .000$ ; settlement support meeting needs (Q2),  $X^2 (4, N = 52) = 10.65, p = .030$  and; taking concerns to provider (Q4),  $X^2 (4, N = 52) = 13.05, p = .011$ . This indicates that the type of interview used for data collection was a contributing factor in the responses to quantitative survey questions. As seen in Figure 13, respondents were more likely to express satisfaction at community interviews and more likely to express dissatisfaction at family interviews. This probability was (statistically) confirmed for Q1, Q2 and Q4.

## Summary of findings from quantitative data analysis

Overall, the responses to survey questions were positive. A maximum of 77% and minimum of 61% respondents were satisfied with the services, settlement support meeting needs, confidence to access local services and they were comfortable with taking concerns to the provider.

However, analysis of responses by gender and age helped identify the following areas that call for attention from service providers:

### Areas of concern by gender

- 30% female respondents did not feel satisfied about gaining knowledge and confidence to independently access local services.
- 18% male respondents did not feel that the settlement support service they received was meeting their needs.
- 15% male and 4% female respondents did not feel comfortable taking concerns about the service to the service provider.

### **Areas of concern by age**

- 40% respondents in the 46-55 age group did not feel satisfied about gaining knowledge and confidence to independently access local services.
- 20% respondents in the 26-35 age group did not feel that the settlement support service they received was meeting their needs.
- 20% of the 26-35 age group and 8% of the 36-45 age group did not feel comfortable taking concerns about the service to the service provider.

### **Limitations of the quantitative methodology**

Language constraints and the use of interpreters were compelling factors in the use of a very short survey questionnaire. Consequently, limited quantitative data were available for analysis allowing only broad level but useful probing into the areas of investigation.

Efforts were made to ensure representation across settlement locations, nationalities, ethnicities, and primary languages. However, it was not possible to include all the different resettled groups from the three intakes.

Among the resettled groups included in the study, and based on the information collected from the qualitative interviews, there were further variations based on background, life experiences, qualifications, physical and mental health, size of family, presence of single / both parents, expectations from services, future aspirations etc. This diversity and complexity of the participant group were not captured in the quantitative data used for analysis.

## Qualitative Data Analysis

### Family and community interviews

Family or community interviews were held depending on the service provider, nationality, and city where the service users were located. There were some differences between the family interviews and the community interviews. In the family interviews, there was an understanding and awareness of the concerns or sentiments expressed as the family members were more likely to have experienced the same incidents or been in the same situations. Families were also more likely to make requests that would impact another member of the family or the family as a whole; they were also more likely to speak with a united voice and to corroborate with or reiterate what was said by another family member. With family interviews, the presence of elders or parents, or those who were more fluent in English had a hierarchical and tempering influence on who spoke and when.

Community interviews were more likely to share a range of different experiences with the service providers and interpreters, to face different challenges and situations, to have had or pursued different levels and types of engagement with the wider community, and to have different views and expectations of the providers and services. During community interviews, there were more raised voices, laughter, disagreements, and cross talking than with family interviews.

Whether the researchers spoke with family or community, it was observed that, among some communities, males tended to speak longer and with louder voices, and to often interrupt the female speaker. This was mitigated by the researchers maintaining eye contact with female members while seeking their knowledge on a topic or question.

Four family interviews and one community interview were carried out in Tāmaki Makaurau/Auckland; one community interview each in Kirikiriroa/Hamilton, Levin, Ashburton, and Timaru; one community interview and one family interview in Ōtautahi/Christchurch; and one family interview each in Pōneke/Wellington, Masterton and Palmerston North. [REDACTED] individual interviews were carried out by phone using WhatsApp (messaging and voice-over-IP service) with service users in Levin.

The interviews took place between 30 January 2023 to 22 February 2023. The later interviews took place in mid-March, 2023 (See Table 2).

All the interviews were in person<sup>6</sup> with an interpreter present. The co-researcher was also present at all the interviews except for those with New Zealand Red Cross service users. The principal researcher carried out all interviews except for the family interview in Ōtautahi/Christchurch. All interviews were recorded with the consent of the service users. Prior to scheduling interviews with the service users, the Migrant Action Trust research team explained, with the help of a volunteer interpreter, the purpose of the evaluation study to the service users who had been randomly selected. At the interviews, the interpreter again explained the study and the roles of the researchers and of the interpreter.

The researchers informed the service users of the process and what would follow the interviews including submitting a report to Immigration New Zealand Refugee and Migrant Support. The researchers invited the service users to ask any questions about the study or any topic of concern or interest. The researchers clarified to the service users that they were not from Immigration New Zealand nor from their service provider, and that they were independent community researchers from a non-profit community organisation in Tāmaki Makaurau. The

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<sup>6</sup> Except for the four additional interviews. This is discussed further.

interpreters and the service users signed consent forms prior to the commencement of the interviews. All interviews were audio-recorded with the consent of the service users.

additional individual interviews took place two weeks after the last community interview in Levin. This was at the request of the individuals. These interviews were done by phone using an audio-visual application (WhatsApp). An interpreter was present at the online interviews, oral consent was given by the service users, and the interview was audio recorded with the consent of the individuals.

In total, the researchers engaged with 62 recently resettled community members including at least 33 different families. The interviews took place between 30 January 2023 to 22 February 2023. The later interviews took place in mid-March, 2023.

## **Interpreters**

The researchers were informed by Immigration New Zealand to assume that all interviews required interpreters. Migrant Action Trust sought professionally trained interpreters who were not contracted by the service provider affiliated with the service users, and who lived in the area. If this was not possible, professionally trained interpreters from neighbouring cities were approached. If they were not available, community interpreters who were not professionally trained but had interpreted for the community on a regular basis at hospitals, schools etc were asked to interpret. Professionally trained interpreters were obtained from an internationally registered and accredited interpreting service.

The researchers were mindful not to contract interpreters that were employed by the service providers.

Professionally trained interpreters made a difference in some ways to how the interviews took place. Professionally trained and experienced interpreters were seen to request the speaker to pause their conversation so that they could relay to the researchers what they were saying. This made it easier for the researchers to take notes and for the interpreter to relay information as it was shared. It also made the researchers feel more connected to the speaker and to the conversation taking place. Community interpreters who were not professionally trained were more likely to engage in personal conversations with the participants, at times excluding the researchers. They also appeared to have a better rapport with the participants. Some of the interpreters needed to be reminded to convey to the researchers the side conversations that were taking place as well as the vocal expressions that had accompanied the information shared. The researchers also had to advise interpreters that, if they were interpreting after a number of the people had spoken, the researchers needed to know from which of the speakers the information came.

Although video or phone interpreters were a possibility, it was a last option. Considering the very active nature of some of the discussions, this was a good decision as it would have been difficult for a phone interpreter and the researchers to interpret the many facial expressions and body languages. It would have also been challenging for the community members to speak as freely or over each other as they did while having to constantly look at the screen to speak to the interpreter. It might have made for a more organised conversation but certainly a less genuine one. In addition, several of the service users did not have computers with an appropriate application.

The researchers observed that, in several of the interviews, service users appeared reluctant to disclose or discuss any concerns they might have had in relation to the service provider. In one community interview, a community member seemed to caution the others that the interview was about the services. While this was factually correct, it is the service provider that is



responsible for ensuring that the contracted services were delivered. Although the services were being delivered, it was important to hear about the nature and quality of delivery and consequently about the organisation delivering the service. It was our observation that this caution was meant to let community members be aware that their comments could jeopardize the services the community were currently receiving or could be receiving in the future.

In several interviews, the researchers had to reiterate that they were not from Immigration New Zealand or their service provider and that they were community researchers who were migrants themselves from a migrant community organisation. This seemed to reassure most of the community and family members who proceeded to discuss in greater detail their experiences with their service providers.

### **Limitations of the qualitative methodology**

In keeping with the principles of partnership, protection and participation, service providers were asked to inform all service users who had arrived since July 2022, that they might be contacted by the researchers to take part in an evaluation study. As the researchers, we had no influence on the way in which this message was conveyed or the manner in which it was conveyed. Service providers were sent Participant Information Sheets that detailed the evaluation study including the aim, purpose, and expectations of the service users in the study. This was in line with the information given by the research team and volunteer interpreters at MAT – ECARU to the randomly selected service users during the scheduling of the interviews.

There were 33 ethnic groups resettled during the period under evaluation. This study involved 10 ethnicities from 9 out of 13 settlement locations. Although the researchers did not include all ethnicities and all settlement locations, the researchers attempted to have as representative a sample as possible, covering locations, ethnicities, languages, and to include a selection of family and community interviews.

As was seen later in the study, individual interviews, in effect similar to family interviews but limited to one participant only, might have provided more open and detailed accounts of the experiences of service users.

The evaluation study relied on interpreters. Although this is common in research with communities fluent in languages different from that of the researchers, in some of the community interviews, what the researchers heard was relayed to them only after several persons had spoken. The researchers mitigated this somewhat by observing modes of communication among the community members including body language, interaction cues, the nature of the interjections, and the tone of delivery.

### **Reporting**

This report presents the general findings on the experiences of the service users without identifying the service providers or the different communities or families. Although it was not possible to interview every service user who resettled since July 2022, this was not the intention, nor do the researchers believe that this would have provided any significantly different information than what was obtained.

Two summary statements have also been written stating the findings specific to the service users and the service providers respectively. These summary statements do not reveal the different nationalities or ethnicities of the service users nor do they name the service users or list the cities where the service users had resettled. As most of the resettled communities requested and signed for a copy of the findings, Immigration New Zealand Refugee and

Migrant Support might want to translate these findings into the relevant languages to make the summary statement available to the service users.

## **Findings**

The findings were drawn from the data collected through this evaluation study. Several of the findings are supported by the literature (see literature review). There are a number of findings that were not shown or found in the literature presented. These included but were not limited to the quality and timeliness of the services provided, the relationship among the service provider, the service user and the community, the level and style of communication and the accuracy of information from the service provider to the service user, the reputation (and resources) of the service providers, concerns about family reunification, and the adequacy of financial support.

The findings presented here relate to the services received by the service users, the concerns of the service users, the relationships with communities and organisations, and the expectations of service users.

### **Findings related to the services received**

Many service users were satisfied and grateful with the services they received and did not believe they needed anything more. Several had begun receiving services when they first arrived and some had been given food parcels.

Service users were taken grocery shopping, to Work and Income NZ, to enroll their children in school and with the medical services, taught how to catch the bus, given public transportation cards, and taken to multicultural and other events. Providers had also looked after the house agreements.

Families were given a television, fridge, and washing machine. They were provided with furniture and clothes for the children. Some children were taught how to swim by volunteer organisations and were given Christmas gifts. Many had access to volunteers who reminded them of their English classes and appointments. Some had interpreter cards if they needed access to an interpreter.

Some of the service users said they had good support and that their service providers responded promptly if they had any concerns. Some were comfortable taking their concerns about the services to their provider.

Some service users said they had no complaints about their service providers<sup>7</sup>.

While some service users had received support from other organisations such as refugee centres, volunteer organisations, and multicultural support centres, others had not heard of these organisations that assisted others in their communities. For many, it had not been explained to them who offered the services and some were unsure of the relationship of their provider to their resettlement.

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<sup>7</sup> It should be noted here that some of those service users contacted the researchers later to discuss individually the many complaints that they did have but could not express in community interviews.

## **Summary of findings related to the services received**

Service users appeared to be receiving similar services from providers. All service providers were said to be delivering what was expected of them in relation to their contract with Immigration New Zealand. They provided housing, signed housing agreements, enrolled children into schools and families into medical centres, ensured that furniture was in the home, and enrolled communities in English language classes. Some service providers had also connected service users with community organisations and volunteer groups that could assist them, and who gave them additional resources, took them to events, and helped with translation.

Some service users were satisfied with and appreciated the services they had received.

## **Findings related to service users' concerns**

Two of the main concerns of the majority of service users were housing and that the Work and Income NZ benefit was not enough. Many were considering relocating from their homes to cheaper accommodation as they found the rent was expensive. Private housing had put stress on people to pay the rent and service users said that they knew of people who did what they could to get social housing. Many said that their homes were cold. Some of the houses given to them were malodorous and moldy, and serviced users were told that it was their responsibility to keep it clean. Some houses had been flooded. Some had been given resources, such as second-hand bicycles, that were not working.

Some families said that in their first few days in their new home, no one from the service provider had come to visit them. Some did not like the neighbourhoods they were in as they considered them unsafe. One of the service users had been attacked by some youth in the neighbourhood. Some said that medical centres in the area did not accept them. Many said that access to public transport to higher education was difficult.

Some families had been without internet for months. Those with younger children had particularly struggled. Some believed that certain families were attended to more than others and there were inequities in how some were treated by the service providers. Many said they were told that they would be given certain services but had yet to receive them. Some providers had told the service users that their requests were out of scope.

The Pathways to Employment program was only available in certain cities and it was difficult for many to travel there. Service users did not think it was beneficial to spend money to bring families to New Zealand without them being able to get employment.

Many who wanted to get a driver's license were concerned about the English language as there were no interpreters present during the sitting of the test. Finding a supervisor to sit with service users while they gained the necessary practice to get a driver's license was difficult. The distance to some schools was far and some families who did not know how to drive when they arrived were now driving illegally because they did not want their children to walk long distances to school.

Some of the service users had faced traumatic incidents because of the service providers. In a couple of cases, two children had almost died from medical complications because of the lack of communication and care from the service provider.

In some situations, people who did not know each other were forced to share apartments because of the housing shortage and this negatively impacted their privacy and safety.

For some service users, the two types of refugee settlement families: 1) those who had older children and could leave them at home when they needed to go out; 2) families with younger children who could not be left at home by themselves, meant that services provided should be able to accommodate the particular needs of these two types of families.

Getting the proper documentation was difficult as there was no consulate in Wellington and they had to wait until one came. Without proper identification and documents, service users said that they could not even get a cell phone plan. Even those with visas said the visa that they were given was not stuck on to their passport or that the information (dates) on their visa was contradictory.

Mental stress and anxiety were felt by several of the community members. This was due to a number of factors including concerns about their families overseas, the injuries that they had incurred prior to coming to Aotearoa and their inability to get these injuries and illnesses attended to by medical professionals, the fraught relationships with some of the service providers, accessing dental and other medical care, insufficient finances, community mistrust, limited or no access to valid forms of identification, low level of English proficiency, and difficulty gaining employment.

Service users believed that their service providers should be responsible for guiding their access to services such as transport, electricity services etc. and some families had made these arrangements themselves. They also believed that they should have remained longer at the Māngere Refugee Resettlement Centre to learn more about the country and how services operated.

Many agreed that the services they received were insufficient. Some felt comfortable taking their concerns to their provider who said they understood the concerns but were restricted by what they could do about it.

Service users did not feel there was anyone they could go to about their concerns. When they did try to contact their providers, no one came or responded, or said that it was not their concern and passed the service users on to other people. Some had stopped calling. Many said it was difficult to keep asking for help when there was no one willing to help. Many did not like having to sign over authority of their care to the service provider. Some did not trust their interpreter and refused to work with them.

Some said that if the service providers could not help, they should direct them to persons or organisations that could. Service users found many shortcomings with their service providers who they believed were not doing their job properly. Some service providers were thought to be under-resourced and did not give them accurate information.

Most of the service users had not taken their concerns to the service providers. The reasons they gave for this were that they did not feel comfortable, were unaware that they could do so, did not think that they would get any help, or did not want to risk their relationship with organisations such as Immigration New Zealand, Work and Income NZ or any other organisation they believed they depended on for their wellbeing in Aotearoa. Some communities did not think that there was anyone to whom they could take or share their concerns, or that there was anyone outside their service provider who could help them.

Some did not feel that moving to New Zealand from their country of first asylum had been advantageous. Families were concerned about the future and had found their current situation challenging.

## **Summary of findings related to service users' concerns**

Service users were concerned about the amount of benefit that they received from Work and Income NZ. Some families had not been visited by anyone from their service provider for several days since their arrival in their new home. Some said their neighbourhoods were unsafe. Many wanted to get a driver's license but were concerned at the lack of interpreters for the test. Some of the service users had faced traumatic incidents because of the service providers.

Obtaining proper documentation was difficult. Many experienced mental concerns about their families overseas and due to injuries, that they had sustained overseas. Service users did not feel there was anyone they could go to about their concerns.

## **Findings related to relationships with communities and organisations**

For some service users, the only other organisation with which they were familiar was Work and Income NZ. Many were unaware of other community or ethnic organisations though others had made connections with members of their ethnic community who visited them, offered to help them find jobs, took them to the doctors and community functions, and helped with interpreting. Some families felt very safe in their neighbourhoods while one family had been assaulted in theirs and was moving out. Some service users were taking driving lessons, and others attended religious centres.

Volunteers and ethnic community organisations offered transport, took the service users shopping, welcomed them at the airport, and organised functions for them. Volunteers reminded them of their classes and the time for their appointments and translated letters for the families. Some volunteers had been helping them since their arrival, but some had said that they would only be assisting them for one year. Service users said that local volunteer organisations provided bikes, compost and assisted with whatever they needed. In some regions, there was good support from the community and friends. Some of the service users had teachers who came to the home to teach English. In some cases, community leaders from the service users' country helped with medical appointments, brought blankets, medicine, and food, and offered suggestions on family reunification.

In some cities, the Ministry of Education had paid for children to go on school trips. It also helped when there were teachers who were fluent in the language of the service users, and when school administrators advocated on their behalf.

Some interpreters were not readily available in what appeared to be crucial situations for service users. When they were available, they were not trusted by communities or communities expected more from them than they were able or contracted to give. Social workers attached to families were unable to assist because of the language barriers.

Some found it difficult to know who from their ethnic community they could trust given the 'home of origin' conflicts. Other resettled communities had only a superficial relationship with their faith communities because of the language barrier. Some service users connected with community members in other regions on a mobile group chat. At times, religious leaders came from other regions to visit.

Some resettled community members went to playgroups for mothers and babies, others volunteered by giving out food baskets, and some were planning to establish an ethnic organisation. Friends who were able to speak English had been of assistance.

In some cities, there were no ethnic organisations representing the service users' nationality. However, when new families from their country arrived, they were given the contact numbers

of community members that were already living there. Some had friends visiting them from outside the region and some never felt that they were on their own.

In regions where there had been a targeted approach to community engagement, service users found the local people to be kind and supportive. The local community had introduced themselves and told them they were there to help with anything.

Some service users were working; others had applied for jobs.

Some service users were comfortable calling the police if there were any problems. In a few instances, there were minor conflicts with neighbours. Some service users were able to take their concerns to the relevant people depending on whether it was medical or educational.

Many thought that Aotearoa was a peaceful country.

### **Summary of findings related to relationships with communities and organisations**

Some communities had established contacts with other previously resettled communities from their country and had formed friendships and expanded their networks. Some had found ways to contribute to their community by volunteering. This had helped create contacts and confidence among the communities as well as improve their English.

Communities and councils that had, as one of their priorities, a focus on inclusion and integration of diverse communities were more likely to offer a friendly and supportive welcome to recently resettled communities. Individuals or institutions that took a personal interest in the wellbeing of recently resettled communities were more likely to provide support and assistance. Teachers, doctors, neighbours, and politicians advocating for the resettled communities were more able to get their concerns heard or addressed.

Many of the service users did not have contact with other community organisations nor was it apparent that some of the service providers sought to connect them to these organisations.

Service users were better provided for when there were other support systems and institutions (community groups and volunteers) involved in their welfare particularly those that stood outside organisations officially set up to deal with them such as Work and Income NZ and medical centres. Service users spoke often about the volunteer support that they received. Volunteers and volunteer organisations had played an important role in providing services, resources, information, and personal and social support to service users. The commitment and empathy of the volunteer also made a difference to how connected service users felt to the community and how trusting they were of those to whom they disclosed their concerns or from whom they sought help.

### **Findings related to service users' expectations**

Most service users said that the money they received from Work and Income NZ was not enough as the rent took away a major amount out of the grant they received, and they had little left to buy food considering the increase in the cost of groceries. They could not buy items for the children, and furniture and appliances were sometimes inappropriate or insufficient. Service users were aware, through conversations with other newly resettled communities, that the settlement grant differed according to ages of family members, and number of people in the family. They had also received information about housing before coming to Aotearoa and sometimes they received the information from communities that were here.

The location of housing, for many communities, seemed quite far from places of worship, study, and children's schools. This was exacerbated by the lack of public transport in some cities. The lack of higher education in some cities was a barrier for those wanting to upgrade their qualifications or retrain. This prompted discussion by many service users about relocating to other cities in Aotearoa.

Service users requested English language tutors, interpreters, information about language courses and employment, information on public transportation, job employment support, training on New Zealand systems and services and someone to take them around and familiarise them with the place. Service users expected to be shown how to shop and from where, how to use the bus to get to school and back, and how to access services. Many hoped that they would get an education in New Zealand.

Many of the service users requested access to or to register with Housing New Zealand accommodation or wanted to change their accommodation. Some wanted their medical needs attended to and could not work because of their injuries and health.

Families and communities wanted laptops for their children and financial support to pay their bills. They wanted reasonable explanations to their questions on grants and budgeting, and flexibility in what they could buy and where. They also wanted babysitting support so that they could visit the doctor and go shopping, confirmed appointment times for medical needs, and money for surgery, glasses and dental visits.

Service users wanted emergency support, driving lessons, adequate resources such as blankets, pots, a Kiwi access card, documents with ID's, for example, driver's license or passport, support with family reunification, and mobile phones to get in touch with family overseas.

Families wanted the ability to purchase a house without the required deposit, safe housing in cases where there was family harm, the right to be put on a waiting list for social housing, access to free surgery for those that needed it, funded eye and dental services, a quicker family reunification process, and availability of Consulate services so that they could obtain visas and passports.

Some families believed that they received less than others from the service providers although that appeared more to do with the resources from the providers' support networks than from the service providers themselves. In any case, the perception created tension and conflict among the members of the community including the children.

Resettled communities with babies wanted more options than they were currently being given or allowed such as studying, volunteering, or taking driving lessons.

Older resettled members wanted exercise groups or contact with others their age from the same nationality and language.

Service users wanted to be independent. They expected transparency from their service providers and to be treated justly and equitably. Most of all, they wanted care.

### **Summary of findings related to expectations of the resources provided**

Housing was a main concern for several of the service users for reasons including size, quality, cost, and utility. Expectations around what type of housing could be provided added to the discontent that families and communities experienced. Most service users had heard of Housing New Zealand or what they termed social housing and associated it with lower cost housing.

The money from Work and Income NZ was not enough. The constraints around where communities could shop and what they could buy impacted on their cultural practices as they were not able to get the food and products that they wanted or were familiar with as part of their cultural heritage.

Some families believed that they received less from the service providers than others.

Access to and acquiring education, employment, driving lessons, proper identification, and passports appeared to be barriers to communities progressing and becoming independent.

### **Overview of service providers**

The timeliness, consistency, and equality of the services differed according to some of the communities, even though the service provider might have been the same. Two of the factors linked to the satisfaction that service users experienced were the response times to their requests for assistance and services from the service providers, and the quality of the services provided. It should be noted that two communities were unsure as to who was their service provider. Service users were aware that the support they received from their service providers would only be for one year.

There were differences among the service providers in communication styles and in what was communicated to service users. Experienced service providers knew to inform communities and explain very clearly to them what they were going to provide and what they had to offer. They were also very clear as to what they did not or could not provide and whose responsibility it was to provide other services. Whether or not the information they conveyed was accurate, communities understood from the experienced service providers what they offered and what other agencies such as Work and Income NZ provided. The new providers appeared less experienced in communicating to service users about the services they provided and what they did not or were unable to provide.

Some new service providers also did not seem to provide information to service users about where they could go for further assistance. Experienced providers seemed to know what service users needed, and how to respond to them.

One of the key differences for some of the new service providers was that there was little follow-up with the service users. At times, the response time was slow or there was no communication, and service users were left wondering what was going to happen next. Despite the barriers facing them, there was communication amongst service users. This communication was quite helpful in connecting communities with each other, supporting one another, and providing assistance and information. However, it was also a source of misinformation and unmet expectations.

Almost all of the service users had family members in refugee status overseas that they wanted to bring to Aotearoa. They were frustrated at the complexity, and lack of information and support that they were receiving to help them do this.

For the most part, communities were grateful to be in Aotearoa and to be provided with the services they were receiving.

However, some service users were disappointed with their service provider. Feelings of abandonment, a lack of communication and information about what was happening, infrequency of contact, and inconsistencies in the information provided have frustrated the service users.



It is likely that some service providers are under-resourced, lack supportive networks, and they either choose not to engage volunteers or do not have the capacity, ability, or knowledge to organise volunteers who can assist with some of the tasks required to meet the needs of the service users. There appears to be a sense of incompleteness to some of the tasks carried out by the service providers. Service users felt unable to rely on them and there seems to be a mismatch between service users' expectations and the services that the service providers are contracted to carry out. It does seem that service providers are providing the services for which they are contracted. The problems are with the timeliness of providing these services, the lack of communication with the service users about when the services will be provided, and the quality of the services. In addition, there is no follow-up if there are issues about the timelines or appropriateness of the completed services or tasks. Steady, consistent, accurate, and reliable communication will benefit both the service providers and the service users and will let both parties know if the job was completed and whether it was to the satisfaction of those concerned.

It will also be helpful for service users to have ready access to the service providers or for service providers to be available at reasonable hours. Some of the service provider O800 numbers do not seem to be monitored or answered. This understandably increases the level of frustration and anxiety for the service users as they do not know what is happening or where to go for assistance.

There is no one within the refugee resettlement strategy to whom the service users believe they can turn to for assistance. For many, their service provider appears to be the only organisation that they know. Te Āhuru Mōwai o Aotearoa might be considered an option but the service users do not know to whom they can make complaints or whether these complaints will be addressed.

There needs to be an accessible and trustworthy organisation to whom service users can make complaints if their initial concerns are not dealt with by the service provider, or if they do not feel safe speaking with their service provider.

Outside organisations and institutions such as schools, members of parliament, and community organisations appeared to be those most helpful when service users' needs have not been met by their service provider. A complaint process for service providers needs to be developed or made evident to the service users.

Some service providers are well-known to former refugees because of their international reputation and duration of services in resettlement support. These service providers were able to call upon teams of volunteers, donations, and goodwill and this makes it possible for them to provide not only the services for which they are contracted, but to offer additional goods and services that other service providers with less volunteer support, smaller donations, and fewer resources are unable to provide. Some service providers were cognisant of the problems of former refugees and knew how to communicate to recently resettled communities about the services that they can provide.

It was surprising to find that in some cities, recently resettled communities did not know or were unaware as to who was their service provider. This may have had to do with the different types of support offered by the service provider and the different teams of people from which this support was drawn.

Some service providers have been able to give all-round support to recently resettled communities, and this has provided communities with confidence and independence. Having a team of volunteers to welcome and support new arrivals to communities is an invaluable resource and has an immediate and long-term positive impact on the new arrivals.

The ability of some service providers to provide more than other service providers has prompted comparisons by the service users.

Although some service providers have institutional knowledge of the resettlement process, it does not necessarily mean that it is knowledge that can and should be transferred to other service providers. Without any evaluation reports from experienced service providers, it is difficult to gauge their progress or impact or whether they have met their obligations. At times, it was difficult to determine whether service users' experiences were the result of the influence of the reputation of the service provider or the realities of its services.

In some cities, service providers were aware of the need for driving lessons, parental engagement in playgroups, and community contact with established and similar communities in the region. Some had also reached out to other community organisations for support and recognised that they need support to provide the many services required by service users.

It is very likely that the more well-known service providers' size, networks and reputation are barriers to service users being honest and open about any adverse experiences they may have with the service provider. As newcomers to the community, it might be overwhelming to seek assistance or support to make complaints or to report negatively on the practices of service providers. It was observed that service users very rarely blamed experienced or well-known service providers if things did not go well and were likely to put the cause of their problems on other organisations or a particular person. This was different from the service users with new providers who were more likely to blame the new providers as well as their staff.

For established service providers, it was concerning to see that their service users did not have access to or were not aware of a confidential complaint system or have an independent body to whom they could safely take their concerns.

## **Recommendations**

These recommendations are drawn from the findings and outline the short, medium, and long-term areas for improvements/changes to the current services contracted; and short, medium, and long-term areas for improvements/changes currently outside the current services contracted. The recommendations are intended to be practical, achievable, and in partnership with the requirements of the resettlement obligations of service providers, stakeholders including Immigration New Zealand, and of Aotearoa.

### **Recommendations for settlement service improvement**

Immigration New Zealand should consider a standard formatting and reporting system for all service providers. Regular evaluations of these services should take place without constraining the uniqueness of service delivery or unnecessarily straining the valuable resources of the service providers (e.g., time and people). Evaluation studies will allow for the services provided to be measured both quantitatively and qualitatively against service users' experiences and expectations with the aim of improving service delivery and thus the experiences of service users.

Immigration New Zealand should consider, as part of its criteria for awarding contracts to service providers, their networks, contacts, volunteer support, communication mode and style, record keeping, complaints system, and the reputation and practice of dealing with different communities.

Immigration New Zealand and service providers should encourage, promote, and ensure knowledge sharing among service providers. This will help to remove any competition amongst service providers and increase the support for resettled communities, especially if they were to shift from one region to another and needed assistance.

Service providers should allow for independent and safe feedback on their service provision. Checking in with their service users as to how they are performing will help service providers improve their service delivery, respond to the needs of the service users, and manage their expectations.

Service providers need to be cognisant of the way in which they respond to the service users and the time that it takes them to respond. A system for scheduled checking up on service users, especially in the initial stages of arrival, should be implemented. There should also be formalised, organised, and improved communication between social workers, volunteers, and the service provider with respect to the service users.

Immigration New Zealand should ensure that service users have a safe, independent, and confidential community organisation to approach if avenues to address their concerns with their service providers have failed. This needs to be done without over policing or restraining the management and delivery of the service providers and the services. This community organisation should be fully funded by Immigration New Zealand and should itself be peer reviewed on a regular basis.

Service providers should consider designing a list of important contact numbers for service users (e.g., hospital, police, interpreters, community organisations, Immigration New Zealand, Ministry for Ethnic Communities, Schools). These numbers should be accompanied by a list of names of available and responsive interpreters and volunteers who can assist in the conversations and tasks required. There should also be a telephone messaging system answered by a person and not a recorded message. Service users should also be given the names and contact details of a person or persons to whom they can confidentially make complaints or address concerns. A record of these complaints and concerns should be kept, and service users should be assured that there would be a follow-up of the complaints and concerns by the service providers with feedback given in a timely manner.

Regular, consistent and independent evaluation studies should be carried out with service users and service providers to determine the impact and outcomes of the services for service users, and to assess those areas of service provision that require further resourcing and/or improvement.

### **Short, medium, and long-term areas for improvements/changes to the current services contracted**

Te Āhuru Mōwai o Aotearoa should consider a review of the education programs they offer to new arrivals. The education could include knowledge of the history of Aotearoa and of colonisation, workshops on social cohesion and engagement to build relationships with communities, information on the demographics of Aotearoa, awareness of the socioeconomic landscape of Aotearoa, the history of refugee resettlement, and what living together in the different regions might look like. An in-depth study of these areas is not required but it should be designed in a way that builds empathetic and supportive community relationships. If potential arrivals have learnt some English prior to coming to Aotearoa, these learnings might be easier to accomplish.

Te tiriti of Waitangi and te reo Māori should be included in the education programme for recently resettled communities given the promised partnership of Māori and the Crown. This

will also help new arrivals to understand the history of Aotearoa and of tangata whenua, and the need to observe and respect the mana of Te tiriti.

### **Short, medium, and long-term areas for improvements/changes currently outside the current services contracted**

Immigration New Zealand should consider providing English language classes to the UNHCR mandated refugees who have been assessed to come to Aotearoa. This would help prepare them for life here as well as enable them to advocate for themselves and for others, to gain employment, and to understand the services and systems around transport, education, health, immigration, and a range of other areas pertinent to their resettlement. It will also make it easier for them to understand the housing system, and the financial and social services provided by the various organisations related to their resettlement.

Immigration New Zealand should inform potential resettled people of the necessity and significance of identification materials such as passports and driver's licenses and to acquire these items, if possible, before leaving to come to Aotearoa.

Professional counselling needs to be available, accessible, and affordable to recently resettled communities, many of whom are dealing with trauma from past situations and now heightened by the experiences they are currently facing in Aotearoa. Service providers should be informed of the mental and physical health of service users so that appropriate services are put in place to support them if necessary.

Service providers could make better use of community organisations, especially those organisations that work with migrants, Māori, and former refugees. The networks and relationships that these organisations have and the work that they do will help service providers to deliver services more appropriately. Service providers can benefit from accessing and learning from the knowledge that these organisations have about the people with whom they work and volunteer.

The expectations and realities of former refugees need to be addressed in ways that help them understand the systems and processes regarding employment, housing, medical support, and Work and Income NZ grants. Managing their expectations could be done by formerly resettled refugees speaking with potential arrivals in the countries from which they will be coming about the services that service providers are contracted to offer, to answer any questions that they may have, and to discuss the challenges that they may face and how they might be overcome. This should also be done at Te Āhuru Mōwai o Aotearoa. These are messages that need to be continually repeated so that the potential for disappointment is removed and new arrivals can focus their attention and energy on what they are able to do with what they have and not be frustrated about what they expected or wanted, or what was beyond the scope and resources of the service providers. Although this will be difficult given the different languages of the different communities, understanding the differences between their expectations and the realities before leaving Te Āhuru Mōwai o Aotearoa would help them to avoid the disappointments that many currently feel. If resettled communities are to feel a part of the country, their presence must go beyond the material benefits that they want to acquire. If resettlement is only seen or promoted to them as to what resources they can have when they arrive, they are less likely to see beyond that. Attention must be made to discussing the benefits of living cohesively among and with difference (e.g., cultures, religions, ethnicities, gender, sexual orientation). This is also dependent on receiving communities having the same goals.

All organisations and stakeholders involved with resettling communities must be cognisant of, and take into account, the relationships that former refugees still have with family and community in their place of origin or the country from which they came. The concern and

stress that recently resettled communities have for their families overseas impact their engagement with society as they focus much of their mental energy on this concern. While it may not be possible for families to join the new arrivals, Immigration New Zealand and service providers need to take the families' attempts and requests to reunite with families into account when dealing with the new arrivals. It is important that new arrivals are aware of and informed about who can legally and realistically assist them so that they do not carry false hopes when they meet officials or persons from various organisations who are not able to provide that assistance.

Resources need to be given to smaller community and grassroots organisations that know more intimately the communities they serve. Small but significant gestures and activities such as meeting new arrivals at airports in the regions of resettlement, interacting with them at festivals and on social occasions, and offering guidance and support can help new arrivals better settle into the region, make them feel less alone and better connected, and consequently inspire them to contribute to the community.

Resources and support also need to be given to Councils and programmes that welcome newcomers to the community. In one of the cities in the evaluation study, the genuine warmth and welcome from the wider community were evident. People in the community with whom the researchers spoke said that was due to a concerted effort by the Council and, later on, other organisations to make the city a welcoming and inclusive place for all that were living there.

## **Conclusion**

The findings from the evaluation study are supported by the studies discussed in the literature review.

The services provided, though similar, differ in quality. The communication between service provider and service users also varied in terms of the response times, the manner in which the responses are given, and the trust that service users have in the staff associated with the service providers such as interpreters and case workers. The additional support given to service users are influenced by volunteer networks, resources available including donations, relationships with community organisations, and assistance from institutions such as schools and health services. Community organisations focused on assisting recently resettled communities and community involvement aid the process of resettlement. The services provided are also received differently by service users depending on service users' expectations, acceptance, extraneous concerns, and comparative gratitude (how better off they perceive themselves to be).

Service providers need to be aware of the relationship between their staff and service users and the impact that these relationships have on the wellbeing of the community, and on the perception, and possible reputation of the service provider.

## **Future study**

The scope of the evaluation did not include the perspective and experiences of the service providers. Immigration New Zealand, service providers, service users and stakeholders would benefit from having this information. It would help in understanding the service providers' experiences and practices around service delivery, their expectations and recommendations on the resources required to support resettlement, their relationships with service users, community organisations, and Immigration New Zealand, and their approach to the reporting

and feedback systems and processes with respect to service users and Immigration New Zealand.

Research will also potentially allow identification of those areas of settlement support and service provision that work best in the different cities and for the different communities.

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## Appendix A

### Excerpts from the Contract<sup>8</sup>

#### *Service outputs/deliverables*

*Ensure adequate staff are maintained to provide a range of case related settlement support in the settlement locations, for at least 12 months and up to 24 months where required. This will include practical assistance for establishment on arrival and in daily living, with a strong on-going focus on encouraging independence. Support will involve, but may not be limited to:*

- Work, where requested, with Immigration New Zealand (INZ) to source potential housing for quota refugees to be viewed, with recommendations made regarding the suitability of the housing. The fee for this service component will be invoiced separately from this Agreement.*
- Coordinating the delivery and setting up of furniture for the household (Immigration New Zealand will source and the furniture provider will deliver to site), and providing smaller household items (e.g. linen, blankets, pillows, crockery, cutlery and cooking pots etc.) not associated with the furniture purchase.*
- Arranging for the connection of utilities for all quota refugee homes.*
- Support for the family to access the Re-establishment grant in conjunction with Work and Income, including arranging for the delivery of whiteware for the home where necessary.*
- Settling refugee families into allocated housing in the community and providing on-the-day orientation to the house*
- Advocating for quota refugees, and engaging with the Immigration New Zealand settlement team, when there are safety and/or health issues with housing that arise as part of community settlement.*
- Linking quota refugee families (adults, young people and children) to services in the community based on their settlement plans, and referring former refugees to local services where new issues are identified during community settlement.*
- Ensuring priority and support is given to cases assessed as urgent and/or who are referred by Te Ahuru Mowai o Aotearoa to health services in the community.*

*Providing a registered social worker as lead in assisting settlement in each settlement location, and in particular the overseeing of high needs cases.*

- Coordinating and overseeing an agreed orientation programme in the settlement community. The orientation programme must cover, but is not limited to, the following key topics:*
  - o Introduction to the New Zealand Police/Keeping safe in New Zealand (including important laws);*
  - o Understanding the New Zealand tax system;*
  - o Understanding your rights and obligations as a tenant and what you should expect of your landlord;*
  - o Understanding the New Zealand health system, and access to mental health/wellbeing services;*
  - o Civil defence and emergency preparedness;*
  - o Parenting in New Zealand/family violence laws;*
  - o Nutrition and cooking on a budget;*
  - o Safety around water in New Zealand;*
  - o Services provided by the Citizens' Advice Bureau and Community Law Centres; and*
  - o Accessing different types of transport in the local community.*
- Supporting refugee families to develop knowledge of New Zealand culture, including an awareness of Te Ao Māori in partnership with local iwi.*
- Making arrangements for catch-up sessions in the community for any aspects of the Orientation to Living in New Zealand sessions not completed during the Te Ahuru Mowai o Aotearoa reception phase, as noted in families' individual settlement plans.*

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<sup>8</sup> Provided by Immigration New Zealand Refugee and Migrant Support



- *Developing and maintaining relationships with other local organisations supporting refugee settlement, local and former refugee communities, and utilising their support where offered and/or appropriate.*

- *Support quota refugees to transition from settlement support services to mainstream services within 24 months.*

*The Provider will provide quota refugees with settlement support in the community that is appropriate to their needs and with a focus on self-developed, specific, realistic, adaptive goals that address individual and whanau needs in their initial 12 to 24-month settlement phase.*

*The Provider will support quota refugees in the community, provide pastoral support as needed and link them into community support and services so that by 12 months of being settled in the community, they have the necessary knowledge and confidence to independently access and use local services. Support should be relevant to a family's needs and the specific settlement location. Where quota refugees require further support, services can be extended up to 24 months to support ongoing transition into the community.*

*The Provider will work in partnership with local council, iwi representatives, key stakeholders and local communities to support coordination and engagement around former refugee settlement in (the city of resettlement).*

#### *Overall Strategic outcome*

*Refugees are participating fully and integrated socially and economically as soon as possible so that they are living independently, undertaking the same responsibilities, and exercising the same rights as other New Zealanders and have a strong sense of belonging to their own community and to New Zealand.*

*This is the strategic outcome sought for each of the two service components.*

## Appendix B



# MIGRANT ACTION TRUST

## Participant Information Sheet

**Date Information Sheet Produced:** 23 January 2023

**Project Title:** Immigration New Zealand Evaluation of the settlement services provided to former refugees arriving via the Refugee Quota Programme – Service users’ perspectives

### An Invitation

Kia ora. My name is Camille Nakhid and I would like to invite you to participate in an evaluation study of the settlement services provided to former refugees arriving via the Refugee Quota Programme. This study will be from the perspective of service users such as yourself.

You are under no obligation to participate in this study and whether you choose to participate or not will neither advantage nor disadvantage you. This study has been commissioned by Immigration New Zealand.

### What is the purpose of this research?

The purpose of this study is to understand your expectations of the services that you are receiving and how you feel about the services which you are currently receiving. The findings from this study will be presented to Immigration New Zealand to better support the services you are receiving.

### How was I identified and why am I being invited to participate in this research?

You have been identified for this study as a service user of the services provided by Immigration New Zealand through your service provider. You were selected to participate in this study as you belong to one of the groups currently receiving the services mentioned. Not all service users were invited to participate in this study. This is due to limitations in the number of participants required and to meet the aim to cover as a wide a range of groups given that limitation.

### How do I agree to participate in this research?

If you agree to take part in this study, you may need to complete a Consent form. If you agree to participate in this study, you will be contacted by a member of the research team who will arrange a time to meet with you at your convenience.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, you will be offered the choice between having any data that is identifiable as belonging to

you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

### **What will happen in this research?**

If you agree to participate in this study, you will be asked to sign a consent form. You will then be contacted by a member of the research team to make a time to meet with the researchers. During this meeting, you and the researchers will have a conversation about the services that you are currently receiving from your service provider contracted by Immigration New Zealand. This conversation is not likely to last more than 90 minutes and will take place at a time and venue most convenient to you.

### **What are the discomforts and risks?**

There are no anticipated risks to you from your involvement in the study. However, you may feel uncomfortable speaking about your experiences and feelings.

### **How will these discomforts and risks be alleviated?**

In the unlikely event that you experience discomfort, please let the researchers know immediately, and inform the researchers how you would like to proceed. You may wish to discontinue the conversation. This will not disadvantage you in any way.

### **What are the benefits of this study?**

The benefit of this study is to know whether the services that are being provided to you meet your expectations and needs and to inform Immigration New Zealand as to how it can improve those services where possible.

### **How will my privacy be protected?**

Your participation in this study will remain confidential to the Research team including the interpreter. There will be no information provided in the reports that will identify you or your family.

### **Will I receive feedback on the results of this research?**

We are grateful that you have chosen to take part in this study and to speak with us. A brief summary (one to two pages) of the findings will be made available to you.

### **What do I do if I have concerns about this research?**

Any concerns regarding the nature of this study should be notified in the first instance to the **Project Supervisor**, Camille Nakhid, [camille@migrantactiontrust.org](mailto:camille@migrantactiontrust.org), <sup>s.9(2)(a)</sup>

You can also contact Sarah Ward, Immigration New Zealand ([sarah.ward@mbie.govt.nz](mailto:sarah.ward@mbie.govt.nz); <sup>Privacy of natural persons</sup>

### **Whom do I contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

**Migrant Action Trust Contact Details:** Amie Maga, [amie@migrantactiontrust.org](mailto:amie@migrantactiontrust.org)